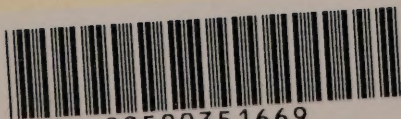






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APPENDIX

TO THE

REPORT

OF THE

DEPARTMENTAL COMMITTEE

ON

SICKNESS BENEFIT CLAIMS UNDER THE  
NATIONAL INSURANCE ACT.

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VOLUME III.

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Minutes of Evidence, 11th March, 1914—22nd May, 1914.

Q. 30,008—Q. 41,976.

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*Presented to both Houses of Parliament by Command of His Majesty.*

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APPLETON, Mr. W. A. -	General Secretary, General Federation of Trade Unions for National Insurance and for Friendly Society Purposes.	15 and 16	Vol. 1, p. 332.
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JONES, Mr. E. L.	Secretary, Manchester and Salford District Independent Order of Oddfellows, Manchester Unity Friendly Society.	58	Vol. 3, p. 389.
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LAYTON, Dr. F. G.	M.R.C.S., L.R.C.P., Secretary of Local Medical Committee and of Panel Committee, Walsall.	40	Vol. 2, p. 465.
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COMMITTEE ON SICKNESS BENEFIT CLAIMS UNDER THE NATIONAL  
INSURANCE ACT.

MINUTES OF EVIDENCE

TAKEN BEFORE THE

COMMITTEE

ON

SICKNESS BENEFIT CLAIMS UNDER THE NATIONAL  
INSURANCE ACT.

Vol. III.

FORTY-FIRST DAY.

Wednesday, 11th March 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Dr. T. M. CARTER.  
Dr. ADAM FULTON.  
Miss M. H. FRANCES IVENS.  
Miss MARY MACARTHUR.  
Mr. WILLIAM MOSSES.  
Dr. LAURISTON SHAW.

Mr. A. H. WARREN.  
Mr. A. W. WATSON.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.  
Mr. ALEXANDER GRAY (*Secretary*).

Dr. ALFRED COX (*Medical Secretary of the British Medical Association*) examined.

30,008. (*Chairman*.) You are a bachelor of medicine?—Yes.

30,009. And Medical Secretary of the British Medical Association?—Yes.

30,010. Is there anything else which you wish to add to your description?—Yes. I had over 20 years' experience as a general practitioner in purely industrial areas, and I had a great deal of personal experience of contract practice during that time at Gateshead; it is only a little over five years since I left it.

30,011. Were you there all the time?—I was at Newcastle as an assistant for four years, and I was at Gateshead on my own for 16 years.

30,012. Now you have come to give us evidence from the point of view of the British Medical Association?—Yes, together with anything which you might think might arise from my own personal experience.

30,013. But roughly speaking you have on behalf of the British Medical Association collected a quantity of information from doctors engaged in practice under the Insurance Act?—That is so.

30,014. What process did you go through?—We took the questions which you sent to us and forwarded them to the secretaries of every local medical committee, and we asked them to take such measures as they thought most appropriate to obtain the general consensus of opinion on the questions which were sent out. We have heard from 111 insurance areas out of 125 in England, and from early 400 individual practitioners in all.

30,015. Did you send the questions to individual practitioners besides sending them to the committees?—No, but in some areas they sent them out to individual practitioners and asked them to communicate with us direct. In some areas we had a dozen replies, in others only one, and in others two or three.

30,016. And the evidence that you give to-day is based on the answers to these queries?—That is so.

30,017. What do you say generally as to whether unjustifiable claims are being made on the sickness benefit funds?—One is bound to admit from all the evidence one has heard that some of the claims that have been made could not be justified; but the proportion, after making all the allowances which we have made out in this document, is very much smaller than has been generally stated in speeches and other ways that we have heard of. Most doctors would be willing to admit that during the course of the past year in the extremely novel conditions in which the whole practice of the medical profession was entirely revolutionised, many, even among the best and most careful men, were not in a position to give that attention to their work which they usually like to give, and therefore some certificates have been given which, on mature reflection, and even in conditions that are existing to-day, would not be given; but these, which are what I would call absolutely unjustifiable claims, so far as the responsibility of the profession is concerned—

30,018. Do not mind the responsibility of the profession, what I want is the fact?—Of course we can only speak from the professional point of view; we have not interviewed other people or asked them for their opinions.

30,019. Quite so. You think that there are few?—I think that there are a comparatively few really unjustifiable claims.

30,020. That is a guess and cannot be more?—It is a guess founded upon a direct question put to all these medical men and to the committees.

30,021. Of course you realise that though the number may be small in any particular place, yet if you put them all together they may make a considerable difference in the drain on the fund?—Quite so.



11 March 1914.]

Dr. A. Cox.

[Continued.]

30,022. What do your people say about the point of view of those people who come to them for medical attendance? In the first place, do they understand the principle of insurance?—With regard to that, the opinion is expressed very strongly that, generally speaking, the members of the old friendly societies quite understand the principle, and little trouble has been experienced with them, but most of the new people have very little real acquaintance with the principle of insurance, and this particularly applies to women, boys, and girls. They have no sense of responsibility, and they are apt to look on the thing as something into which you pay 4*d.*, and out of which, at some remote period, you will get 9*d.* That is a point which is put quite frankly in the replies of the medical men, and very often they had to explain to the patients that this was not the right way to look at it.

30,023. They do find a very large number of people trying to get certificates, because they do not understand really what the situation is?—I would not say a very large number, but there must be a considerable number, judging from the fact that nearly every correspondent mentions cases of people who are asking for certificates on comparatively trivial grounds.

30,024. Do the doctors grant certificates in these circumstances or not?—Speaking generally of the profession, I should say not. I should say that the profession has about the same average of honesty as any other profession, and the average man will not give a certificate without due consideration as to whether he should do so or not.

30,025. If you find a lot of people clamouring for certificates which are not justifiable, would not that be followed up by a suspicion that you are granting some certificates which you would not have granted, if you had known a little more?—That is possible. You cannot take last year as typical of the conditions which will be set up shortly. There has been a demand for certificates which is not likely to be continued, and the doctors will be in a much better position to deal with those demands in the future than they have been in the past.

30,026. Do they think that they are now dealing with them better than they did in the past?—Yes. I have that opinion very distinctly expressed, especially since the model form of certificate was issued and the clerical work cut down, since they have had a little more time to devote to their practice and a little less to negotiations with various bodies.

30,027. If that be so, one would expect to see it reflected in the figures?—Yes.

30,028. If I told you that the figures so far from having improved are rather worse, what would you say?—I should be very much surprised.

30,029. Besides being surprised, what else would you think?—Can you say whether the figures for January or February of this year are not better than the figures February last year?

30,030. Suppose that that were the fact?—I do not know what you are trying to elicit from me.

30,031. You told me that owing to various temporary causes which were passing away, your people reported that they thought that things were now better. I am asking you how you would regard it, if you knew that in fact they were not better, but worse?—I can only say that an opinion has been expressed, and that the doctors think that a smaller number of people are getting certificates, and they are able to give more care to the question of certificates. There are so many factors underlying the whole question that I do not know that I should be inclined to say where I could put the blame or seek for the cause. I should very much like to be sure as to whether the point which you put is merely an assumption, or is borne out by the facts, and I should be both surprised and grieved to hear that it represented a fact.

30,032. Apart from misunderstandings which arise from novelty, do you think that there are other things arising from novelty which are dying away?—Yes; I am inclined to think, as regards the younger boys and girls, who have given a great deal of trouble, that they are beginning to be educated as to what it all means, and will get more used to the idea of being insured

without necessarily wanting to draw something within the first few months of insurance. I should think that in that way it ought to improve.

30,033. Do you think also that persons who are ill will get permanently well, so that they will not come on the funds so much?—I take it that the class to whom you are referring are people who are really suffering from trivial ailments, and are rather inclined to make the most of them.

30,034. What I mean is, are there a great many people who were in a general state of being sick, when medical benefit came into operation, and who are now getting cured, and consequently is the fund being relieved of that class of person, and will they never come into existence again?—I think that you can hardly place too much emphasis upon what has often been called arrears of sickness, which have evidently been very great. It has been a great surprise to the average member of the medical profession to find so many people who apparently in the past never had any treatment at all; and some of the documents that I have here, showing the kind of lists that men started out with, show that there were patients suffering from almost every ailment under the sun. One wonders how they were ever admitted into benefit societies; they represent a long list of chronic and dangerous complaints, many of which have never been treated at all.

30,035. Will they be cured?—Some will be cured and some will die off, but the arrears of sickness, if any improvement is to be effected in this direction, must be a constantly diminishing quantity.

30,036. Do your people report to you that people do come freely to take advice from doctors on the panel?—I should rather think they do.

30,037. Among the mass of the insured population generally there is no reluctance to come and get treated?—No. The doctors have been absolutely astounded by the way in which insured persons have taken advantage of the fact that they have a doctor of their own, and by the alacrity with which they come with the smallest of small complaints. Every correspondent says that the way in which insured persons have turned up for consultation in comparatively small things astonished him.

30,038. Are they going on doing that now just as much as before?—I cannot say that there is much evidence of diminution.

30,039. There is something bad in that as well as good?—Yes, but we have always urged people to seek advice early, and under a contract system you can make the thing a success only by getting them in early, and preventing them developing the more serious diseases.

30,040. I mean that if everybody gets into the habit of running to see the doctor when he feels that he is not quite so well as he was yesterday, that would not be a good thing?—I think that most of the doctors would try to suppress that tendency, in so far as it is an unhealthy one.

30,041. Do your people report that patients are doing what they are told by the doctor?—There are not very many complaints about that, except in some areas where the doctors say that the societies, up till now, have taken no trouble to get the rules for conduct into operation, or to get them made public.

30,042. Do those complaints affect all societies in particular areas, or particular societies all over England?—They are quite general complaints. I do not know that any particular societies are mentioned in connection with it.

30,043. Are they complaints that apply to particular parts of the country, to certain areas?—No, they are dotted about pretty generally, but the question is one which I am glad to say is gradually being tightened up. Things are improving and, generally speaking, the profession has been rather pleased and surprised at the way in which the discipline of the insured persons has gradually improved.

30,044. Do you mean in reference to stopping in at proper times?—Yes, and attending during the doctors' hours, and consulting his convenience.



11 March 1914.]

Dr. A. Cox.

[Continued.]

30,045. That is another point?—That all helps to the improvement of the service.

30,046. What I want at the moment is to know whether they take the medicines which are given them to take, and rub in the things which they are given to rub in?—I do not think that we have any evidence directly bearing on that point, but I think that we should have heard of it, if there was much complaint, and we have not had much complaint.

30,047. Do they stop indoors when they are told?—Generally speaking, I think so.

30,048. Do they go out when they are told?—I think that they do. I have no reason to think that the insured person is different from the average patient; generally speaking, he does what he is told.

30,049. You referred to discipline being enforced by the rules of the society?—Yes, and the general attempts of the doctor to regulate his own practice in order to promote the interests of himself and his patients.

30,050. Do you find much complaint that the doctors have got so much to do that they cannot get through their work?—From some areas.

30,051. From certain areas, or certain people in certain areas?—I should say from certain people in certain areas. It is very extraordinary how experience seems to vary in the same area.

30,052. I do not quite understand the complaint; does it mean that a man has taken on more patients than he can attend to?—No, but it means in some cases that men are deliberately giving more time to cases, and encouraging patients to go much more than I think is absolutely necessary.

30,053. What sort of number of people are on the lists of those doctors in respect of whom there is this complaint?—The worst case I know of overwork came from a practice in South London, where the number on the panel of the individual doctor is under 2,000.

30,054. Does it really mean more than that he could not get through his 2,000 people?—In comparison with other people in the same locality, he seems to be doing three times as much work.

30,055. He may be three times as much a muddler?—No, he does not happen to be.

30,056. Is it that he is a more conscientious man, and that he is giving the right amount of time to his 2,000 people, while the man next door is not doing so?—I cannot think that all the men round about him are muddlers, and I know that he is not. I cannot help thinking that he is one of these men who encourage patients to come often and spend a fair amount of time over them and, generally speaking, enjoy having their hands absolutely full of work. I do not think that all the time is spent over medical work; I think that it is often spent discussing other things. I have some difficulty in discussing this particular case, because I know something of the man's personality.

30,057. I do not want a particular case. What I want to know is whether it is possible for these people with enormous lists of patients to get through their work properly?—I had a very instructive set of figures sent to me yesterday from Stoke-on-Trent, where the average number of patients to doctors is supposed to be as high as it is anywhere else in the kingdom. I was absolutely astounded at the way in which some nine or ten of these men stated that they were able to do their work with comparative comfort.

30,058. Comfort to themselves or to the patients?—The fact is that there have been very few transfers from these doctors, and I have not heard of any particular riots or anything of that kind in Stoke-on-Trent.

30,059. That may be attributable to the peaceful character of the population?—I know the population of the five towns pretty well, and I do not think that it is particularly peaceful. Whatever the explanation may be, here are men who have got large panels and who describe the work as all-round work, including all sorts of minor operations, and so on, and they say that they have been able to undertake it with satisfaction to themselves, and that it is quite within their scope.

30,060. How many people would they be dealing with?—There were seven of them and they may have been dealing with some 15,000 or 16,000 people.

30,061. Were there other people to whom they could transfer?—Yes, in Stoke, certainly.

30,062. What do you say about the attitude of the profession generally towards the Act? I do not mean what they think about the Act generally, but how their attitude towards the Act reflects itself in what they are doing?—I do not think that I can put it better than as it is stated in our memorandum. In writing to all our correspondents we wanted to know whether in their opinion there had been any attempt to take it out of the Act from a feeling of resentment, and to work the Act badly. We asked them to tell us frankly what their opinion was. These letters were all addressed to representative men whom we think we can fairly well trust, and I say here, "without exception the reply is that though there undoubtedly has been and still is resentment at the circumstances which surrounded the beginning of the connection of the doctors with the working of medical benefit, there is no reason to believe that any systematic attempt has been made by doctors to take revenge on the funds of the societies. The suggestion is in fact unanimously scouted." That honestly represents the effect of the whole of the evidence which we have had put before us, and of hundreds of conversations which I have had during the past year with men who are working the Act.

30,063. That is a repudiation of the suggestion that the profession is working the Act badly and doing its best to give certificates wrongfully in order to deplete the funds?—Absolutely.

30,064. If anybody ever made such a suggestion with regard to the whole profession that is a repudiation of it, but there is a great deal besides that which it is very interesting to know?—I shall be very glad to answer any questions.

30,065. There is a great difference between a dishonest, wicked, hostile attack, and a kind of attitude of semi-indifference as to the effects on the other side of the Act: what do you say about that?—To speak perfectly honestly, in the early days I think that that attitude probably did exist among a certain number. I do not think that they were a large proportion of the profession, but I believe that the statements that have been made in the press, and made in speeches at insurance committees, and so on, together with the many attempts which we have made in the columns of our journal and also in the columns of other medical papers and in speaking to our members, have impressed upon the members of our profession the undesirability of an attitude of indifference.

30,066. I do not mean indifference as to the curing of the patient, which is quite a different thing?—Indifference as to the question of who are to pay for the curing of the patient?

30,067. Yes?—We have taken every means in our power. Scarcely a week passes in which we have not in our journal pointed out that any indifference on that score is likely to re-act very badly on the profession itself.

30,068. What is the attitude which you tried to get them to take?—The attitude is that undoubtedly the first duty of the doctor is towards his patient as a patient.

30,069. What is his duty to the patient?—To cure him if possible, and in doing so it may be necessary to get him to stay from work, and if the doctor thinks that the patient will get well more quickly by staying from work, it is his duty to make him stay from work.

30,070. Even if he is capable of work?—If he will get better more quickly by staying from work.

30,071. Is it his duty also to make somebody else pay for the patient abstaining from work?—It is his duty to say that the patient is not fit for work and to leave other people to settle that question.

30,072. His next duty is to consider whether or not he should give him a certificate?—Quite.

30,073. The doctor has to ask himself whether the patient is capable of work or not?—Yes.



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30,074. It is not his duty to give a certificate that a patient is incapable of work, if he is in fact capable of work?—If a patient is going to be relieved or cured of a complaint by staying from work, the doctor will tell him to stay from work and help him to procure the means for staying from work.

30,075. It is not his duty to do the latter unless the man is in fact rendered incapable of work?—Quite so.

30,076. Any man might think that it would be better for him not to go to work, though he is perfectly capable of it?—Yes, we all of us often feel that we should be better away from work, but we do not stay away.

30,077. Do you think that of your patients?—Yes.

30,078. Though you cannot say that they are rendered incapable of work?—No. In our outline of evidence, we deal with the question of incapacity for work, and we state it from the medical point of view.

30,079. I do not want that. What I want to find out is what is your view as to the relation of the doctor to the whole machine. I will come back to incapacity for work. What is the proper attitude of mind of the doctor towards the machine? Perhaps you will accept from me that the whole operation under the Act is done by one big machine moving along?—Quite.

30,080. You cannot look at medical benefit, and say that it is the doctors' business to look after that part of the machine, and you cannot look at sickness benefit and say that that is simply to pay men while away from work. The two things are not disjunctive; they are conjunctive, and can only work together?—Yes.

30,081. Unless the doctor devotes himself to seeing that the two work together, neither side will work?—I might hold that view as a citizen.

30,082. I am asking you as a citizen?—Many doctors say that their business under this Act is to do the work which they are paid for doing.

30,083. What is the British Medical Association asking them to say?—I do not think that we, as an association, have ever put it from that point of view.

30,084. You say that you are trying to impress your attitude on them. What attitude?—The attitude of great care in giving certificates and to exercise strictness and honesty in the matter.

30,085. That one would expect. Do you not go further and impress on them that this is a machine which has got to move all together in all its various parts?—I think that we have done so.

30,086. If the doctors think what you say, are they not wrong in thinking that it is not their business to look at other parts of the machine?—Yes. I think that they are bound in the course of time, like other people, to begin to look at this thing like myself, but I do not think that doctors any more than the rest of the population have got an all-round view of the machine.

30,087. Looking at this thing as citizens and as business men, are not the troubles from which we are suffering due very largely to the aloofness on both sides one from the other?—I think that they are.

30,088. As far as the doctors' side is concerned, they deliberately kept aloof and said, "We are going to do this job in our own corner; we are not going to bother about the other side"?—That attitude is obviously one which cannot be taken up, because the doctor, as part of the machine, comes in in other ways. He has got his local medical committee, and his panel committee, and he has representatives on the insurance committee. Therefore, he is bound to take part in the working of the Act, and look at it as a whole. Like other parts of the population he has hardly begun to take that wide view, and you can hardly expect him to do it yet any more than you can expect the rest of the population.

30,089. I am asking about the part of the population which I have got before me. As far as they are concerned, you do say that we are suffering from the lack of a general broad view on their part?—Yes. I think that one is bound to say that the profession is like other people; it is probably not taking as wide an

outlook on this as it might, and we have during the past few months been consistently trying to get them to take that wide point of view.

30,090. Until they do take that wide point of view, do you think that there is any hope of getting on better?—No, but the point which we state in this document in reference to that wide point of view is that education is going on the whole time.

30,091. Do you think that it is making any progress?—I do think most distinctly that it is making progress. I wish, for instance, that some of you could have been present at a meeting of the profession held at Aberdeen, on Friday, at which there was a long discussion on the Insurance Act. It would have delighted you to have seen their attitude on what I have just said as to the way in which this should be looked at, and they evidently looked upon this, not merely as doctors, but as citizens.

30,092. Citizens have a general duty. These are citizens who have an integral executive part in carrying out the work?—Who are a part, and a very important part of the machine.

30,093. The danger is that the doctor is apt to say, "My first duty is to the patient," and all that kind of thing, which is beside the point?—I do not think that it is beside the point. I hope that you will never knock the idea out of the doctor's head that his first duty is towards the patient. If you knock that idea out of his head, the medical benefit will be useless.

30,094. Everybody accepts the position that the first duty of the panel doctor is towards his patient. What I am suggesting is that doctors should not take shelter behind a broad platitude like that, and that the proper thing to do, the first duty to the patient, is to help to make the patient fit to return and to make him return?—You will have a very hard task in getting the average medical man to look at it in that way. It may be all right, taken from the statesman's point of view, but the average man is not up to that, and you will have a very hard task to persuade him that his first duty is to try to make his patient return.

30,095. His first duty is to try to cure the patient?—Yes.

30,096. We will admit that. Clearly it is not his business to strangle the patient, though that will get him off the sick fund at once, nor ought he to leave his patient uncured, but, at the same time, he has got to resist what he knows to be fraudulent claims?—Certainly.

30,097. He gets claims which are not fraudulent, but in respect of which there is a keen desire to get somebody else's money?—Yes; that is his business as an honest man, quite apart from being a doctor.

30,098. Is it not his business as a doctor who has signed a contract to do this work?—That is his duty, to do it honestly and well.

30,099. You say that they do not really take the attitude at present of a passionate desire to make the machine work?—I do not think that you could expect it, but I do think that their desire to make the machine work is growing as fast as anybody could expect.

30,100. Can you suggest any means by which one can make it grow any faster?—In two or three areas there have been attempts at co-operation between the approved societies and the doctors, which are eminently worthy of encouragement and imitation.

30,101. Do you think from what you hear from your correspondents that the representatives of the approved societies have a feeling—I do not make the suggestion offensively—that from their point of view they are in a position of helplessness in dealing with the doctors?—I have not noticed it from their speeches.

30,102. And that this feeling sometimes results in rather violent and foolish talking. Do you not think that they find to some extent that they have not got the knowledge, and some of them, perhaps, have not got the education to grapple with the doctors, and so they take refuge in throwing things at their heads?—That is possible. One of the first steps to be taken is to bring about some *rapprochement* between the approved societies who are administering the sick benefit and the doctors who are working the medical benefit.



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30,103. But if there is an attitude of what you will probably admit is unfounded suspicion on the side of the approved society representatives on the committees, are the doctors not likely to look upon this to some extent from their superior position as knowing more about the subject matter? Do you not think that the doctors will have to make a pretty violent effort to *rapproche*?—It would be asking a great deal of human nature after all that has been said. I know that doctors have taken their part in saying strong things. Nobody knows it better than I do; but there has been a fair amount of violent and venomous things said on the other side. Both sides have to cool off a bit before you can have anything in the way of *rapprochement*; but it has happened in some areas, and I hope that we are going to get some of it in other areas.

30,104. Where it has happened, what is happening? Is it simply a meeting together and saying "How jolly" ?—That is the first step.

30,105. Do other steps follow on it?—We mention that the Staffordshire local medical committee has passed a recommendation to the effect that in the provision of certificates entitling insured persons to sickness benefit, medical men will welcome the co-operation of sick visitors and similar officers of approved societies in order to secure the exposure of bogus claims. The next step rests with the representatives of approved societies to take advantage of their offer and to meet the doctors and prove to them, or try to prove on the ground of something which the doctors have done, or have not done, that things are going wrong.

30,106. Can the Commissioners do anything in that?—It is very difficult to say. They might do something by means of sending a medical officer who could go down to these areas where there had been trouble, in order to suggest to the two bodies concerned the desirability of working together.

30,107. Why do you say a medical officer?—Because probably he would have more weight with the local medical committee or the panel committee, and because he would also thoroughly understand the circumstances. I do not say that he necessarily must be a medical officer, but I should myself, if I were in the position of dealing with the question, send down a medical man.

30,108. What about the other side?—The other side would know that he was a medical man and understood the point of view of the medical men. They would also know that he was an officer of the Commission, and would therefore naturally take up their point of view—that it is a big machine of which the medical man is only a part, and so on. I do not think that it need necessarily be a medical man, but I should imagine that you are more likely to get the right man among medical men.

30,109. We have got a great mass of evidence from medical men who are obviously speaking honestly, who say that they do not see any reason at all why they should bother with the societies at all?—I think that that is a wrong attitude, and in our evidence we state that the association will be glad to do anything to help on a *rapprochement* of the two bodies concerned, only we give the warning note, and I must repeat it, that that is not at all likely to happen as long as any attempt is being made by the approved societies to get the administration of medical benefit into their own hands, and if approved societies made it perfectly plain that that whole demand was gone, then I believe that *rapprochement* would be very much easier. Our men are very highly suspicious that the approved societies want to get back something like the old friendly society system, under which they hope to control the doctors. The doctors will not touch that system—I can say that perfectly definitely; whatever else the profession may be divided upon, they are absolutely united in that. Therefore there is no good talking about getting the two bodies together, as long as there is any suspicion that that is going on.

30,110. How do you suggest that the approved societies should purge themselves of this suspicion?—By the repudiation of some of the statements continually made by responsible men.

30,111. You cannot get the approved societies to get all the responsible men to take a reasonable line instead of making foolish statements any more than you can make all the doctors take a reasonable line?—But we are doing our best to make them take a reasonable line.

30,112. If you go on talking about this barrier, will it not make it a very real thing?—You cannot get over the reports of conferences of approved societies and bodies of that kind, where the question is raised, and whether you like it or not, that keeps the thing alive.

30,113. I do not think that there is anything between us; where a man is incapable of work it is the doctor's business to give him a certificate saying so?—Yes.

30,114. When he is not incapable of work, it is not the doctor's business to give any certificate, and that is all about it?—Yes, except that we think that there is a considerable difference as to what is meant by work.

30,115. What is work?—I think that we are bound to take it that the work is the work which the man has just left, and to which he has got to return.

30,116. Assume that that is so for the purpose of argument, probably you would suggest that some other test would have to be applied when disablement benefit begins?—Yes.

30,117. The Act does not distinguish by different tests between the two benefits?—That is a difficulty which will only be got over by the appointment of referees.

30,118. How can the appointment of referees make any difference in this matter? Surely the difficulty, if it exists, is on the face of the statute. A man has a right to sickness benefit, if he is rendered incapable of work?—Yes.

30,119. He is also given a right to something else, disablement benefit under precisely the same conditions. If the conditions are different, that will have to be done by statute?—I take your word that it must be done by statute, but a great many questions will arise as to whether a man ought to be able to do some light work or not. There you will want a referee or some other machinery.

30,120. It is your view that there ought to be different tests for the more or less temporary condition which is covered by sickness benefit and the possibly permanent condition which is covered by disablement benefit?—Yes, there must be some different test.

30,121. If the man is rendered incapable of work by some specific disease or bodily or mental disablement, then he is to have the certificate?—Yes.

30,122. Assuming that the doctors mean his ordinary work, what do they mean by incapable of work, of course they do not mean deaf, dumb and paralytic?—Putting it roughly from their point of view that he ought not to be at work.

30,123. Do you really mean that?—Yes.

30,124. Why does not the statute say that? It says, "rendered incapable of work"?—The interpretation of this business is apparently, until you can give some better definition, left to the doctor who has to sign the certificate.

30,125. The interpretation is not left to the doctor. The doctor has to certify something or other, that the man is incapable of work?—Very well. A patient comes before me and in my opinion he is not able to do his work with benefit to himself or his work, and I tell him to stop away. You must allow the doctor who signs the certificate to use his common sense. He knows the patient and that he is working at hard work, and that though he has only got a comparatively trivial complaint, going to work would probably aggravate it.

30,126. What sort of complaint would you say?—If a man had lumbago.

30,126a. You had better not take lumbago because it comes into controversy for other reasons?—If it were your case or mine, we should go to work with it, but if it were the case of a man who had to bend down in a mine with lumbago, it would probably be aggravated by the work.



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30,127. Probably he could not bend?—Some of them would try.

30,128. I do not mean physically incapable. Suppose a clerk is sitting up in a chair with a pen in his hand, I do not mean that he is so bad that he cannot sit in the chair and hold the pen and go through the mechanical operation of putting down figures; that would be highly unreasonable?—I do not think it possible to get a definition that will cover every case; the personal factor comes in so much both in the case of the doctor and the patient.

30,129. Of course it does, but there are all sorts of thing which we can cast on one side or the other, when we have to deal with a practical matter as practical men. I think you said that it was for the doctor to interpret the Act, which I declined to accept?—Although, legally speaking, somebody else has got to interpret the Act, or the Act is supposed to interpret itself, the doctor has got to do the best he can with the situation in front of him.

30,130. Let us face it. What do you mean when you refer to a doctor thinking that people would be benefited by a rest? You do not, for instance, mean that in the case of a lazy man with a slight complaint, who thinks that he would be benefited by staying off work, the doctor should sympathise with him and take his word for it?—If I were the doctor, I would say that he would be very much better at work.

30,131. That is because you take account of the man's temperament, but assume that he is not a lazy man, but an industrious person who would be benefited by rest?—I think that the doctor must stick to the medical reason.

30,132. Are you going to say that a man, however industrious, who can do any work in an ordinary sense of the word, but would be benefited by rest, is rendered incapable of work; that is the plain question?—It is an extraordinarily difficult thing to define.

30,133. It is not a question of definition; it is a perfectly plain issue. I think that you may assume that I should be benefited by rest, and that all the Committee would, but surely you are not going to say that I am rendered incapable of work?—I should say not, but with the men that I am likely to have before me as a doctor in panel practice —

30,134. You might very easily have one of my clerks as a doctor in panel practice?—Tell me what he would be complaining of?

30,135. I find it rather difficult to say: perhaps you might do what all these medical gentlemen do, put down "debility," and say that the insured person would be benefited by rest?—You cannot get a more extraordinary thing than debility. I confess, as an old practitioner, that there are many times when you cannot say anything else, and when it is the best thing you can say, and no number of regulations would make me give anything else.

30,136. Suppose a clerk says that he cannot sleep at night, that he is suffering from insomnia, and you know that it would be better if he went to the seaside for a fortnight, are you going to give him a certificate that he is rendered incapable of work?—I would want to know much more than that. I would want to know that he would be benefited by the rest, and would be better capable of tackling his work.

30,137. That is creating a position in which no fund could stand?—That is the position in which they were before. I was a lodge doctor, and if a member of the lodge came to me, and I came to the conclusion that that person should be off, I would say so.

30,138. I thought that I had heard a great deal about the societies controlling the doctors. I understood you to say just now that the doctor was complete emperor of the whole thing. Is that consistent with the theory which we hear so much about?—I do not quite see the bearing of that on what I am saying.

30,139. I thought you said that then you were complete master of the situation, and that if you thought a man ought to go home, you sent him home?—I have not finished; if a man came to me when I was lodge doctor, and I came to the conclusion that that man, though perhaps capable of going on with his work, would be better if he did not go on with his work, and

that in the long run it would be better for him and better for the lodge to stop off work, I took the responsibility of signing a certificate. If the lodge liked to raise any point, they would come to see me about it.

30,140. Your idea, as it was then, is now, that the doctor has got to be the judge?—Yes.

30,141. We all admit that the doctor has got to be the judge of fact, and has got to make up his mind that a man is incapable of work, and has got to certify accordingly, but he is not going therefore to make the Act mean what it does not mean, and to give a man rights which it does not give him. A man is entitled to receive sickness benefit if he is rendered incapable of work, but not if he is not rendered incapable of work, which was the case which I was suggesting here?—Do you mean that he has got to go on until he breaks down, and that then the doctor can certify him?

30,142. I have not said that. There must be many people who from time to time would be benefited by rest?—I am not going to stand up for the doctor who signs a certificate just because his patient wants a rest, but you have got all sorts of intermediate states with which it is very difficult to deal. You have got the man who, it is obvious to any doctor, will probably be better in bed, and will be worse if he is not allowed to rest. Very often the man does not want to rest. I have scores of cases here in which the man does not want to rest, and the doctor says: "You will be laid up if you do not rest. You must go home and rest, go on your club, and take a certificate."

30,143. It is obvious that the man ought not to go to work if he is ill, then of course the doctor has got to give a certificate. Nobody disputes that. What I am putting are not those cases?—That is to say, the man is not ill at all.

30,144. No, on the contrary, a great many of them are ill, and yet may be capable of doing work; that surely is axiomatic?—I am afraid that we shall never get any nearer. If I have not made myself clear we cannot get any nearer, and you may take it from me that my difficulty in explaining to you is the difficulty which every doctor has in every case of the kind that comes before him.

30,145. Do your people find a difficulty in putting down the name of the disease on the certificate?—Very often.

30,146. Why?—Very often, in the earlier stages of diseases, the symptoms are not so marked.

30,147. And they cannot diagnose what it is?—Not right off.

30,148. Do you think that we ought to recommend some special form of words to be used in those cases?—Yes, several of our correspondents make the suggestion that doctors should be encouraged to put in "Case not diagnosed."

30,149. Do you think, if anything of that sort were done, that it would be some temptation to weaker brethren?—Is it worse to allow —

30,150. I am asking you. It is a matter on which I can express no opinion?—It might be, but you must balance between the two evils. Is it worse to get him to be moderately truthful, and to say that he does not know, or to encourage him to put down something for the purpose of satisfying some society or other?

30,151. Do you think if, as a general rule, some such plan as that were adopted, the doctors would be prepared to take rather a high line, and only do it when necessary, and to amplify the certificate as soon as they could?—I think that they would on the whole. It is a small point, and it may seem rather absurd to mention it, but it would be easier to write the name of some disease than to write "Not yet diagnosed," or some words like that. The weaker brother is not the man who wants to put down "Not yet diagnosed." He thinks that he knows everything. It is the good man who will say that he does not know. It is the good man who is cautious rather than the weaker man.

30,152. Is there any other reason why they find a difficulty in putting the name of the disease on the certificate?—What is the point? We have a large number of correspondents who give examples of cases in which it has been found undesirable that the nature of the disease should be stated plainly on the certificate.



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There are, for example, cases of early phthisis, heart disease, and malignant disease.

30,153. What is malignant disease?—Cancer.

30,154. Why not state it?—It is sometimes extraordinarily bad for the patient to know the nature of his disease. I could give you very good typical cases. I had better give one in the words of the people who send it up. This may or may not be the best case, but it is one I can get at fairly easily. This case, however, is more dealing with the question of the reluctance of women to have the names of uterine diseases stated on the certificate.

30,155. The other is quite a different point?—Yes.

30,156. I am sure you will do it better yourself than by reading what your correspondents have to say?—One must divide it into two parts. There is, first of all, the danger or undesirability of allowing the patient to know the disease from which he is suffering.

30,157. You state those three things—early phthisis, heart disease, and malignant disease?—Yes.

30,158. If you were suffering from heart disease, would you not prefer to know it?—I think that I should, but I can assure you that I have known people to whom I would not have told it.

30,159. Yes, I know, but if you acted for yourself, and not from a sort of professional point of view, how would you act, or how would you like to be treated? I should regard it as a most gross proceeding if I had heart disease and I was not told of it?—I daresay you would.

30,160. And so would everybody, I should think?—No, I have known scores of cases in which I have been asked by the patient's husband or wife not to tell the patient.

30,161. I can understand that other people might ask you not to tell the patient?—And where I have thought it best not to tell the patient. Take a case of heart disease, which might become well compensated by and by with careful treatment. That man in a few years probably would not have any signs of heart disease left, but if he were a nervous man it would be the worst thing to let him know that it was heart disease. That is why doctors talk of weak hearts. It is in order not to mention "heart disease" in the patient's best interests.

30,162. I know all that. It is a kind of professional shibboleth?—It is a matter of sheer humanity and not a professional shibboleth. I do not know whether you have been ill, but it strikes me that you have been one of those lucky persons who have had very little to do with doctors. I hope that you do not mind my saying that.

30,163. You are entitled to all that you can get back?—I feel very warmly about this matter. I feel that, dealing with ordinary common working-class people, doctoring is very much a matter of humanity, and when I hear you talk about professional shibboleth, I am bound to resent it. I think it is done out of sheer kindness to the patient and in his best interests.

30,164. Nobody suggests anything to the contrary. I have no doubt that it is done out of consideration for what are supposed to be the best interests of the patient?—Then, what is the point? We are saying that it is not desirable to put it down, because it is not a good thing that the patient should know.

30,165. I suggest that people are now very much better educated than they were, and that they no longer want the nature of their disease concealed from them?—A large number are not better educated, and the feeling of doctors in dealing with these cases is that it is not advisable to let some patients know the nature of their disease. Then there is the question of prejudicing their employment.

30,166. Let us deal with the first difficulty: How do you propose to get over that?—By using some synonym.

30,167. That means calling the thing something which it is not?—What does it really matter to the society what you call it?

30,168. Never mind the society?—What does it matter to anybody?

30,169. It matters to everybody that the truth should be told. The certificate is the means of getting

sickness benefit, and it is essential to running any scheme that the truth should be told, but as long as the profession use synonyms, the thing is hopeless and impossible?—I do not agree with you from a business point of view. The only point would be if somebody were going to be robbed by it.

30,170. You cannot have a sound financial system with documents of title passing backwards and forwards unless the truth is written upon them, and you cannot rely upon people who use synonyms and euphemisms?—A euphemism is telling the truth, but not the whole truth.

30,171. It is a deliberate selection of terms which is intended to convey one idea which is not the truth, although it might happen to be technically within the truth?—I join issue on that point. Take the case of cardiac debility. That shields a patient and does not do the society any harm.

30,172. From what does it shield the patient?—Supposing a man has valvular disease of the heart, am I to write it down?

30,173. I ask you what you would write, and you say a euphemism or synonym, you say that you would put "cardiac debility" for heart disease?—In certain cases I should, and so would every medical man.

30,174. Except that the words are longer I do not see the difference?—The patient does. I do not say that you would. I am talking about the average working-man, and I assure you that it is extremely comforting to some people to imagine that they are suffering from a weak heart rather than from valvular disease of the heart.

30,175. If that is all it means there is nothing in it at all?—That is what I am saying. There is nothing in it at all.

30,176. There is a great deal more than that in what you say: "It is deemed undesirable that the nature of the disease should be stated plainly; for example, "suspected early phthisis, heart disease, malignant "disease." And you make the suggestion that you are justified in using some euphemism for the real disease. The only point must be that you conceal the particular disease. If it does not conceal that, I do not see any point in it at all. How long do you suppose the working-classes are going to continue not to know that cardiac debility means something wrong with the heart? This certification has been running in the public eye, and all society officials are looking these things up in the dictionary. They already know a great deal more than they knew a year ago?—If I do not know anything else, I know the working-man, and I know that there are lots of them who do not know these things.

30,177. How long will they continue not to know?—He will undoubtedly get to know in time, but I do not think that you should unnecessarily upset his equanimity. The euphemism will in no way affect the funds of the society.

30,178. It does injure the funds of the society?—In what way?

30,179. You have entered into a contract to give certificates?—Yes.

30,180. Those certificates are to specify the name of the disease, and that the patient is disabled?—Yes.

30,181. Why do you suppose that all this trouble has been taken to cause the doctor to enter into that contract, if it does not make any difference whether he carries it out or not?—It makes all the difference if the doctor gives the society indication that the patient is suffering from something which does or does not incapacitate him.

30,182. In that case it would be quite enough to say that the person is incapacitated from work by an incapacitating disease?—Many people think that; but I think that the society are entitled to more than that.

30,183. You think that they are entitled to the names of the diseases?—I do.

30,184. Why? I suggest, in the first place, because the doctors have contracted to give it?—The doctors have contracted to give the name of the disease, but there are some cases, not very many, where you need not tell the whole truth.



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30,185. That is exactly what I will not accept?—Then we must agree to differ. I am afraid that you will have the whole profession against you on that point.

30,186. I am prepared to take on the whole profession on that question of telling the truth. If you tell me that the profession write down something which intends to deceive, I do not think the profession will stand to it?—I do not think it is fair to put it that way. There are some cases, such as are mentioned here, where doctors think that they are justified in using euphemisms in order to save the feelings of the patient.

30,187. Let us call things by their right name?—Call it an alias, if you like, but I will not have it called a lie, because it is not.

30,188. What is a lie? A thing which deceives and is intended to deceive. If this does not deceive, what is the object of it?—Does it deceive? It gets into the hands of a person who takes it as an indication that the doctor thinks the patient, for some reason or other, should stay from work and is unfit for work. What does it matter whether it is cardiac debility or heart disease?

30,189. The object of the thing, as stated in this paragraph, is to prevent something or other getting known, and in those circumstances you say that the medical profession feel justified in using euphemisms which I suggest to you must be intended to deceive, or else there is no object in it at all. We shall never be able to make terms with the profession on those lines?—I am afraid that it is an insuperable barrier. There are cases in which the doctor will not do it.

30,190. If you say that there are certain things which cannot be written, and that therefore something else must be done, that is quite a different matter?—I perfectly agree if you could make it easier not to state the name of the disease when he does not want to do so.

30,191. Supposing he came to the conclusion that the patient was suffering from something which he ought not to know about, I should have thought that it did not pass the wit of man to devise some means whereby the truth might be told to the society, if you tell me, from what you know of the state of his mind and heart, that it should not be told to the man?—The difficulty would be that the man would be immediately suspicious if you did not fill in his certificate, and then you would not attain the very object for which you had done it.

30,192. What is cardiac debility?—Now you are asking me something I do not know. Cardiac debility is like charity—it covers a multitude of things.

30,193. And is intended to do so?—Yes.

30,194. Therefore it does not convey to the mind of the society anything which enables them to form any judgment?—Except that the man has got something wrong with his heart, which, in the opinion of the doctor, ought to prevent him from going to work.

30,195. That is not enough?—I fail to see why it is not enough. I cannot see why the society should refuse on that.

30,196. There is this difference in the points of view between us: the doctor all along, either rightly or wrongly—it may be rightly—is assuming that he is the person to put the man on the fund, and that there is an end of it. If that were so, we should not need to bother about these certificates. But at the present time we are dealing with a system where the doctors are only part of a machine, and the final decision is supposed to rest with the society. It may be that that is an imperfect system, but that is the system at present, and in order to carry it out the doctors contracted to certify and to give the names of specific diseases. If you tell me that such a system cannot be carried out, I can believe you, but if you tell me that it can be carried out by euphemisms and synonyms, I cannot believe you?—I am bound to look at this, not only from a professional point of view, but from the point of view of £ s. d., and you have failed to convince me that it is going to injure the funds of the society.

30,197. I am trying to point out that it is not consistent with the contract the man has entered into?—What is the object at which we are aiming?

30,198. Continually all through my life, and through everybody's life, we are asked to do all sorts of things in which we are required to speak the truth, and if we stopped every time and asked ourselves what harm it would do if we did not speak the truth, we should never get on. Most of us are concerned with mere business matters, in which questions of money arise, and we do not bring in all these considerations, but just try to tell the truth, and there is an end of it?—I do not think that the average population succeeds in telling the truth any more than the average general practitioner, even in carrying out his ordinary avocation. We all sometimes have to tell not the whole truth, and we try to justify ourselves. This is a case in which the profession feel that they need not tell the whole truth, not for the doctor's own sake, but for the sake of the patient.

30,199. What is the result?—I do not know.

30,200. We are told that nobody can depend upon the certificate given?—I do not think that that follows.

30,201. If the profession take the view that a euphemism is justified, I am afraid that that must go on?—We must take it that the profession think that there are a certain limited number of cases in which they are justified in using a euphemism, and no amount of regulations will prevent them doing that. That is said perfectly definitely.

30,202. So long as we have the panel system?—Any system; it was done under the old system.

30,203. It did not matter what you wrote under the old system?—Every now and then they would ask us what it was all about.

30,204. In particular districts?—The secretary or sick visitor would come down and want to know about this man, and how long he was likely to be off work.

30,205. He never argued with you whether cardiac debility meant heart disease?—I do not remember that he did.

30,206. They had complete reliance on you?—They sometimes showed it in curious ways.

30,207. Some parts of the population have an odd way of expressing their confidence?—They have.

30,208. What do they tell you about the question of certification in the case of women?—There are medical men who have frequently found great difficulties in stating the name of uterine diseases on certificates, not because they have any particular hesitancy in putting them down, but simply because the patient pointed out that they had to hand these certificates to men, and they did not like the idea.

30,209. You could get over that by some device?—Yes, we could get over it by women being, generally speaking, under the hands of women officials. I should think that that would be best. I have never heard of these troubles in women's societies, where they get women officials. It does not seem to me to be a big matter, but it is mentioned every now and then. There is one case which came from Stoke, in which a woman had to take a certificate bearing the diagnosis of a uterine trouble to the secretary of a club to whom she happened to be engaged to be married.

30,210. We can all realise that it must necessarily cause embarrassment sometimes?—It evidently is a case of embarrassment to both patient and doctor. I cannot say that there is a large bulk of these cases, but the trouble is mentioned by a considerable number of our correspondents.

30,211. Do you think that, generally speaking, panel doctors are certifying on the first day that they come to the conclusion the patient is incapacitated, or are they waiting until the fourth day, or are they doing both? What do they think ought to be done?—This is a question on which I do not feel quite the same certitude in speaking, because I have never handled this certificate myself.

30,212. It is quite a new point?—Yes, probably you will get more information from other witnesses who are themselves on the panel.

30,213. I thought perhaps that you might have a whole mass of evidence on matters of that kind?—



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You have a very strong expression of opinion here about the signing the certificate "I have this day examined." I want to bring that point out. There is strong objection felt to that.

30,214. What is the point?—Unanimous exception is taken to the words "I have this day examined."

30,215. What is the objection?—In the case of societies which insist on certificates being signed on a certain day in the week, you have the surgery flooded with people wanting their certificates signed, although it would have done just as well if the doctor had signed the certificate the last time he saw them, or if he were to sign it the next time the patient came to him.

30,216. That is not the result of asking the doctor to sign a certificate saying "I have this day examined"?—It is mixed up with the same point.

30,217. Do you not know that before this particular form was introduced, doctors signed at large all through the week, whether they had seen the patient or not on the day on which they signed?—Certainly.

30,218. Do you not think that that is an evil?—I think it is a thing to be deprecated, but you can hardly get over it in widely-spread country parishes.

30,219. It really comes to this, that you say that it does not matter to the society what is written on the certificate?—I do not say so. I wish to dissociate myself entirely with that interpretation.

30,220. You say that it does not matter to the society whether the actual disease is written on the certificate, and, apparently, that it does not make any difference what day the man is examined. What is it that is left?—The difficulty about having the certificate, "I have this day examined" is mixed up with the fact that many societies are insisting on having their certificates signed on one particular day in the week.

30,221. They are quite distinct things?—The objection is taken because of the combination. I think that there would be no objection if it were a mere matter of certifying on any day the doctor happened to see the patient.

30,222. He might see him on days widely different from those on which the benefit was to be paid?—A weekly certificate would not be objected to, certificates given some time during the week.

30,223. I should object to it very greatly, a certificate signed on the Tuesday, which was to frank a man on the Friday. Do you realise that one day's sickness benefit on each claim on or off may make all the difference between solvency and insolvency?—I quite realise that, but I do not think that the old practice of friendly societies, which was to allow a doctor to sign his certificate pretty well on any day he happened to be visiting the patient, as long as it was done once a week, was very ruinous to them.

30,224. I have heard so much about the practice of friendly societies that, though I am quite prepared to listen to you as to what was the practice of societies for which you acted, I am not prepared to take it from you generally?—I acted for several years for a lodge of Shepherds and a lodge of Druids in Gateshead, and in neither case was I bound to certify on one particular day in the week, although once in a week.

30,225. What happened if you signed on the Monday, and the man drew his sickness benefit on the Saturday, although in the meantime he had gone to work?—The signing-off certificate would guard that.

30,226. Not necessarily?—I suppose that the sick visitor must have kept that right.

30,227. Have you any idea what the ratio of solvency for the particular lodges for which you acted was?—They never went insolvent whilst I acted for them, and they had been going on for years previously. They were quite sound.

30,228. You cannot say that the old sloppy methods which possibly would work when there was a close touch between you, the lodge surgeon, responsible to the lodge, and the society, would continue to work under a panel system where you have centralised societies and the thing spread all over the country?—I think that it is quite likely that you may have to tighten the system up considerably. I am not prepared to say that a national system could work on those lines, but I do not think that so far as the certification is con-

cerned, I ever had any complaints on that score in the past.

30,229–30. Surely you recognise the difference? How many were there in the Shepherds' lodge?—200 in one and 120 in the other.

30,231. You were acting for them and in touch with the secretary?—Yes.

30,232. You knew perfectly well all about the members, and the secretary knew all about the members, and he knew you?—Yes.

30,233. I suppose you put on the certificate the date you signed it?—Yes, I think, always.

30,234. Always the date on which you actually did see him?—Yes, the day the man was seen.

30,235. You did not certify "I have this day seen"?—I do not quite remember the exact words of the old certificate.

30,236. Were they not always dated Friday?—I would not like to swear to that.

30,237. They had complete reliance on you to give the proper certificate?—I suppose that they had.

30,238. And they had complete reliance because they knew you, and you were their officer?—Yes.

30,239. You realise that the doctors are no longer the officers of the society?—Quite.

30,240. And that for good or for evil there is not quite the same intimate touch? Your people are to some extent holding off from the approved societies?—They are both holding off.

30,241. And both parties holding off, is it not obvious that you have to have a much stricter system?—I agree.

30,242. And is it not necessary that the doctor should certify the actual day he has seen the man, and put it on the certificate?—I think it is.

30,243. I do not know about some societies requiring them all to be paid on one day?—I am surprised at that. We have had a perfect flood of remonstrances about that. One society is mentioned as insisting upon having the certificate signed on a certain day in the week, and the agent very often fills in the day in pencil, so that there can be no doubt. We have had that from scores of sources. Some men say that on Friday night, or Saturday night, their surgeries are crowded out with patients for their certificates to be signed, and that it is unnecessary and upsets the service.

30,244. It may upset the service, but I cannot see why they say that it is unnecessary?—It is unnecessary if it upsets the service. It is bad.

30,245. I can understand that it is bad?—It ought to be altered, because it upsets the service.

30,246. How is it to be altered?—It is a matter which I think the society must find some way of getting round.

30,247. They are practically bound to pay by the week?—I think that they are.

30,248. I do not mean in law, but in practice?—Yes, they generally pay every week. I think that this particular question of certification might be put to the witnesses of the Association, because it is a point which appeals more to them than it does to me, as they are actually working the system.

30,249. When you say that you do not see any advantage in certifying on one day in the week, I should have thought that there was an advantage, though it may be outweighed by other considerations?—If you have a man with a couple of thousand on his list and 30 or 40 patients getting certificates, it may be very awkward for them all to turn up on one day.

30,250. Perhaps the cure would be not to have a list of 2,000?—I do not know about that.

30,251. It is one cure?—I do not know whether the cure would not be worse than the disease.

30,252. It is one possible cure?—Yes, to limit the list. It depends entirely upon the area and the man whether he could handle 2,000 or not.

30,253. You say, generally speaking, that they are examining their patients before they certify and at the time they certify?—I think so.

30,254. You know that there are instances where they do not?—I have no doubt that there are. We



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do not in any way back them up or condone their offence.

30,255. What ought to be done about certificates given for people in hospitals or institutions?—That question has been raised, and it is also connected, I suppose, with convalescence. I suppose they would come under the same category.

30,256. I should have thought that it was rather different from the case of people who are away from the doctor, whether they are in an institution or somewhere else. They might be under somebody else's care, if they are what is called convalescent?—Doctors generally would be very glad of some lead on this question. It is a genuine difficulty. I have a note from the secretary of a local medical committee: "What about 'convalescents away from home for a specified time' on instructions from the doctor? What ought to 'be done about their certificates?'" That question is raised by several other people. Some men apparently take the view, having ordered the patient away for a specified period, that as long as he is away just for that period the doctor is justified in signing his certificates, although he has not seen him.

30,257. Do you think so?—I think that it is very dangerous.

30,258. There is a great distinction between people convalescing in their homes and people convalescing in institutions where they are under some medical care, which is probably not the care of a panel doctor. The two things are different?—Yes; in the institution you have a doctor available to certify.

30,259. Are they certifying? We have considerable evidence that certificates are still given by what I may call the home doctor. Do not you think that that is a pity?—I think that where a doctor is available on the spot, his certificate ought to be got if possible.

30,260. I do not see why in the case of convalescents they should not get somebody in the neighbourhood to give a certificate?—I suppose they could in a case of temporary residence go and get certificates in that way.

30,261. I suppose that convalescents may sometimes in the place to which they have gone find it necessary to go and see a doctor?—Generally people of the working-class do not go away until they are out of the doctor's hands. They like to be done with the doctor before they go away.

30,262. But not done with sickness benefit?—Not necessarily.

30,263. Do you not think that that is somewhat dangerous?—Everything is dangerous in this life. It is dangerous to breathe.

30,264. You are always telling us so, but I am not inclined to take this timorous view of the world or of human nature. Do you say that people who are perfectly well go away for six weeks and draw sickness benefit on the certificates of the home doctor, the doctor whom they have left?—There is a great difference between convalescents and well men.

30,265. The whole difference between you and me is that you conceive of people being either well or not well, usually not well, as far as I can understand, whereas I admit of the existence of shades in between those two. We should be inclined to look at the population as either ill or well or something in between. You take nine-tenths of the population and say that they are not well and should have sickness benefit, and we do not?—It is much more easy to deal with these things on paper than it is when you are dealing with actual individuals. I find it easier to lay down the law now when out of practice than I did to deal with individuals when in practice. Doctors say to me now, "You take a much higher and drier attitude on these 'questions than you did when actually dealing with 'patients.' There is that tendency, and naturally you have it a good deal more exaggerated than I have. There must be that tendency with laymen.

30,266. Do you not think, so far as people in institutions are concerned, that it might be possible to devise some form of certificate given by the home doctor that would cover the thing? You have pointed out a danger about convalescence. It appears monstrous that a person should be sent away for six

weeks and be able to obtain certificates for sickness benefit without ever being seen by a medical man?—Put in that bald way, it looks pretty bad.

30,267. It is bad?—It is not nearly so bad as it sounds. Take a man who has pneumonia. He is three weeks in bed, and then he gets up and is just able to totter about. He does not want any more medicine; all he wants is fresh air, good food, and rest. He says, "I have a mother, or it may be an 'aunt in the country, and I could get better quicker 'there.' You let him go. Is there anything particularly sinful in that? He will not be right and ready for work for three weeks, and you state your opinion on paper.

30,268. That is not the opinion you state on paper?—Do not think that I am backing up the man who gives certificates for three weeks in advance.

30,269. It does not matter whether he advances them or states "I have this day examined"?—He will have to alter the form of certificate, but there should be no objection to taking that certificate in those circumstances.

30,270. I understand that you suggest that it would be quite easy to know how long it would be before he could return to work?—Yes, in some cases.

30,271. Do you not think that the difficulty would be quite sufficiently marked to be pre-eminently dangerous even in a dangerous world?—I do not see the danger so much as you do. I think there are risks, but I think that with the average medical man and the average disease, such as pneumonia, where patients go away to convalesce, you are fairly safe in allowing them to go away for a limited time.

30,272. Do you find a greater demand on convalescent homes during the summer than during the winter?—I believe that is so; they are much pleasanter places during the summer time.

30,273. You would like to leave the other certificate questions alone?—I would much prefer that you should put the particular point of the signing of the certificate on a regular day, and so on, to some of our witnesses.

30,274. What view is the profession taking in workmen's compensation cases, and what view do you think that they ought to take? Supposing a man comes along obviously suffering from some accident, do you think it is the duty of the doctor to probe into the cause of the accident, or will he satisfy all the requirements if he indicates that he is suffering from something obviously the result of an accident. It is sometimes put to us by society people that the doctor ought to find out where the accident happened, and the circumstances, and whether the man was in fact entitled to compensation?—That is something new to me. I should have thought that if the doctor came to the conclusion that it was due to an accident, you could not expect that he should do more than state so.

30,275. Do you think that they are in fact saying, "Suffering from a broken leg," which must obviously be due to an accident?—I have never heard that it was supposed to be the doctor's duty to start inquiring into the causes of accidents.

30,276. I am not suggesting it, but it has sometimes been suggested?—It is new to me.

30,277. Your people have not reported any trouble of that kind?—No.

30,278. What about misconduct cases, so-called?—The general opinion is that people have already got to know that they are not entitled to sickness benefit for them, and they simply are not asking for certificates. In fact, very often they are not going to the panel doctor for that kind of treatment.

30,279. In the case of industrial diseases, what are doctors certifying where they find people suffering from something which is a scheduled disease, and which may or may not be due to their employment? There are some things which must necessarily be due to employment. If you find a miner with a bad elbow it is obvious, but there are some other things which might be concealed?—You mean in the way of certifying it as an industrial disease?

30,280. If the point is quite new to you, do not trouble with it?—It is quite new.



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30,281. You have not had anything about it?—No.

30,282. In some cases you can simply certify the symptoms. Sometimes you might certify in such a way as to make it obvious that it was due to lead poisoning, and in some cases you might go further, and say it is lead poisoning connected with some particular kind of process. Roughly, there are those three things you can do?—Yes, but I do not think that the doctors generally have ever felt called upon to start discriminating in that way. I do not quite see what is the purpose of this.

30,283. The purpose is obvious?—So that the patient shall not get sickness benefit, but compensation instead?

30,284. Take lead colic. It cannot be a scientific term; but it is a thing one often talks about?—Quite.

30,285. I suppose it means lead poisoning?—Yes, lead poisoning.

30,286. Is it distinguished from any other kind of colic?—Not without examination.

30,287. Supposing somebody comes along suffering from colic, does the doctor ask himself whether it is lead poisoning?—If he were living in a district where there were leadworks, it would naturally occur to his mind that it might be due to it.

30,288. It might occur to his mind, but would he bother about the thing at all?—I have no evidence on this point. I have no doubt that Dr. Divine or Dr. Oldham, or some of the other doctors would tell you. I would rather not talk about things on which I have no evidence.

30,289. Have you had many complaints from doctors that they have been, to some extent, put in an embarrassing position as regards their patients by demands for certificates, or by the fancy that demands are going to be made?—Yes, nearly all of them.

30,290. How do they put it?—Some of them mention the question of transfers: "I have had 40 transfers this year, and 16 were due to people with whom I had had trouble with certificates."

30,291. Where is that?—That is a man in Worcester. In other areas men have had considerable difficulties, and some of them have faced them extremely well, it seems to me. They have realised that on the whole, even if some people would transfer on account of their being pretty stiff, a good many others would probably realise that it was better to have an honest doctor than a dishonest doctor.

30,292. Do you think that it is a big factor in increasing the number of certificates?—I am bound to believe that it must have been a factor. I do not think that it has been a very considerable factor, and, of course, I have never lost an opportunity of pointing out that it is much more easy to be honest in giving certificates under the Insurance Act than it is in private practice, or than it was in the old club practice, and that fact is gradually soaking into the mind of the profession.

30,293. Why is it easy?—Because in private practice you may be attending a very well-to-do patient who is worth a lot of money to you.

30,294. You do not have to certify him?—You might have. At any rate it would be difficult to resist the application of that man for a certificate, if you had any doubt about him.

30,295. I do not quite understand that?—I am assuming the ordinary limitations of human nature in doctors as well as other people.

30,296. I do not know how much human nature there is supposed to be in doctors?—There is a good deal.

30,297. You put me in a difficulty. Sometimes I suggest that things are dangerous, and you tell me the doctor is certainly to be trusted, and another moment you suggest such an amount of human nature that it almost terrifies me?—He has neither more nor less human nature than anyone else, and he is as amenable to suggestions as to his income and general comfort and welfare as the members of any other profession, and, therefore, if he is going to put himself to discomfort or possible pecuniary loss by certifying, he must balance the thing up in his mind. The average man comes down on the right side, but every now

and then other interests are allowed to disturb his judgment.

30,298. Is that a general proposition? Surely I might depend absolutely on a certificate which any ordinary medical man in practice gives, could I not?—Do you really think I can answer that question any better than yourself?

30,299. Yes. It never occurred to me till now that I should think of questioning a doctor's certificate, unless I had extraneous reasons for thinking he was a rogue?—I think that you have to start with the assumption that the average doctor has the average amount of human nature, and you want to judge him by yourself, and we know we are not all philosophers, and we do not always do exactly what we ought to do. We are pulled this way and the other way, and various factors determine conduct in doctors as in other people.

30,300. I do not understand that at all. You say that that being the case, perhaps it is easier to be honest for a panel doctor than for another doctor. Why do you say that?—With a private patient you may be dealing with a man who obviously, if he left you on account of being dissatisfied because you refuse him a certificate, can take away with him quite a considerable slice of your income. He might be worth 50*l.* a year to you. Supposing a private patient was in a railway accident and imagined that he had got some nervous symptoms as a consequence of it, I should have to put a great deal of thought into that, and I have no doubt that one of the factors which would determine me, being a very ordinary human being, would be that if I did not agree with my patient's theory that he was suffering as a consequence of the accident, I might lose him. That would be one of the factors. I hope I should take an honest line.

30,301. For what purpose are you giving him a certificate?—It would be used undoubtedly for the purpose of getting some form of compensation. I should have to consider carefully whether I thought such symptoms as he had were due to that accident. That is a case that every now and then arises. Surely it is a fairly obvious case.

30,302. If you had not put this to me, I should not have dared to put it to you?—What is there particularly daring about it? I want to be perfectly frank with the Committee. I should have thought that it was obvious to every member of the Committee that the financial bearings of this question must necessarily enter into the consideration. I say that, on the whole, the doctor comes down on the right side. I believe he is an honest man.

30,303. You say it is easier for him now under the panel system. Why?—Because, under the panel system, if a patient is not satisfied, and transfers to another doctor, he loses 7*s.* a year, and there is an end of it.

30,304. Is there an end of it?—He may lose one or two of his friends as well, but it cannot be very widespread.

30,305. It is suggested that he may lose the man and his family and his friends, and he may, in addition, get the name of being the kind of person you had better not go to?—He may do, but it is extremely unlikely that it would have any such effect.

30,306. It is not so much a question whether it would really have the effect, but whether he thinks it will have the effect, is it not?—I have talked this question over at a good many meetings of medical men, and, on the whole, they are disposed to agree with my version of it—that the utmost which would happen would be a comparatively slight loss, and therefore, taking the very lowest estimate of human nature, it is easier to be honest in giving certificates under the panel system.

30,307. Do you think a panel patient could do so much as to make a difference of 50*l.*?—He can never have anything like the influence he had in the old club days, where you might lose a whole club at one fell swoop, as the result of annoying one patient, if he was an important and influential man in the club. I have known a good many instances of that kind.

30,308. You think that it exists and it operates on men's minds?—To some extent, I think to a lessening



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extent, because they are beginning to realise the superiority of the panel system from that point of view over the old club system, and even in dealing with certificates for private patients.

30,309. I should rather like to turn to the referee question. What is the general view?—That the employment of real referees would be cordially welcomed by the profession—I think unanimously so.

30,310. What sort of referees would they like?—They think that they ought to be men in a position of absolute independence of all parties concerned.

30,311. Some gentlemen have told us that they would prefer that the referees should be people in actual panel practice, acting in a rota?—I think that that certainly is not the view I have collected to any extent. Most prefer a whole-time man appointed by the Commissioners and paid a salary.

30,312. That is the general feeling of the profession?—Yes.

30,313. Not quite unanimous?—As nearly as you are likely to get it in any profession.

30,314. It might be difficult, supposing one accepted that as the best thing to do, to set that up right off. How many medical referees would be necessary?—I have never gone into it from that point of view.

30,315. How many insurance areas are there?—125 in England.

30,316. And some are very large in area, and some very large in population. London is counted as one area?—Obviously you would have to have half a dozen or more in London.

30,317. It would mean a great many people at once?—Yes.

30,318. One could not really do that right off?—The choice of these men and the getting it into operation would be a difficult matter.

30,319. Do you think that there would be some advantages in having some of them, say, in the position occupied by Dr. Rogers of Bristol—people who were still practising though not in panel practice?—I think as a temporary expedient.

30,320-1. Why?—I can only go by what one hears. The general impression is that the experiment at Bristol has been quite a success, but that Dr. Rogers is rather an exceptional man—a man you would not be likely to pick up in every town or every day. It has worked very well for reasons which would not probably prevail in other areas. I have a very strong opinion, from my own old experience, that he should be a man put into the status of a really good Government servant, and in a position where he would have a good deal more weight with the profession and with everyone else.

30,322. Do you think that he would have more weight with the profession? I should have thought the profession had a well-justified contempt and hatred for officials?—I do not think that the expression you get from the profession as regards officials is anything like as strong as it is in the average daily newspaper. I do not think that the medical profession has a greater objection to officials than anyone else, and probably it has less. I am one myself, and I ought to know. I think that the statement we have made as to the kind of man the referee ought to be is backed up by most of the profession working the Act in the country.

30,323. Do you think that there would be some disadvantages in having a man who was right away from the primary functions of the profession—the curing of disease—made a judge?—There is a distinct risk there. After all it is a matter of balance of advantage. I think a man of that type would be constantly coming into contact with difficult cases and with all kinds of medical men, and would hardly fall into the position of a mere detective. I am inclined to think that he would not be so liable to fall into the position of a mere official, but would be able to keep up a pretty fresh interest in his profession by the great variety of his work, and it might be possible, of course, to attach him in some way to some local hospital in order to give him the means of keeping himself constantly up in his work. I realise that there is a risk of his getting a little rusty and degenerating into a mere official. Of course, this is the age of specialisation. There is a

fair number of doctors who are not engaged in the treatment of disease. There must be several men like Sir John Collie, who are doing nothing else but this kind of referee work, so that it is not anything new that you are going to do if you do this.

30,324. How old do you think these people ought to be?—We have expressed the idea more than once, and I think it has been generally approved as far as I know, that they ought to be men with at least ten years' experience of practice. I should think that you would rarely get the kind of men you want under 40.

30,325. It is rather a serious thing to take from this profession such a very large number of people of that age and plump them down all at once as a service all over the country, is it not? As a practical problem it is rather a difficult one to deal with. They have got to be people of something more than common abilities?—They would have to be quite good men of course.

30,326. They have to carry great respect?—Yes.

30,327. It will be a very difficult job?—Yes.

30,328. And to some extent they will be suspect by both sides? The societies will suspect them a bit, will they not?—I do not see why they should, if they are appointed by the Commissioners. I should have thought their position of absolute impartiality would have been acknowledged by everyone, as far as you can get anyone to acknowledge impartiality. We have thought round this question a good deal. Balancing the whole thing up, I think that this is the only way of getting a referee service which would be productive of what you want, that is to help the service to run smoothly, and to keep down unjustifiable claims on sickness benefit. I hope that you would use your referee not only as a referee but for giving second opinions sometimes.

30,329. Who is going to pay him?—I do not know about that. There is plenty of money in the country.

30,330. Who has got it?—It is in various pockets.

30,331. Some of it is in the doctors' pockets?—Yes. They are working for all they get.

30,332. They would be prepared to contribute something towards this?—I have not asked them that question.

30,333. Knowing their generous disposition, and this being provided at their request and as a part of the medical service, I suppose they would rush forward eagerly?—I should not depend too much on the rush. I have yet to see any class of men who are anxious to part with money.

30,334. Do you think that these people ought to be arranged in some sort of grade, or that there should be one even flow of referees all over the country?—I do not see how you could grade them.

30,335. It would be a sort of permanent staff. One cannot contemplate in the long run there being much fewer than 120 or so?—No.

30,336. That is rather difficult, when they have to be controlled from headquarters. How are you to control a staff of 120 people all over the place like that?—It might be necessary to have district officers of a higher standard who could be called in in consultation in particularly difficult cases, and also used for administrative purposes, but I cannot say that I am able to give you very much help on that. I have not thought it out at all.

30,337. It is rather important, is it not?—I think that the provision of referees is extremely important.

30,338. There are questions of considerable difficulty involved in putting the service on foot, some of which may commit us to rather curious developments?—I should be better able to help you if I had any indications as to what these other things might be.

30,339. I was only suggesting that the appointment of, say, 120 medical men of rather high standard all about England to exercise these very important functions will have an effect one way or the other on the medical service, other than that of merely judging whether people are sick or well?—I should hope that it would improve the general standard considerably.

30,340. They are set up primarily to decide whether Smith is fit to go to work or not, and in deciding that there will, no doubt, be a reflex action on the practitioners, who will be called upon to certify more closely than before. Apart from that, will there not be other



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developments?—You mean that they might have to exercise certain disciplinary functions perhaps.

30,341. Do you not think that that is the sort of thing?—Quite conceivably.

30,342. Have you thought about that?—I have certainly thought that there might be developments in that direction.

30,343. Natural developments, and not developments that anyone tried to force?—I think it is quite likely. It is almost inevitable. You could not have a big service like that set up without there being some developments which we certainly cannot foresee at present. There are one or two points one should really mention. There is a very strongly expressed desire for still more uniformity in the direction of certification. The opinion of the profession is that the recent efforts of the Commissioners to get more uniformity have done a very great deal of good; but there is still a strong demand that still greater uniformity should be aimed at, and although we realise that societies are on different bases, some centralised and some localised, yet we think that we should all aim, as far as we can, at some still greater uniformity in the shape of a general form of certificate.

30,344. You mean the mere physical thing?—Yes.

30,345. Directly you do that, you fall into the kind of trouble you have just described about societies wanting them all to be on the same day. That is the endeavour on the society's part to get that uniformity. These documents, when they leave the hands of the doctor and the patient, pass into the records of the society, and are used for all kinds of business purposes?—Some of the best men I know in the profession have pointed out that as the result of various little things which are mentioned on this document, they are of opinion that there is a considerable leakage, small in any one area, but quite considerable over the whole country, caused by these little irritating differences.

30,346. Leakage of money?—Yes. In the opinion of the Association all unnecessary complications of the certificate are likely to lead not only to irritation on the part of doctors and patients, and to consequent unnecessary friction in the working of the Act, but, as has been alleged by many of our correspondents, actually to the cribbing of many odd days of sickness benefit. One of our correspondents in Burton-on-Trent says: "One of the difficulties is the multitude of different certificates, some most unreasonable in their forms, which must cause a loss to the clubs, as if a mistake is made against a patient, it is always corrected, but if by the mistake the patient gain a day or two nothing is said about it." There are several statements more or less to that effect, that these little irritating differences and unnecessary demands on the part of some of the societies do lead to small leakages which may amount to a fair amount in the long run.

30,347. What are the unnecessary demands you have in your mind?—One form has been specially mentioned for criticism as being unnecessarily lengthy, and it asks the doctor to state whether the patient is totally incapacitated from following any occupation whatever, and also to state the number of days he expects the patient will remain incapacitated.

30,348. There is no harm in asking that?—Other societies find that it is unnecessary to ask these things.

30,349. I think that that is rather a large assumption. It may be that a particular society would like to ask it?—They do not do it at present.

30,350. Because they think that they will not get it. Societies have impressed upon us that it is desirable that the doctor should give some indication how long the patient is likely to be ill. I do not say that that makes the form a good form?—It is evident to me, from the immense wealth of correspondence that we have had on this question, that if the certificates could be made as nearly as possible alike, there would be a considerable saving of time and temper, and I think possibly of actual odd days of claim.

30,351. Time and temper to the doctor?—And the patient. The doctors say: "It is quite a common thing for us to spend quite an appreciable amount of time in explaining to the patient the forms he brings to us." Many of these patients are ignorant

of the requirements of the Act, and the requirements of their society, and the doctors have to spend a lot of time in interpreting to the patient the requirements of his own society. That is why they plead so much for the simplification of all documents.

30,352. We should all desire to simplify them, but it is rather a difficult matter to bring about?—We realise that you made a tremendous step in bringing about a new form of certificate, and we are very grateful for it. I should hope that if you can see your way to getting societies still further to come into a uniform line as regards forms of certificates, you will be doing a very good stroke of business.

30,353. You realise that there must be a distinction between the form of certificates in the case of centralised and uncentralised societies?—I am afraid that that cannot be got over. I do not know whether it is necessary to emphasise a point which you must have had often made before, that we believe the larger amount of the so-called unjustifiable claims is due to the fact of the abolition of the medical examination of entrants and the consequent large number of lives which many of the societies have got which they are finding, to their sorrow, are much worse than they believed them to be.

30,354. I do not see what that has to do with it?—The societies evidently imagined that the money they were going to get was likely to cover all the risks they were going to undertake. Most of them, therefore, took everyone they could get. I have a good deal of evidence of efforts which are now being made by the societies to bully people out of the benefits, because they find that they made a very bad bargain.

30,355. The actuaries may have been right or may have been wrong, but they estimated for the whole population. If the whole population, bad lives and good, are equally distributed, it ought to be all right. If you say bad lives are segregated in particular societies, I understand the point?—There are some which have stuck to medical examinations, but very few.

30,356. Are there any?—Yes, I am told, some.

30,357. Not enough to make any difference?—No. The only one or two I have heard of are quite small ones.

30,358. Do not let the doctors run away with the idea that you must expect that there will be over-spending because the lives have all been roped into approved societies?—It is evident that the doctors themselves have been surprised at the large number of the newly-insured who were ill and about whom no one knew, and therefore the impression gained is that there must have been a good deal more of what is called arrears of sickness than anyone had anticipated.

30,359. What ground is there for saying such a thing in the case of men?—I am bound to say that most of the evidence about arrears of sickness is about women.

30,360. Take men alone. Supposing all the men's societies put together do not show more than what the actuaries have provided, your point entirely disappears?—I suppose it would.

30,361. As far as women are concerned it is quite different. That is common knowledge?—Yes. I want to lay emphasis on the fact that the profession has been quite taken aback.

30,362. Do you not think that people have been under a misapprehension? They thought that the experience which was being provided was the experience of a good friendly society—they have been misled by the Manchester Unity figures. It was not in the real sense of the word the Manchester Unity experience at all?—The standard set up in most people's minds was the standard of the old friendly societies.

30,363. But that particular old friendly society?—I never had anything to do with it, but I should say the standard was quite as good in the other friendly societies.

30,364. They furnished figures in a sense, but they were enormously added to and weighted and dealt with in every possible way?—That must have been so.

30,365. You remember, too, that even the Manchester Unity experience, on which the thing was



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based, included thousands of people who had not been medically examined for years and years, who had been in the society all the time?—They were examined at entrance, I suppose.

30,366. Perhaps 40 years ago?—I do not know any society which repeated the medical examination. About the introduction of women, there it is evident that there is an amount of treatment being given to really deserving cases which would be, I am sure, very gratifying for the authors of the Act to know about. There are scores of instances in this evidence, which have evidently opened the eyes of the medical men as regards suffering amongst women of the charwomen class, which has been going on, and which has been entirely untouched, and which is now getting attended to. I never was so struck by anything in my life as I have been at the way in which the profession seems to have been surprised at the apparently undiscovered amount of sickness which was going on untreated beforehand, and which is now getting attended to. The profession has not yet settled down. We feel very strongly that this inquiry is, at any rate to our mind, entirely premature. We cannot imagine that anyone, who has had any dealings with an enormous subject like this, can have expected anything but a prolonged period of unrest, dissatisfaction, and trouble generally. And we think it is very like pulling up the roots to see how the thing is growing to hold an inquiry into a system which has not got half settled down yet.

30,367. Is it better to wait till the house is burned down and inquire afterwards?—But it is well to give the house time to settle down, to let the tiles and plaster settle down and the mortar harden, before you ask whether it is going to be burnt down. That is a feeling I hold strongly, and I do not think that there is one of our correspondents who has not expressed it in some way or other. Here, for the past year, we have been practically dividing our attention partly between attending meetings and administrative arrangements, and partly doing clerical work and attending to patients, and we are expected to have settled down into a perfect service all at once.

30,368. It does not matter whether it is supposed to be premature or not, but if one finds that the experience of some societies is nearly 100 per cent. greater than the actuarial expectation, and if one finds that that is accompanied by complaints of ill-certification, and certificates given without patients being seen, surely it behoves the Government to see that more money is not wasted?—Has the machinery of the Act ever been used in regard to these people? I have not heard of these cases. There have been a lot of general charges, but how many complaints have actually been laid and the machinery of the Act properly used in regard to these men? We should be the first to rejoice if an example were made of these men. They are a disgrace to the profession.

30,369. This inquiry is entirely justified by what has passed between the members of the medical profession who have been here, and ourselves. It is not possible for Governments to sit still and see money poured out like water without trying to find out why. All the more because the system has not yet hardened, it is necessary to find out?—I submit that the time has been extremely short.

30,370. Short for what purpose? To find out what is happening?—Yes. The people who are getting most blame for being the authors of this are people who have never had a fair chance.

30,371. Who have been blamed?—The doctors.

30,372. By whom?—By everyone. The papers have been full of it, and we have had it from all sides. It has been enough to make any medical man's blood boil.

30,373. Would it not be very much better to have some inquiry into the matter?—I think an inquiry of this kind would have been more likely to be of real service if it had been held when we had had time to settle down, and we have not had it yet.

30,374. You talk of settling down, but we shall be in the bowels of the earth if this goes on?—We have evidence here from a large number of men that the difficulties which were happening last year are not happening now. I do not think that this inquiry has

had anything to do with it. It is the mere lapse of time.

30,375. I do not suggest that this inquiry is causing anything different to happen in the country. I suggest that if all the papers are full of accusations against the doctors, surely it is rather desirable that we should find out what is the cause?—I should have thought that it was very desirable that people who were making these wild charges should have tried to justify them by using the machinery of the Act.

30,376. Whatever may be said about things settling down, whatever else may be settling down, the claim ratio is not. It may be settling up?—I am very surprised to hear it.

30,377. No one is making any suggestion that if we are in for any trouble, it is entirely due to the doctors?—I did not accuse this Committee of saying so.

30,378. Is it not better that the Committee should weigh the various causes which are producing whatever ill-effects we are suffering from? Some are no doubt due to the doctors, some to the societies, and some to the Commissioners, for all I know?—I cannot help thinking that the task of the Committee would have been easier if more time had been allowed to elapse.

30,379. Much easier, because it would have been a *post mortem*?—I am sorry to hear you take this pessimistic view. I did not think that things were so bad as all that. Certainly the views of some people connected with societies which have been given me do not bear that out. Some societies must be doing a great deal better than others.

30,380. (*Mr. Wright.*) In your outline you say "Evidence will be produced of monetary bribes being offered to agents if they can succeed in getting patients to declare off." Have you any evidence of that?—I have a letter here which comes from Scotland and refers to a society in England. It was sent to us by a doctor in Maxwelltown, and came to him from Liverpool. The original was enclosed in mistake to the insured person by the local secretary of his approved society, and the insured person handed it on to his doctor. It is a letter from the ——— Society, and is as follows:—

"DEAR SIR,

"WE have received a claim for benefit from the above member whose cards you collect. Our experience has been that a great number of members who suffer from diseases which last for a few days, take advantage of the Act by remaining on the funds longer than is necessary. I am enclosing herewith cheque for the first week's benefit so that you may deliver it yourself by hand if possible, and at the same time inspect the life. I am also enclosing you a declaring-off form, and if you are of opinion that the member is not now incapacitated, then I shall be glad if you will insist upon the form being signed. Threepence will be allowed for the inspection and report, which I shall be glad to receive from you as early as possible. Should you obtain declaration-off, then sixpence will be paid.

Yours faithfully,

(Signed) ———, ———."

30,381. Is that the original?—No. It is not. I have seen it, but I was asked to send it back. I can give you the name of my informant.

30,382. (*Chairman.*) That is from Scotland?—It went to an insured person in Scotland.

30,383. I think it is important so far as these things go?—The name of my informant is Dr. Dewar Robson of Maxwelltown. That was the doctor to whom the patient handed the letter, and there was some other information about the nature of the case.

30,384. Is this put forward seriously as a serious charge?—I understand it is.

30,385. In that case we must have the original letter. I mean you put this on your responsibility and must furnish it. I am not throwing any doubt on it?—Quite.

30,386. (*Mr. Wright.*) You state "In regard to the general question of certification several cases have been reported in which agents in order to curry favour with



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the insured person have deliberately encouraged the patient to ask the doctor to change the dates on his certificates, or to give him a certificate when the doctor had refused one"?—There are a good many statements like that. This one came from West Sussex in which there have been requests of the agents of approved societies to have certificates signed with particular dates at which no consultation took place. There is another one from Northampton. "Secretaries of some of the societies often ask us to put certain dates on certificates when we have not seen patients on those dates."

30,387. That complaint is pretty general?—I have heard it from a good many areas. Those are the only two I have got noted down as regards that particular point, but having absorbed all this evidence I know that I could get scores of instances where it is mentioned.

30,388. With regard to cases of vague diagnosis, do I understand you to justify the word debility as sufficient diagnosis for the purpose of certification?—I think that it is the only diagnosis possible in some cases.

30,389. You would not agree with a medical man who said that it was such a loose expression that he would never think of using it on a certificate?—No. I would not. I can think of a good many cases in my own experience where unless I had been determined to make a show of knowing what the actual underlying condition was, I should have put "debility" on it to be perfectly honest with myself.

30,390. Can you give us any idea as to the period during which you would feel justified in continuing a certificate for debility?—I should not like to mention a time. I certainly think that it is not a diagnosis that ought to be accepted for more than a week or two without some inquiry.

30,391. I have a certificate here relating to a girl who was certified for seventeen weeks and five days as suffering from debility, and sickness benefit was paid for that period. Would you justify the doctor in that instance?—I should like to know more about the case. It must have been an extraordinarily difficult one if he could not arrive at the basic condition which was causing debility in seventeen weeks.

30,392. What would you say about a certificate that a girl is rendered incapable of work by reason of decayed teeth?—I should say that there are a good many cases where people are rendered incapable of being at work by reason of decayed teeth.

30,393. What should a panel doctor do in such a case?—I think he should have her mouth cleared out, and artificial teeth put in, if it is at all possible to get that done.

30,394. Do you think that you would be justified in certifying for five weeks that the girl was during that period suffering from decayed teeth?—No. I am inclined to think that if there were nothing else, and if the girl took no steps to get that condition removed in five weeks or actually less, then I should not be inclined to certify, but I do not know the whole circumstances.

30,395. I am dealing with the question of diagnosis, and I put it to you that the doctor should have given the society some further information than a certificate merely in that way?—I do not know that the societies have taken any steps to make it easier for the doctor to do so. I mean to say that the ordinary certificate, so far as I know, does not contain any space for making any remarks of that kind. I think that it would be a reasonable thing to do in a case of doubt, if reasonable facilities were given to the doctor for that purpose.

30,396. What would you say to a certificate certifying that a girl was suffering from "run down" and thereby rendered incapable of work?—I should think that the doctor's vocabulary was extraordinarily limited, if he could not find a better expression than that.

30,397. That is a certificate I have before me and it was continued for five weeks?—I do not attempt to justify a thing like that at all.

30,398. As a matter of fact your Association would condemn these particular cases which I have cited to

you and which are actual cases?—I do not say that we would condemn all. We would condemn the last one even without knowing anything more about it, but as to the others, for "debility" and "decayed teeth," I would want to know something more about them before absolutely condemning them.

30,399. What do you say about "general weakness"?—That is just another name for debility. I think that it can be justified sometimes in the absence of more knowledge.

30,400. Would a doctor be justified in certifying general weakness for six weeks?—It is an extraordinarily difficult question to put, because I can quite imagine the case where a real diagnosis baffled one, and all that one could discover was a condition of general weakness. But I certainly think that some steps ought to be taken to get a second opinion at a hospital or in some way, if it is the only diagnosis that could be arrived at in six weeks.

30,401. Those are certificates which I have before me and supposing in any of those cases the society had asked the doctor for further information telling him that they did not feel justified in paying sickness benefits upon his certificate, what action should the doctor have taken?—If he were a reasonable man, I think that he should have done his best to satisfy the society in the interests of the patient that that patient's sickness benefit ought to be paid on the strength of his certificate.

30,402. Do you feel that the doctor has some responsibility to the approved society in that respect?—It is difficult for me to define the relationship of the doctor to the approved society. I certainly can go so far as to say that I think that the doctor has got to feel a general sense of responsibility to the system, but exactly how that responsibility should be expressed I am afraid I hardly have the authority of my Association to say. We do encourage, and we would be glad to see a bringing together of the parties concerned, but I am afraid I cannot say that the opinion of my Association would be that the doctor should consider himself distinctly liable to the approved societies.

30,403. I said "responsibility." You do not care to define what, in your opinion, is the exact relationship between the doctor and the approved societies?—No. The relationship has always seemed to me to be that both of them, the two parties, are co-ordinated by the insurance committee and that the doctor's responsibility is to the insurance committee.

30,404. Am I to assume that you feel that all negotiations between the doctor and the society should be by way of the insurance committee, and that the committee should be the medium of communication?—No. I think that you have got to discover something better than that. I think that it would be clumsy to have every case where a society was in doubt investigated by a round-about method of that kind. At present it is the only machinery that exists.

30,405. Has the British Medical Association issued any advice to its members for their guidance in dealing with the approved societies?—No.

30,406. It has left the whole question severely alone?—No. We have been constantly instructing and urging our members to take their responsibility towards the Act very seriously, and I do not think that we have ever missed an opportunity of rubbing into them the danger that the whole profession might get its reputation blackened by the action of a minority who are slack and indifferent. But we have never issued any instructions how to deal with approved societies because up to now it has seemed to us that the machinery for communication is the insurance committee.

30,407. I was not speaking of slackness. What I wanted to know was whether the doctors feel and whether it is the opinion of your Association, rightly or wrongly, that the insurance committee should always be the medium of communication between themselves and the approved societies and the patients?—I think up to the present that that has been the attitude, but I think, as indicated in this document of ours, that we are beginning to feel that there may be certain kinds of cases that might be dealt with by a less round-about



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method, by some communication between the sick visitor and the doctor or between the approved society and the doctor, but we realise that there are difficulties in the way. On this subject we say: "It is evident that many officers of the approved societies take an opportunity in suspected cases of seeing the medical practitioner concerned, and from the answers the Association has received it would appear that friendly co-operation of this kind would not be objected to. It would, however, have to be carried out extremely carefully, as medical men hold very firmly that there must be no attempt by outsiders to interfere in medical matters between the doctor and his patient, or to attempt to elicit what might be regarded as a breach of professional confidence."

30,408. That talks of friendly co-operation. That is not quite what I meant. What I want to know is whether it is the view of your Association that doctors should, in ordinary circumstances, furnish a society upon application with any information that that society might desire, in order to enable it to form a judgment as to the right of the insured person to sickness benefit?—The duty of the doctor is to provide a certificate. If the society is not satisfied with the certificate, my own personal view is that the doctor, in the interests of his patient, should take the first opportunity of clearing up any ambiguities or doubts there may be, entirely for the patient's sake, and not because he has any responsibility to the approved society, but in order to enable his patient to escape trouble.

30,409. In order to enable his patient to obtain sickness benefit?—Quite, if he ought to have it. If the society raises any doubt about the certificate, then for the sake of the patient the doctor should be only too glad to clear it up.

30,410. Only "for the sake of the patient"?—Yes, I think that that is as far as we have got at present. As I pointed out to the Chairman, I think the idea of the medical profession, of us all, being parts of one whole and one machine has not had time yet to sink in. It has got to grow. We have got to come to that, but we have not got there yet.

30,411. About certification—suppose a person is suffering from heart disease and the doctor considers it inadvisable in the person's interests to put that upon the certificate. Instead of that the doctor puts down "debility" and the society goes to the doctor and tells him that they are not satisfied with the term "debility" and asks him what really is the matter, would the doctor be justified in telling the society that that particular person was suffering from heart disease?—That is a bit of a poser. I am sure I do not know whether he would or not. I do not know that a practitioner is justified in telling other people except a friend of the patient, what he is not inclined to tell the patient himself.

30,412. Has the British Medical Association advised its members that to adopt that course might render the doctor liable to an action for libel?—We have given the question of legal liability a good deal of attention and we have advised our members, so far as England is concerned at any rate, that we believe the present form of medical certificate gets over any dangers as regards libel. That is merely filling up the certificate. We have never considered the question as to what might happen to the doctor, if he gave information to the approved society or its representatives. That would be an entirely different question.

30,413. No opinion on that has been taken?—No.

30,414. And no advice or instruction given to members?—No.

30,415. Why has this matter of legal liability been brought up just now, seeing that in the old days of club practice the doctors without any hesitation gave certificates not addressed to the individual but to the society?—Yes. The history of that is rather interesting. It arose mainly from Lancashire, where there had been no contract practice, and Scotland, where the law is different.

30,416. We are not concerned with Scots law, and there was club practice in Lancashire?—I know, but our opinions are constitutionally elicited at a representative meeting of men collected from all parts

of the British Islands, and when you have five or six men getting up from Lancashire and a dozen from Scotland, all raising the same point, the question has got to be very carefully considered, and it was considered on their representations. The objection never had any real hold in my own part of the country, Northumberland and Durham, where we always had club practice.

30,417. It has been pointed out by the Chairman that the authority to decide as to whether in fact the insured person is entitled to sickness benefit or not is the approved society to which the insured person belongs. Have you considered whether that does not in fact mean this, that laymen instead of medical men decide as to whether or not a person is incapable of work?—Yes. It looks as if the final responsibility rests upon a lay authority entirely.

30,418. In what way do you think the layman could assist the doctor in arriving at a proper judgment as to the capacity of the insured person for work?—I think very largely by some modification of the sick visitor system of the old friendly society. A very large number of our correspondents are in favour of some such system, although others have had evidently an unfortunate experience of sick visitors, and say that they are useless. Personally, I think that the sick visitor was a most valuable element in the old lodge system, and so far as my experience of it goes, I found the sick visitors extraordinarily useful in giving me information as to people about whom they had a suspicion or in keeping an eye on people I thought there was some suspicion about.

30,419. That is not quite what I meant. The doctor examines the insured person and gives a certain certificate which is subsequently handed to the secretary or official of the approved society. That official knowing something of the character or habits of the insured person expresses to the doctor dissatisfaction at the certificate he has given. What is the position then created?—I should say that if the doctor was quite satisfied in his own mind, the position would be that he would tell the society to take it or leave it. If he had any doubt, no doubt he would revise his opinion in view of the information he got.

30,420. Who do you think should be the final arbiter as to whether an insured person is, or is not, entitled to sickness benefit?—I should like to see the referee the final arbiter in cases of doubt, but until you have got the referee I think that the body which pays the sickness benefit must be the arbiter, the final arbiter.

30,421. You do not think that the doctor should necessarily be the arbiter?—I do not think that he could be.

30,422. Why?—Because in the first place I do not think that anybody would be satisfied with that solution of the question. It is quite evident to me that none of the approved societies would ever accept that view if anybody put it forward, and it is hardly worth arguing it.

30,423. The doctor having examined the insured person certifies that that person is suffering from some specific disease, and is in consequence incapable of work?—Yes.

30,424. What more is there to be said on the subject?—I should say in nine cases out of ten there is nothing more to be said, but in the tenth case there might be circumstances as to which the society might think that it knows better than the doctor, and that it has a perfect right to revise his opinion.

30,425. That is with regard to diagnosis or some habits of the insured person?—Yes. It might know where a man is said to be incapable, that he is as a matter of fact doing things which show him to be capable of doing work.

30,426. That means to say that he is working while in receipt of sickness benefit?—He might be working or taking exercise equivalent to work.

30,427. That is an offence against the rules. I am leaving that out of consideration at present. I was speaking of the society deciding as a matter of fact that the man was capable of work when the doctor certified he was not?—I think that the number of cases



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in which they could do that would be extraordinarily small.

30,428. Why do you say that it would be unsatisfactory, if the doctor were constituted the final arbiter?—Simply from my knowledge of what is going on. All the societies are not content with taking the certificate of the doctor as the final judgment, I understand.

30,429. I know that, but should they be content?—Is it worth while arguing the point when we know, as a matter of fact, whatever opinion I express or anybody else, it is not at all likely to be accepted.

30,430. We want you to help us to arrive at a decision in this way. I put it to you that the contention that the society should decide as to whether or not any person was entitled to sickness benefit leaves the decision as to whether the insured person was capable or not of work to laymen and not to the doctor. The doctor after having carefully examined certifies that the insured person is incapable of work, and what can be said after that by the society except in a case in which they detect that the man is doing something wrong while in receipt of sickness benefit? What can be said if the doctor has deliberately given the certificate?—I think in most cases nothing and in most cases, as a matter of fact, the decision of the doctor is final, but I think that the societies will still want to hold the power of disagreeing or withholding in their own hands. The societies are like the average members of the public, they have a strong suspicion of being governed too much by experts, and like to hold the decision in their own hands.

30,431. Supposing there were no societies and the payment was simply made at some office upon the production of a necessary authority for payment, would you say then that it would be satisfactory if the doctors were the final arbiter?—I should not think that the result would be very much different, but I should imagine that it is always better if you can interpose another, to have a check, for what it is worth.

30,432. What is your experience of the sick visiting of approved societies?—We say in the outline, "The great majority of our correspondents lay stress upon the value of good sick visitors as an aid to the doctor, in seeing their patients carry out his instructions and as a help to the society in keeping down undue claims. There are, however, many correspondents whose experience of sick visitors has evidently been unfortunate. They describe them as interfering persons who often go beyond their province and either make a diagnosis themselves, or offer criticism on the doctor's diagnosis or treatment. Even those who are strongly in favour of sick visitors urge the necessity of the appointment of discreet persons and with one accord the employment of the ordinary insurance agent as a sick visitor is strongly deprecated. The general opinion is that a man, whose chief business is canvassing for new business, is not likely to be fitted for a post which really requires delicate handling. In addition it is pointed out that such a combination of duties is inadvisable because the sick visitor should be a free agent which the agent of a collecting society cannot be."

30,433. That points to the fact that the majority of the members of your Association think that a sick visitor is not very satisfactory or effective at the time?—No, not the majority. I think that it would be correct to say that a majority of them would rather have the sick visitor than none. A minority think that the present sick visitor is so bad as not to be worth anything.

30,434. (Mr. Warren.) You tell us that the British Medical Association has always held that there would be a considerable increase in claims for sickness benefit as compared with previous experience. What led you to form that opinion?—The knowledge that a large number of the poorer classes, who had come into insurance, had never had medical attendance in the past or what attendance they had had was very poor, and they would require a good deal more attendance and therefore require more sickness benefit.

30,435. Larger in proportion, that is not what you meant?—Larger in proportion than the old friendly society experience.

30,436. From the fact that you have already mentioned that they had had no previous medical benefit or that they had been very inadequately treated during times of sickness, and therefore had accumulated what has been known as an arrears of sickness?—Yes, very largely for that reason.

30,437. Therefore in the beginning of national insurance you assumed that there would be this increase?—Yes. We did expect that.

30,438. That in course of time would pass away to a large extent?—We think so.

30,439. You refer in your outline of evidence to the cribbing of odd days, and you state that there is a tendency frequently to make it the full week. Would you urge the abolition of that deprivation of the first three days?—I think the tendency of our correspondents to deal with this question would be in favour of doing away with it. I do not know that I have any strong views myself, but I think you may take it that the bulk of the evidence we have in that direction is in favour of doing away with the three days' waiting period.

30,440. May I put it that it was stated that it would have the effect of checking malingering?—I believe it would.

30,441. If the view you mention holds good, it rather has a tendency to increase it, has it not?—I think that it is not right to call what happens malingering.

30,442. I am using the term that was used in the discussions on national insurance?—It is the tendency to encourage a man who has to be on three days, to keep at home until he is on another three or four, and make seven of it, but that is not malingering.

30,443. It is a prolongation?—It is reluctance to hurry back to work, I think you may call it. It is a bit difficult to see where to draw the line, and say a man is not able to go back on Thursday, but is definitely able to go back on Friday. Secondly, there is a slight tendency to take advantage of the odd couple of days, which I think both doctor and patient find it a little bit difficult to resist. And thirdly, there is this other tendency, that many employers do not care to take people back in the middle of the week, and that is another cause.

30,444. You are of opinion then, that if payment was made from the first day of sickness, it would have a tendency to stop what may be termed the cribbing of odd days?—I think that the majority of our correspondents are certainly of that opinion.

30,445. In your statement you refer to difficulties in respect of convalescents, and particularly with regard to domestic servants who can live quite well at home on 7s. 6d. a week, and who plead, not without justification, that they do not feel strong enough to return to service. Have your correspondents found that in many cases the sickness benefit is having a somewhat detrimental effect upon servants—that they are claiming at every opportunity?—Yes, that is the impression that many of them give as to domestic servants. Domestic servants are mentioned very freely as being a difficult class to handle. I think one might say that, with the exception of the casual woman who does charring, and so on, the domestic servant is described as being the most difficult to handle in these doubtful cases of keeping on the funds for very little. I should not have thought so myself, but that apparently is the experience of men working the Act.

30,446. And that they are given to simulating sickness with such success that they can obtain certificates?—A servant, of course, is liable to try it on, but I would not say that she is particularly successful in getting certificates when other people would not ask for them.

30,447. Do you gather from the volume of evidence that has been forwarded to you, that, generally speaking, the medical profession are of opinion that there is very much misunderstanding on the part of insured persons as to what insurance really means?—That is quite



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undoubted; that is to say, with the exception of people who were in the old friendly societies. Most of the new ones have not the remotest conception of what insurance means.

30,448. To use a common expression, they are out to get their own back, and they regard the benefits under the Act as being assured by the Government?—Yes, I think that that impression is very prevalent.

30,449. You think that that may be taken as general throughout all parts of the country?—That expression has been used to me in nearly all parts of the country.

30,450. Your evidence has not led you to form the opinion that there is any considerable amount of over-insurance, has it?—No. Our correspondents, rather to my surprise, at least the great majority of them, believe that over-insurance is not a particular factor in this matter of unjustifiable claims. The point made by several of them is that the man who over-insures or is insured for a fair amount is, as a rule, a man in receipt of very good wages, and he can generally do better by stopping at work, and, therefore, is not the kind of man who takes advantage of his insurance.

30,451. That is owing largely to his previous friendly society experience?—Yes, I suppose in many cases that is so. The danger is in regard to people with very small wages, who are insured for an amount equal to, or more than, their present wages, and this is pointed out by a good many of our correspondents.

30,452. May I put it that, generally speaking, the medical profession would not have any very accurate information as to how far their patients were insured?—No, and that point is made by several correspondents, as you see in the outline of evidence where it is stated that “any enquiry into the question of “over-insurance is a delicate matter outside the “province of the doctor, and those cases on which “they have commented have come to their notice “accidentally.”

30,453-4. May I put it to you that generally the experience you have given us is in respect of the sick visitors or agents of industrial companies?—The main objections raised to the present sickness visitors apply to those of the industrial companies.

30,455. Because you have had previous experience of friendly society work when you were in practice, you would have some knowledge of the sick visitors of those societies?—Yes.

30,456. I put it to you that they were not, generally speaking, persons who were moved by idle curiosity? No, they were not.

30,457. They were desirous of acting fairly between you and the patient?—Yes, it was a real case of co-operation.

30,458. And, therefore, you would hold from that experience that such sickness visitation was of the highest possible value?—Yes. If you can get a sick visitor who is not only a paid man but a man who is keen on his job, and knows his place and does not start plunging in where angels fear to tread, he is a very valuable acquisition.

30,459. He is a very valuable asset in checking unjustifiable claims?—Yes, and in helping people to get better quicker by seeing that they carry out the instructions of the doctor and so forth.

30,460. May I take it, therefore, that such sickness visitation would be of the greatest value to National Insurance as a whole?—I think so, and my Association thinks so.

30,461. With regard to the action of agents several questions have been addressed to you. In one part of your evidence you say: “The agent in his desire to get “other business is not at all scrupulous about interfering in matters of claims for sickness benefit”?—Yes.

30,462. Does that mean that where the agent is doing other business in the houses, he is not over scrupulous as to the length of claim or the period that a person is receiving benefit?—We have a very large amount of evidence from doctors to the effect that the agents of the collecting societies, in their anxiety to get other work, are not as careful as they might be about claims for sickness benefit. On the other hand,

we have got exactly the opposite tendency reported by other correspondents—that they are too strong the other way, in the way of bullying people to go off the fund. I am simply reporting what we have heard from both sides.

30,463. May I take it that in the opinion of your Association a panel of 2,000 persons is not a difficult panel to handle?—It entirely depends on the area. If you take the district in which I have practised, Gateshead, which is a purely industrial town where the doctors would all be within a limit of  $2\frac{1}{2}$  to 3 miles, I think an active, energetic man could manage a panel of 2,000 persons and his other private practice with comparative ease. He would be very hard worked in the winter time, but not extra hard worked in the summer. I have in mind several men who have panels of over 2,000 in areas like that, and they tell me that although their work has been materially increased, particularly indoors, they find it well within their scope. On the other hand, in a country area, 2,000 would be an impossible number.

30,464. Is there any truth in the statement that has been made that in some cases doctors are making a marked difference between their panel and private patients?—I have heard of some instances, I regret to say, but they are not many. I should be sorry to think that it was at all common. I do not think that it is any more common than you might expect when you are dealing with 20,000 medical men with all sorts of men amongst them. Some have a very poor idea of their responsibility, of course. It certainly is not the case where they have been accustomed to do contract practice work. I put this very question to four of my old colleagues in Gateshead last week, and they all assured me that absolutely no difference is made at all. If you go into an area where there is a great deal of snobbery, where a man has got some very well-to-do patients and also distinctly working-class patients, I am prepared to believe that in those circumstances differences are made, and I know that in some cases they have been made, but I do not think to anything like a large extent.

30,465. You are of opinion that that state of things will gradually die away?—I think so.

30,466. In your outline of evidence you deal with the question of co-operation between the profession and approved societies. What have been the results up to the present where that co-operation has been attempted?—In the case of Staffordshire the efforts of the local medical committee have been made too recently for them to have had any effect. Up to now I do not think that anything has been done on either side to meet together. In Bradford and in Preston we have had notice that meetings have been held between the two parties, but I do not know that any machinery has been elaborated, except that in Preston a committee has been set up but has not met since, to deal with cases of slackness, so far as I know.

30,467. Would you urge if possible that that should become general throughout the country?—I do not think anything but good is got from parties to a controversy meeting round a table and having it out.

30,468. You probably know that in cases that have already occurred the representatives of approved societies have been told to mind their own business?—I am quite prepared to believe that the limits of folly go to that length, but I am not prepared to endorse that action, because I think that it is a very foolish one. My Association does not endorse it, because we think that some form of co-operation would be good both for doctors, patients and approved societies.

30,469. You are of opinion that co-operation is not likely to be brought about if the approved societies still move in the direction of endeavouring to obtain the administration of medical benefit?—I think that it will stand permanently in the way. So long as any suspicion of that being likely to come off exists, you will find in some areas that there are people who will not have anything to do with it.

30,470. You know from your past experience that National Insurance has made a vast difference to the old friendly societies in this respect?—Yes.



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30,471. And you would not be surprised if there was a considerable amount of resentment?—I am not at all surprised at it.

30,472. While strong things were said by the approved societies, equally strong things were said by the leaders of the medical profession?—There were regrettable things said on both sides that we do not want to go back upon.

30,473. What would you recommend then should be the action of the leaders of the approved societies to bring about this co-operation?—I think that the best action can be taken by their representatives on the insurance committees. On the insurance committees they, generally speaking, meet medical men who take a reasonable attitude and are trusted by the other medical men, and who convey what happens there to the other medical men. A good deal can be done by assuring an amicable spirit there. Public statements by leaders of the approved societies to the effect, that, things being as they are, and that we are now living in the year 1914 and not in 1911, or 1912, we have to look upon this thing as a permanency and try to make the machine work better, to do so means some form of co-operation between the profession and the approved societies, and both are anxious to bring that about, would do good. We have to have some general talking over the subject before we get down to anything definite. I do not see why there should not be something like what is set up by regulation between the pharmacists and the doctors. They have a joint service committee. I do not see why there should not be such a committee set up in every area in this country, not necessarily under regulations at all, to deal with questions arising under medical benefit and sickness benefit.

30,474. A conciliation committee composed of representatives of approved societies and medical practitioners, you mean?—I think that that might work very well.

30,475. (*Mr. Mosses.*) You said that the rush of work at the beginning of the Act had resulted in imperfect diagnosis in a great many cases?—Yes.

30,476. And consequently an increase in sickness claims?—Yes, we think that that is a factor.

30,477. That is dying out now, and doctors have more time and more opportunity of making correct examinations of their patients?—Yes; we think that things have settled down to that extent, and they cannot much longer plead that excuse, any of them.

30,478. You would naturally infer from that fact that the sickness incidence was decreasing?—If other factors were not against it, if there was no definite increase of sickness going on, I should expect claims to come down.

30,479. Are you aware of any epidemic of sickness, either local or national, at the present time?—No, but one hears such extraordinary stories. They are very busy in the West of England just now, whereas I know that in some other parts of the country there is very little doing now. We always expect January, February and March to be busy months.

30,480. What about September, October, November, and December?—In November a doctor begins to get pretty busy again.

30,481. And are the three months preceding that healthy months?—I suppose, generally speaking, that they are not such heavy months as the winter months, but occasionally you get diarrhoea, and that kind of thing at the back end of the year, but they are not generally heavy months from the doctors' point of view.

30,482. But, broadly, there is no abnormal sickness at the present time, is there?—I do not know that there is; I have not heard of any big epidemic.

30,483. And seeing that the doctors have more time and opportunity of attending to their patients, you would look for a considerable diminution in the ratio of sickness?—I should look for it.

30,484. Are you surprised to know that sickness claims are increasing?—I am very surprised to know that. It looks more a mystery to me than ever, because I am quite sure, in my own mind, as far as the attitude of the profession is concerned and their care

in dealing with patients, that they are giving better attention to them now, and their sense of responsibility has increased compared with what it was this time last year.

30,485. In spite of those circumstances the results are not as you would expect?—That is so.

30,486. That is admitting the increase to which I have referred?—That shows that there are other factors concerned.

30,487. You do not know what those factors are?—No; except of course the factor, which, I suppose, has been frequently mentioned here before, and which seems inseparable from every State service, of slackening the fibre of the people entitled to those benefits, and so inducing them to apply for things they would not have applied for, if they had not come from the State. I think that that is the feeling that we all have about a State thing. It is like a man who would strongly object to picking your pocket, but it would not worry him at all to defraud a railway company.

30,488. You mean that the general effect of the National Insurance Act is the moral deterioration of the insured person?—I would not like to go so far as that, but I do say that experience in all State affairs, and in Germany also, has shown that there is a tendency for the public to take advantage of them. And that tendency to invalidism undoubtedly increases when the direct responsibility is taken off the individual.

30,489. How is that going to be remedied? Can the medical profession do more than they do now to tighten up the moral fibre of the insured person?—No. I think that the population, the medical profession, and everybody concerned want a good deal of education in what this means. It is a gigantic national experiment, and we have all to learn a good deal yet. I do not know how it will be brought home to the public, but it ought to be at its worst now, and the progress of education ought to bring home to the young people, that although it is a national system they are all really involved, though they may not see their direct responsibility.

30,490. With regard to this question of cribbing, which is a very important matter, is it the usual practice of the profession to allow a patient to say when he is fit to resume work?—No, but you can easily see, if you see a patient to-day who is not fit for work to-day, that he might be fit for work on Friday. But the person is not anxious to go back until the week is out, and he will not come back to see you until Saturday.

30,491. But you state definitely and specifically at the bottom of the certificate—that this patient is fit to resume work on a certain day. If that day was a Friday, and if the doctor could conscientiously say that the man was fit on Friday, do you think that he would be justified in making it Saturday?—Certainly not.

30,492. Do you know what the usual practice of the profession is in regard to that?—No.

30,493. Can you tell me how it is that about nine-tenths of our members are declared off on a Saturday?—The patient turns up on Saturday to be declared off on Saturday. I think that you realise what a very difficult matter it is. It is not that the doctor is shirking his duty. It comes to Friday, and the patient might with a squeeze go to work on the Friday, but he says that he does not feel quite himself, and the doctor says, "Very well, you will be quite fit by Monday, and, anyhow, you must go to work on Monday." It is a very natural tendency, and I think that it always applied with the old societies.

30,494-5. I do not say that there is a sharp dividing line as to when a man can go to work and when he cannot, because the process of convalescence is a gradual one, but it is rather extraordinary, it seems to me, that such a large proportion of men are declared off by the doctors on Saturday?—In the first place you must know that a man is not welcomed back to work if it is anywhere about Friday. He is rather encouraged not to go back until the Monday, at the works, and he therefore takes good care, in the average case, not to be well until Saturday. It is a very difficult thing to



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say, "You must go back to-day, you are well enough." If it is a question only of a day, I am afraid that most doctors and patients would let that day slide.

30,496. As a matter of fact, the doctor is quite willing to meet the patient's views with regard to the resumption of work, to some extent?—Put it that probably he does not realise the importance of those odd days as much as he might do; and the patient in all probability finds some good reason for saying that he is not quite well enough to go back until Monday, and the doctor agrees.

30,497. You speak of an arrangement having been made with unqualified persons?—Yes.

30,498. What is the meaning of that remark?—In Worcester and in Northampton the insurance committees have allowed certain insured persons to make their own arrangements under section 14, subsection (3) of the Act. In Worcester it is with a herbalist, and in Northampton with an unqualified practitioner. He has never qualified, but has practised in a certain village for a great number of years. That was done at the request of the insured persons themselves, and we think that it is a very bad precedent.

30,499. There are not many cases of that sort, are there?—It nearly came off in the Notts Insurance Committee; it was only beaten by one vote. We are waiting to see whether the societies will accept the certificates of these unqualified persons; if they do, we think that they will be deliberately tempting Providence.

30,500. You, as a medical man, deprecate that sort of thing, of course?—If there is anything at all in medical registration and education, one is bound to take that view.

30,501. You referred to actual cases of doctors refusing to grant declaring-on certificates and approved societies protesting. Have you many cases of that kind?—About a dozen, I think, where distinct particulars are given.

30,502. I would like you to give us a couple of typical cases?—This is from Sunderland, and is the case of a woman. "The society's agent expressed 'great surprise when the insured woman presented 'my certificate of ability to work after an attack of 'pneumonia. That gave my patient the impression 'that she had not been on long enough, and the inference was that I had been unjust to her.' This is also a Sunderland case. This is a case where 'an 'insured person, a woman, was confined on May 31st '1913, and the baby died when it was a few days old. 'A midwife had been in attendance. Exactly one 'month after confinement she came and asked for 'a certificate, as she was ill, and unable to work, 'and wished to claim insurance benefit. Considering 'that it was a dangerous precedent I refused to give 'her a certificate, and a few days later she came 'back producing the society's certificate, which I refused to sign, and she told me I must sign it. The 'matter was brought before the insurance committee, 'and it was said that I had refused to give her a 'certificate. Then I learnt that she had applied for 'a transfer form to go to another doctor. She 'admitted this was true, and the agent had told her 'that she was to transfer to a doctor who would. I 'was being so annoyed that I applied to have the 'matter dealt with by the insurance committee. 'The matter was brought up, and it was recommended that it should be referred to a special 'committee of five to inquire into it and report. This 'recommendation was opposed, and thrown out by 'a majority of the approved societies' representatives 'when it came before the insurance committee. I was 'so annoyed that I decided that I would not waste 'any more time about it, and nothing further has been 'done."

30,503. Is it your opinion that the doctor should be the sole arbiter in these matters?—No, I have already said that I do not think that it is within the range of practical politics. There is no doubt, as a matter of fact, that they will be in most cases, but you must give the people who find the money some final judgment in the matter.

30,504. Yes, and not only the people who find the money but those who, perhaps, can judge, if I may say

so with all respect, better than the doctor. There are two standpoints from which you can view incapacity to work; there is the medical standpoint and the industrial standpoint. I suppose a doctor who was diagnosing a case would look at a patient's condition from a medical standpoint, but those with whom he was associated would look at it from the industrial standpoint; altogether apart from the medical evidence, they would be in a better position to say perhaps whether the man could resume work on his job or not?—No, I do not think that a doctor would be worth his salt if he did not know what his patient was working at, and take not only the nature of his disease, but his work into consideration. In fact, most of our correspondents say that they do that. As an example, a clerk with a whitlow might be able to go to work, but you would never dream of sending a navvy with a whitlow on his hand to work.

30,505. This question of certification, is a very thorny question. You, I believe, have come from Gateshead, and you know something of engineering trade there?—I do.

30,506. I suppose it is usual, whenever a patient comes to you, for you to enquire what his exact occupation is?—Yes.

30,507. There are a great number of grades in engineering works. You know what a fitter's erector is—a man who erects engines?—Yes.

30,508. It is usual for a man who is apprenticed to go through the shops; he is a fitter, a turner, and an erector by turns?—Yes.

30,509. Take the case of an erector, who erects these huge engines; he has to be pretty nimble, and have all his physical as well as his mental faculties about him. Supposing he had a foot off, and had a wooden leg, he could not work as an erector, could he, but he could do about half a hundred other processes in the shop?—That is so.

30,510. And could do them just as well as he could if he had all his members, perhaps?—Yes.

30,511. Would you feel justified in keeping him on the funds, after he had recovered sufficiently to go back into the shop and carry out some minor operation?—No.

30,512. You would put him off whenever he was fit to resume work at the general industry, and not when he was fit to do the special work to which he was accustomed?—There would be a time when it would have to be considered whether he could ever go back to his own work or not. I think it is agreed that that was where referees would be likely to come in useful, in dealing with disablement. It is a question as to whether he was to go on after his six months. Certainly it is true that the man is capable of going back and doing a decent day's work of some description.

30,513. He is capable of doing work of some description; that is what I want?—Yes, I think that you would not be justified in keeping him on the funds just because he was never likely to go back to his own work.

30,514. And you do that on your own authority, without the authority of a referee?—Certainly. But the referee would come in extremely useful in getting some of them back earlier than they go back now.

30,515. Would you regard the referee as a protection to the society, to the member, or the doctor?—To all three. The referee should be capable of being called in by the doctor, the society, or the insurance committee, without the patient ever knowing who calls him in.

30,516. Would you care to express an opinion as to the advisability of making the referee a consultant as well?—Yes, he might to a certain extent do that, but of course you can never get a man as a specialist in everything. A man of really good standing as a general practitioner, acting as referee, might give quite as good a second opinion as is to be got by the average person residing in the country, for instance, where the only second opinion they can get is that of another general practitioner residing in the neighbourhood. He would be quite useful in that way in a number of cases.



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30,517. Seeing that he would fill that rather varied position, you have no idea as to who should pay him?—It would have to be somebody who could pay him well; the medical profession could not do that.

30,518. It could not, or would not—which?—Perhaps a bit of both. I think that you had better not press me for any opinion as to where the money should come from, because I should have to think over all the other possible sources.

30,519. Well, I suggest, if he is acting in three capacities—acting on behalf of the approved society of the members, of the doctors, and of the insurance committee, that the three might reasonably be expected to pay his fees?—Yes. Of course, I should be inclined to put it on the people who are obviously going to gain most by his services. It might pay them well to stand the expense out of their own pockets; that is the societies. I think that they would save more than they would spend in that way.

30,520. Undoubtedly he would be very useful to the doctors in relieving them of a great deal of disagreeable work and responsibility?—We would be very glad to take advantage of his presence undoubtedly. My Association has not formed any idea on the subject, and I do not want to commit them at all.

30,521. (*Miss Macarthur.*) I do not want to labour this point of the societies and their agents not backing up the doctor when the doctors desire to refuse certificates, but I might put it to you that your *précis* seems to indicate that there is a fairly strong feeling amongst the members of the British Medical Association on the subject?—Yes. Perhaps we might have concentrated it a little more, but it does not give a wrong impression of the feeling existing throughout the country.

30,522. On the other hand, you have gone to the other extreme, and you have reason, I believe, to complain of some of the societies endeavouring to escape what you consider to be their just liabilities?—Yes, we have some evidence to that effect.

30,523. So on the whole you are not satisfied with the approved societies as administrators of the sickness benefit?—Not altogether, perhaps. But they will probably improve; they are learning their business now.

30,524. I mean to say that the feelings of the societies about the doctors seem to be reciprocated?—Quite.

30,525. Do you think that it would be better if sickness benefit were administered in some other way than by the approved societies?—I do not want to fall out of the frying pan into the fire. Perhaps you might indicate in what way.

30,526. I do not in this question contemplate for a moment a reversion to the old system of medical benefit under the approved societies. With that qualification I put it, do you think that it would be better if sickness benefit and medical benefit could be administered by the same authority?—We did not put that question direct to our correspondents, and I do not know that I should say that we have ever formed any official opinion on the question.

30,527. We must leave it that you are dissatisfied with the administration by the approved societies from both points of view?—Yes, we have evidence to show that it is not entirely satisfactory. But I should be the last person to say that they should have shaken down into a state of perfection in this comparatively short time.

30,528. Are you optimistic enough to think that we shall ever get uniformity of practice amongst societies in regard to sickness benefit?—I have a horror of uniformity. I hope that the societies will never be quite uniform in that respect; I hope we shall have the experiment going on always except in the matter of certificates. To be perfectly serious, I think that the experiments made by the various societies will be extremely educative.

30,529. You say on the one hand that societies are encouraging illegal payments, and on the other hand, that they are not paying when they ought to?—Yes.

30,530. Surely uniformity is desirable so that there should not be difference of treatment, that insured persons should not have to pay a premium simply

because the societies have a different constitution, or have people at the head with different views?—Both these abuses are to be removed, if possible, I quite agree.

30,531. I find also that you rather think employers are to blame?—We have some evidence to that effect.

30,532. Have you had much evidence to that effect?—A fair number of our correspondents stated that in regard to domestic service. I cannot imagine anybody sending a domestic servant home, if they can possibly avoid it; it is so inconvenient. But this statement is made by a number of our correspondents, and is made in regard to employers in workshops, and that foremen, and so on, are showing a tendency to send people home.

30,533. You mean that employers say: "I have no work for you within the next fortnight, and you can go on the Insurance Fund"?—I have some rather interesting evidence on that point from Norwich. My correspondent says that in times of bad trade, or when things are not very good, the foreman is apt to send girls off home.

30,534. But there is a great deal of ill-health amongst the poor employed women, so that almost at any time they can quite legitimately come on to the funds in such circumstances?—I think that it will be extremely bad policy to make the sickness benefit into an unemployment benefit. You had far better, as has been suggested, enlarge your unemployment benefit.

30,535. My point is that you have said in your evidence that you have very little evidence of absolute malingering?—Yes.

30,536. As they are recommended by their employer to go on the funds, there is usually something the matter with them, is there not?—A large number of these women have a poor standard of health, and you can make out a fairly legitimate case for them, if they are on the fund.

30,537. You say that the doctor's certificate is only one of the means of testing claims?—Yes.

30,538. Would you be surprised to know that a great many doctors hold that it is the only means of testing a claim?—I am never surprised at anything a doctor says on these questions on account of the newness of the whole thing, but I do not think that we, as an Association hold, and I personally do not hold, that you cannot get behind a doctor's certificate; we quote what the Chancellor of the Exchequer said and we agree with it.

30,539. You say that the doctor naturally is bound to give the insured person, who is sick, the benefit of any doubt there may be in his case?—Yes.

30,540. So if you cannot tell whether or not the person is genuinely ill, you think that that person ought to have the benefit, do you?—Yes.

30,541. If the doctor cannot tell, is it not rather unreasonable to ask the official of an approved society to tell?—I do not think that he would often be able to tell. It is only in cases of really genuine malingering that he would be able to tell. He might be able to catch them out, or something of that sort, in cases of genuine malingering, by doing a little detective work.

30,542. You say that there is a general agreement that patients are now doing what many of them have never been able to do before—namely, staying away from work until they are really fit to return?—Yes.

30,543. If that is so, do you think that that is bound to have an effect on the future incidence of sickness?—Yes, one is bound to believe so. It would make one hopelessly pessimistic, if one did not.

30,544. You look upon the National Insurance Act as preventive as well as remedial?—Undoubtedly.

30,545. You allude to the difficulty of certification arising from circumstances of employment. You say that where a man has to start work early in the morning, it would be more difficult to declare him fit for work. So that you feel that you must take into consideration the circumstances of a man's employment in certifying his capacity or incapacity for work?—I think that is absolutely essential, unless a doctor is to abrogate one of his most important duties. As regards the nature of employment as an effect, a correspondent at Norwich points out that there is a system there, and



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doubtless in other places, of giving work out on special days of the week. It is the custom for those who are declaring off to declare off on some particular day in each week, or on either of the next two days. If he does not declare off, then he is less likely to get work, and he thinks that he had better go to the doctor and declare off. As an instance, "A. W. works at chocolate covering, where the work is given out on Thursdays. If the worker applied on Monday she would get work if there was a print dress ready"—I do not know exactly what that means—"or she was fit to resume on Wednesday morning and to start on the Thursday when sure of getting it. If the patient does not come to be called off until a suitable day for returning to work, the symptoms are at once exaggerated, or she protests that she is not fit for work."

30,546. That is rather a different point?—It is a question of the local custom having a distinct effect on the incidence of sickness benefit.

30,547. Surely that ought not to affect certification?—I am afraid that it does not come in very well here. This is a question of starting early in the morning, or working out in the fields.

30,548. That is not what I meant by circumstances of employment. I am referring rather to circumstances more on the lines I have indicated, as for example, the man who has to start work early in the morning?—Yes, quite. The remark is made that in certain agricultural districts, for instance, a man has got to be quite fit before you can send him out into the fields to work in the wet.

30,549. You mentioned chocolate works just now. I suppose that it is within your knowledge that in a chocolate works eczema, which is aggravated by putting their hands in sugar, is comparatively common. Would that fact also influence a doctor in giving a certificate?—I should hope so. I might say that there are few things which are harder to bear and more intractable than a really serious case of eczema. I should not have the least hesitation in ordering a girl to stop off work to try to get her better.

30,550. If she were working in a chocolate and sugar factory, you would naturally deem it necessary that she should stop off longer, because if she went back too soon, her hands would get bad again?—I should try to get her to go into some other employment.

30,551. Yes, but when would you start?—As soon as she was well enough to go to another employment.

30,552. If she were disposed to sugar eczema, when she had quite recovered, if she plunged her hands into sugar again it would bring it back again?—I should not send her back, as long as there was any reason for not doing so.

30,553. I give that as an example, that circumstances of employment must be considered by doctors, and you agree?—They must be, if a doctor is worth his salt at all.

30,554. I gather that you have had some evidence that there is a very low standard of health amongst women workers in certain areas?—Yes, much more than I have mentioned here; but, of course, these are typical.

30,555. You say that small illnesses incapacitate them sooner, and convalescence is more protracted. Do you mean that their normal health is so bad that any slight ailment, which would not incapacitate a person normally in good health, incapacitates those people?—Yes, that is the opinion held very strongly by several of our city correspondents.

30,556. You say that you have some evidence that doctors feel much more free to deal with suspected malingering now than they did in their old contract practice. You must be aware that exactly the contrary of that has been stated?—I know, but I do not think that it is stated by men who have had experience of both. I can speak with some authority on this question, because I know how difficult it was to be absolutely honest with yourself and the club, when you were dealing with a well-known and influential member of a club, because you might lose the whole of the club at one fell swoop, as I did. You cannot

do that with panel patients; at most you can only lose one or two, and may not lose even them, because they may come to the conclusion at the end of the year that they prefer a man who is honest.

30,557. It is a matter of opinion and comparison, is it not? You do seriously emphasise this view?—I do most strongly. It is not only a personal view, but I have had it from any number of areas.

30,558. You have also evidence that there is a good deal of lingering sickness, because of the lack of proper treatment?—Yes, more particularly it alludes to women who get into neurasthenic conditions and want special treatment, massage and electricity, and so on. Until you get that kind of treatment, obviously your sick fund is going to be depleted by such cases.

30,559. You say that there is a good deal of sickness, which nothing short of institutional treatment, which is difficult to get, will expeditiously cure. That does not apply only to women?—Yes, in that particular paragraph our correspondent is thinking of the neurasthenic women, because the treatment is prolonged and rather costly, and the ordinary hospital cannot give up beds to it.

30,560. You say "really the reason for their prolonged illness is that their means of getting well are totally inadequate"?—That is so, undoubtedly.

30,561. You had some suggestions made to you that the number of persons on a doctor's panel should be restricted?—Yes.

30,562. But your chief objection is that you think that it would interfere with the free choice of doctor?—Yes; I think that it would give rise to some extraordinary anomalies. For instance, you might have an area where a doctor shall not take more than 1,500. His list may be full, and there may be one member of a family who wants to go to that doctor and cannot get him, although all the other members of the family are on his list, because his list is full. It is very difficult to draw an exact line.

30,563. Have you considered how much free choice the great mass of people have now? Take an area like an urban district with two doctors with two assistants each, do you think that there is very much free choice there?—No. But if you take areas where the bulk of the population is, I think that there is considerable free choice. We must take areas where the bulk of the insured population resides, and there they have ample free choice, which I think they value exceedingly.

30,564. You say that the opinion of your Association is that free choice is one of the most popular and valuable provisions in connection with the administration of the Act?—Yes.

30,565. In what way do you think that it is valuable?—In the first place it went a long way to reconcile a great many people who were against the Act, to the Act. In the second place I do not think that you ever get the very best kind of relationship between a doctor and patient without free choice. I have had experience in a country practice where there were only two doctors, and I have had experience of practice where I was the only one, and I have also had experience of places where there were 40 to choose from. I know how much better the relations were and the treatment generally was, where competition existed than where there was no competition. I do not think that it is a doctor's question. I am thinking entirely from the patient's point of view. I think from the doctor's point of view that a restriction might be a good thing.

30,566. You think then that competition is a good thing?—I think it is an excellent thing in some cases, and I look forward with horror to the day when it will be suppressed in the medical profession.

30,567. Supposing we were able to convince you that a really adequate tackling of this huge problem could only be managed by somewhat curtailing this nominal free choice of doctors, would you feel that that curtailment was an insuperable obstacle?—I think that you are asking me to make an assumption which is hardly a fair one. In the first place I should have to balance what all the advantages of your proposal are. But I lay very great stress upon free choice.



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30,568. I want to know whether it is an article in the creed of the British Medical Association?—It is, and it is one of a few remnants of a creed I have left to me after a moderately long professional life. I do hold to this as an absolutely essential factor in a really satisfactory medical service. If you have not that, you have lost one of the best guarantees for an alert and satisfactory medical service. I am quite certain that if you went before the public, at any rate in the industrial areas I know best, and told them that a National Medical Service meant that they would have to give up a doctor when they moved out of his district, you would hardly get one voice in support.

30,569. Let us come to this restriction of the number of panel patients. There is, of course, a number beyond which an individual cannot go, say 10,000?—Yes, there is, of course.

30,570. Take 10,000. Inasmuch as one man cannot deal with more than 10,000 patients, the other patients who wanted that man could not have the free choice?—Yes, that is so.

30,571. That being so, in that extreme case, why should it be such a frightful obstacle when you come down in numbers?—Although the people of Gateshead, for example, which is an industrial area, had the free choice of 30 or so, probably some of them would like to have had one of the crack men in Newcastle, but they could not afford to pay for him, and so could not have him. I am talking now about free choice as it exists in industrial areas.

30,572. I am very glad to have the admission that there is no absolute free choice, and, perhaps, you would go further and say that amongst the industrial classes?—I beg pardon; in some of the industrial towns they have always had a free choice. Take Gateshead again, where all the doctors were about on a level, their fees all about alike, there the people had an absolutely free choice of all the lot of us.

30,573. Would you agree that the upper middle classes come nearer to having a free choice of doctors than the industrial population ever can have?—Undoubtedly, and I am very anxious not to restrict the poorer classes or to make them any worse off than the better-to-do classes in regard to that choice.

30,574. You say that "all cases of venereal disease in married women raise a very difficult problem"?—Yes.

30,575. You also say that "the doctor is very often unable to fix the responsibility on the women, and it is clear that the machinery of the approved society would be still less able to do so." But you say that the doctor's certificate in such cases will generally not give any hint to the society of the presence of venereal disease?—That is so, I think you may take that.

30,576. May I take it from you that many doctors are certifying venereal disease in such a way as to make it impossible for venereal disease to be traced?—Yes, I am afraid at present that that is so.

30,577. Then you go on to say: "Why should the doctor, in a case of this kind, expose his patient to a most unpleasant, unprofitable, and inquisitorial inquiry"?—Yes.

30,578. Do you mean that you would never inform a married woman that she was suffering from venereal disease?—Informing the married woman and informing the society in which she happens to be are two very different things.

30,579. Do you not inform her when you use the present form of certificate?—Yes.

30,580. What justification is there, then, for the doctor using what you call synonyms, to which I should give another name, in these cases?—If you certified a woman who, you thought, had got this disease from her husband, as suffering from one of these specific diseases, in all probability there would be an inquiry raised as to the way she got it, and it would expose her probably—the suffering party that is—to an inquiry which we think is unpleasant, unprofitable, and inquisitorial. The fact of the matter is, that the woman has got it, she is being treated for it, but the fact that she has got it is not exposed to the curiosity of other people.

30,581. That rather looks as though the medical profession is a law unto itself?—If the medical profession is wrong in trying to shield its patients, then the medical profession is wrong, that is all.

(Chairman.) Miss Macarthur is asking you, not whether the medical profession is right or wrong, but whether you would write the name of the disease on the form of certificate.

30,582. (Miss Macarthur.) I think it rather comes to this, does it not, that you object, even to informing the patient?—No, not at all. There are some cases in which I think that some doctors would refrain from informing even the patient. I remember one or two cases where I did not do it myself. There are many cases where you might inform the patient, but you would certainly not inform other people.

30,583. Then we may take it from you that there are many cases of venereal disease which cannot be traced from the certificates?—That is so. It is not a notifiable disease—

(Chairman.) We are not talking about notifiability or anything of that sort. Miss Macarthur wants to know what you put on the certificate.

30,584. (Miss Macarthur.) We have many thousands of certificates. And those certificates ought to be valuable data later on in finding out from what diseases industrial women are suffering. May I take it that among these certificates there are probably diseases certified as one thing and another, which are really venereal disease?—One or two of my correspondents say that they have given the name of the real thing in the records which are sent to the Commissioners.

30,585. (Chairman.) Surely it is a clear question which Miss Macarthur is asking you. She wants to know about the certificates there are in the archives of her society?—I had misunderstood her. Probably that is so, and you would not know the truth.

30,586. (Miss Macarthur.) Do you think that that is justifiable?—I do; I think it is absolutely justifiable for the sake of the patient.

30,587. (Chairman.) It may be justifiable for the patient's sake to rob a shop?—It is quite evident that a man who is trained from his earliest days as a student—

30,588. A patient is not entitled to receive money, if she is suffering from gonorrhoea, is she?—I beg your pardon—suffering from a disease due to misconduct. The doctor being of opinion that the disease is not due to misconduct, he does not give that name to it, because he thinks that it would lead to an unprofitable inquiry.

30,589. That is a matter for the society to judge of, and the law?—Well, that is my view. I never thought that people who are not members of the medical profession ever misunderstood the question as regards these diseases. I thought that the public always knew that the profession did not give them away in such cases as these.

30,590. You give a person a bit of paper, and the person may use that bit of paper or not, as she may think fit; but to give her a piece of paper with a lie on it is nothing less than fraud?—I have already explained, if a person comes to me suffering from venereal disease, as a rule he does not ask for a certificate for sickness benefit purposes, he knows better; but whether he knows better or not, he does not get one. I do not back the doctor up in giving that man a certificate which states that he is suffering from something that is not the matter with him. But in the case of a married woman in which there was a great probability that she had got the disease in an innocent way, an inquiry by the society or anybody else would certainly be a very unpleasant thing, and the doctor, therefore, does not state the real name of the disease. Those are two distinct cases.

30,591. (Miss Macarthur.) It is rather jesuitical reasoning?—That is the only view I can express of it.

30,592. I wanted to get out the real fact that so far as this disease is concerned, especially among married women, the information will not be forthcoming from the certificates supplied to the societies?—I do not think that it will.

30,593. Coming to the single women, does the practice differ in their case or in the case of widows?—



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I do not think that I have any specific opinion on that. I can only recall my own experience, and, of course, women were not members of societies when I was in practice, so the difficulty did not arise. I think that the doctor in that case would try to shield the patient to the extent probably of mentioning a symptom rather than the actual nature of the disease.

30,594. I think that we have got to deal with it practically. You say that there will always be the greatest hesitation in certifying venereal disease at all, and in many cases you are certain that it is not certified?—I am certain that the name of a symptom is given instead of the name of the disease. Not in regard to men, I do not think that there is any difficulty there, but it does arise in regard to married women. I would like to quote this case, because it is specially mentioned. A doctor certified the real nature of the disease, it smashed up entirely the harmony of a home, and he said that he would never repeat the experiment. Doctors may be wrong, but they are extraordinarily in earnest about this.

30,595. It would not be right to say that, as you said a few minutes ago, with regard to approved societies they may, as time goes on, improve, so also may time work a remedy in this respect, because the idea is too deeply rooted?—The only way in which it will be got over is, if public opinion ever comes round to regard these diseases in the same way as other infectious diseases, and makes them notifiable compulsorily, although one has difficulty now with contagious diseases. I once lost a whole family of patients because I insisted, as I was bound to do, on notifying a case of scarlet fever in a milk shop. When venereal disease is compulsorily notifiable, you will get over a good deal of the difficulty.

30,596. Do you not think that something might be done now that the whole thing is in the melting pot?—I hope that the inquiry now going on may produce some form of voluntary notification. All those who have given evidence say how extremely difficult the problem is.

30,597. Do you not think that if the British Medical Association realise how the attitude of the doctors would be regarded on this question, when it is thoroughly understood, they might do something to think out some scheme whereby the difficulty would be overcome?—I am quite sure that the Association would be willing to consider the matter, if it was put to it as a matter in which the deep-rooted traditions of the profession should be upset.

30,598. Do you not think that the doctor has either to tell a lie, or else to do something which he thinks is unpleasant, unprofitable and inquisitorial?—I think that he would be much more likely to tell the truth if it might merely damage him, but he would be much less inclined to give away his patient.

30,599. (*Chairman.*) You are not giving the patient away to anybody?—I do not see how it can be otherwise. He has given a certificate in the case of married women which will go to the society.

30,600. Not unless she carries it there?—Well, if she does not carry it there, the fact that she is laid up and does not claim her money, gives her away very nearly as badly.

30,601. Then every woman who is laid up in bed has to get a certificate to show that she is not suffering from venereal disease, is that it?—But the work-people talk amongst themselves, and the fact that she did not claim her benefit would be quite sufficient to give her away.

30,602. (*Miss Macarthur.*) There is another rather difficult question, which has been suggested to me; what would the doctors do when attempts have been made to procure abortion?—I suppose that they would certify abortion.

30,603. Is not that term also used for simple miscarriage?—It is not the business of the doctor to set the police on the track of the person who has attempted to procure abortion. If the certificate has "abortion" on it, he is doing his duty. Would you suggest that he should do something to start criminal proceedings then?

30,604. No, I only desire that we should know where we are?—I think that the doctor's duty ends when he certifies what a patient is suffering from in cases of that sort.

30,605. Would a doctor distinguish between procured abortion and ordinary miscarriage in certifying? Would a certificate for abortion be regarded with greater suspicion than one for miscarriage; so that there would be nothing on the certificate to guide the society?—No.

30,606. In the case of a single woman who is suffering from miscarriage, would the doctor certify miscarriage, or would not the motives which prompt him in other cases prompt him in that?—I think that in some instances they would. In some instances the doctor might be guided by a strong desire to shield his patient from the knowledge of it getting out, and in all probability would strongly advise his patient not to ask for a certificate. Then the risk I have alluded to already would arise, of the fact of her not having a certificate being looked on with suspicion.

30,607–8. Have you any evidence that societies regard complications of pregnancy in single women as misconduct, and if not, why they should regard miscarriage as misconduct?—I have no evidence that they are regarding it as misconduct.

30,609. Would the doctor's object in not certifying the miscarriage in that case be more on the ground of saving the reputation of the girl?—Yes, in that case I think so.

30,610. Would you be surprised if the doctor certified something else if the circumstances were distressing, in order that the girl might get benefit?—No, I should not be surprised.

30,611. You refer to a rather interesting case in your evidence, where a doctor certified varicose ulcers in order that the patient should get money, although he was by no means certain that that was an absolutely correct diagnosis of the case. In that case the society wrote to ask if the ulcers were due to misconduct?—Yes.

30,612. The society then paid; but you go on to say, "This is a typical example of the kind of action which has given great annoyance to medical men"?—Yes.

30,613. Do you not think that that action of the doctor in certifying varicose ulcer, when he was not certain of his diagnosis, was wrong?—That was a typical case of gross impertinence. The doctor saw the patient, and saw the ulcers on the leg. While he is trying to make up his mind, he is asked by the society whether, in the case of a young girl of 17, the ulcers were due to misconduct. I think that that is a case of gross impertinence on the part of the society. The doctor in effect says, "I will call them varicose ulcers, although I am not sure of it, in order that you may get the money without further trouble."

30,614. Is it a gross impertinence for a society in any instance to ask a doctor if anything is due to misconduct?—No; but why on earth should it be suggested that ulcers on the leg of a girl of 17 must be due to misconduct?

30,615. Do you not think that the societies are not likely to be discouraged by the evidence you have given to-day?—I have done my best to be perfectly candid to the Committee. Whether enquiries of the kind just mentioned are made or not, I think that the only result will be to throw an extra strain on the ingenuity of the doctor to find synonyms. I would myself have done as that doctor did.

30,616. I agree with you that it is objectionable that an innocent girl of 17 should be subjected to that kind of enquiry. But is not this part of a larger question?—I do not think that it will ever be improved by raising questions as to whether a girl of 17, having ulcers on the leg, got them by misconduct. It was a gratuitous insult in a case of that kind. If the society knew anything about medical matters it would have been the last thing that they would have thought of in connection with such a case. It is not at all likely for such ulcers to be due to misconduct in a girl of 17.

30,617. But I was bound to put it to you, although I object to it as much as you do. If doctors admit



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that, in order to save the reputation of their patients, they do give other names to these troubles, surely it rather suggests to societies which are concerned about their funds, that they must endeavour to find out what lies behind the certificate?—This man did give a genuine certificate of ulcers on the leg. I should have thought that that was a sufficiently good diagnosis for anybody.

30,618. I am only trying to show what seems to me to be the relation between the larger question and this question here. I do not think that the medical profession can escape responsibility for that insult?—It is an insult to the girl, not to the profession.

30,618a. I agree. May I put it that if you feel as you state in your evidence that a want of medical examination is a prime factor in producing excessive claims, that rather means that the claims must be genuine?—Yes, mostly, because want of medical examination cannot produce excessive sickness. Might I, in order to save any ambiguity, say that, although this is not put in evidence, the heading "Want of medical examination" in our memorandum means want of medical examination at entrance. That ought to have been the title.

30,619. But want of medical examination at entrance cannot produce excessive sickness, can it?—No, but it has produced an appearance of excessive claims.

30,620. Then, if the want of medical examination is a prime factor in producing excessive claims in the opinion of the British Medical Association, those claims are on the whole genuine?—Yes, that is the impression they have been forced to.

30,621. Then in regard to the question of pregnancy; has there been any settled policy so far as pregnancy is concerned?—No, it is very difficult to arrive at any settled policy. Here again you must consider the nature of the work and how far the woman is, as a matter of fact, incapacitated by pregnancy from doing hard work. It seems that some societies have been taking strong exception to women being declared incapable of work on the score of pregnancy at all.

30,622. May I take it from this paragraph that the considered opinion of the medical profession reveals a strong tendency to keep women at home for certain periods during that condition, both for the woman's sake and for the sake of the future child?—I think it is. I think that many medical men are now taking a rather wider view of this question than before. Whereas it was before merely a sort of article of faith that most pregnant women would be better off work, they are being kept off work in the industrial areas now because it will be good for them and for their future offspring.

30,623. You think that that is really the case?—I think that it is the case, and I think so from various statements made. We have been told that it is a genuine difficulty. If societies would definitely issue a statement that they would not pay claims on the ground of uncomplicated pregnancy, that would rule these cases out. But until something of that kind is done, every man is a law unto himself, and some of us would like some guidance.

30,624. It is not exactly a matter for the societies to determine; it is rather a legal point, is it not?—Perhaps it is.

30,625. May I take it from the last sentence in this paragraph that on this at least you agree that uniformity is desirable?—Undoubtedly.

30,626. Do you consider that if we succeed in keeping a woman at home during the last weeks of pregnancy that will mean a decrease in the future sickness of women?—Undoubtedly. I think that there is no question about that, and every medical practitioner must say that there are many lingering and troublesome complaints which are got by women going about too much, either just before lying-in time or just afterwards. Undoubtedly I think that it would tend to decrease claims of that sort.

30,627. (Dr. Fulton.) First of all you spoke about the abolition of medical examination. From the communications you have received you believe that that has led to an increased proportion of claims as

compared with the conditions under the old friendly societies?—Undoubtedly.

30,628. You say that there are cases of persons suffering from obvious chronic diseases who have been admitted to approved societies, and, at the earliest possible moment, have made claims for sickness benefit in such cases for example as cancer and phthisis?—Yes.

30,629. But those cases are terminable by death?—I have a good many cases of chronic nervous disease, *paralysis agitans* and locomotor ataxy and all forms of nervous disease. There is hardly any form of disease which does not come under that head.

30,630. It was suggested to you that very few working men's societies have any medical examination. I suggest to you that it is the other way round. Take the railway medical societies, for instance. There is first an examination before a man enters the railway service?—I believe that there is.

30,630a. And he cannot belong to the society without entering the service of a railway company?—Yes.

30,631. They all have to undergo medical examination before they become railway servants. Therefore they are selected lives?—Yes.

30,632. In your outline of evidence you say: "Nearly all our correspondents state that the increased number of claims which are on the border line between justifiable and unjustifiable are due mainly to women." Why is that?—I suppose that the general standard of health of employed women in industrial areas is not very high. There is really more room for the giving of the doubt to the patient in regard to women than among the average of employed men.

30,633. Do your correspondents suggest that they have a greater difficulty in coming to a decision about them?—Undoubtedly.

30,634. The doubt is an honest doubt, I presume?—I believe it to be so.

30,635. It is not a question of their doing their duty or not doing it; it is the difficulty of coming to a decision which is just to the patient?—I believe that it is—in fact, I am sure it is.

30,636. Then you were asked a good deal about the cribbing of odd days. You had a good deal of experience of friendly society work in the past?—Yes.

30,637. What was your experience when a man went on the funds? Did he go on by the day or week?—He generally managed to make a week of it.

30,638. Was that recognised by the society?—I suppose that it must have been, because it was our usual experience that a man very rarely went off his club in the middle of the week.

30,639. He would sometimes have a day or two on the club when not fit, and then go back for a week or so?—Yes.

30,639a. Was he quite frank about it? Did he say: "I will go on the funds for a week"?—You generally told him that he would come off when you thought he was ready to come off. Sometimes a man did say: "I will have a week on the club," and you said: "We will see about that."

30,640. But you sometimes had no opportunity of taking him off before the end of the week?—Yes.

30,641. That holds good to-day, does it not?—Yes.

30,642. Once you issue a certificate for a week you have no power to recall it?—Not in the ordinary way.

30,643. Under the old system did the societies pay for odd days?—Both the societies I had to do with paid for odd days.

30,644. It was not the universal practice, was it?—No.

30,645. Seeing that many societies only paid for a week, the effect of that still holds good?—Undoubtedly.

30,646. Further on you speak of the fact that many patients are well known to the doctor as being old patients?—Yes. That point is made a good deal of, not only in industrial and agricultural areas, but



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in areas where medical men have had a good deal of contract practice in the past, and know a large number of their patients. They have a large number of new people now, but they will get to know them by-and-by.

30,647-8. Do you find that these old patients are more willing to stay on the funds, now that they have double insurance than when they had only one?—A good many of our correspondents think that over-insurance does not apply very much; but some of them are strong to the contrary.

30,649. In regard to convalescent patients, how do convalescents who are away from home get certificates?—I suppose that they generally write to the doctor for them. But I am out of practical touch with the present procedure.

30,650. You have no evidence about it?—No.

30,651-2. You have said a good deal about cases of a doctor refusing certificates to persons asking for them, but where they have been refused, have the societies always supported the doctor? Take your own experience as a friendly society doctor. Were you always supported if a complaint was made about you to the lodge?—By no means. I was fairly lucky myself, but I lost one club after taking up what I considered the right line with a popular member of the club.

30,653. You reported him for a breach of the rules?—I did not give him a certificate when he thought that he should have one. I refused it.

30,654. What was the result?—He made a complaint to the lodge, and I thought that I had justified myself. The case was one of very slight eczema of the lobe of the ear. He thought that he should not be asked to go into a dusty workshop with this skin disease, and I told him that he would have to go back. He complained to the lodge. I was called before them to explain, and I did, as I thought; but the fact remains that at the next annual meeting I did not get re-elected.

30,655. No other charge was brought against you, and no other reason assigned, I suppose?—No.

30,656. So that in that case you considered yourself the guardian of the society's funds, and they did not—I put it down to the fact that he had worked up his friends, and I had not taken the trouble to do anything of the kind, and that was the result.

30,657. Did that make you a more ardent critic of the condition of the club members?—It had no effect as far as that lodge was concerned, because I did not have it any more; but I did not think any better of the system.

30,658. Have you any other cases of the kind?—Scores of them.

30,659. Do you say that seriously?—Quite; I have two or three here.

30,660. And you say that the friendly societies, under the old system, did not always support their doctors?—No, they did not.

30,661. You mention the willingness of employers to send their people home from work, if they show slight signs of illness. And you speak, in a later paragraph, about forewomen sending girls home in the same way. Have you any evidence of that?—Not a great deal; but I have five cases notified where this is mentioned.

30,662. What is the idea of the employers, do you think? Do they think that the girls cannot earn their money, and cannot look after the machines properly, when they are ill?—In one case, work was not very brisk, and, in other cases, it is put down to the tendency to softness and coddling, and they think they had better send them home in order that they may run no risks, and that, probably, a day will put them right, and it would not be wise if they stayed at work longer.

30,663. They think that they are apparently unfit for work?—I should not like to presume that they send them home because work was slack. There is only one such suggestion made. They send them home to see the doctor, because they do not think that they look particularly well, in most cases, I think.

30,664. You think that the doctor would be justified, to some extent, in giving a certificate?—The fact that the employer had said that they were not fit to work would have its weight with the doctor, undoubtedly.

30,665. You have been asked some questions as to competition between doctors. Do you think that it is a good thing?—I do. It must be legitimately restrained, of course. I do not believe in unrestrained competition.

30,666. You mean, in the sense that competition keeps a doctor up to the scratch?—No doubt it does.

30,667. And you think that it is to the benefit of the patient as well?—I do. I think that a State medical service of whole-time medical men might be a good thing for the profession, but a very bad thing for the patients.

30,668. You think medical incomes would be better than they are at present?—Yes, and they might get easier conditions in the matter of shorter hours; pensions we have been promised, as a matter of course, by some ardent State medical service enthusiasts.

30,669. Do you think that it would be for the good of the patients as well?—I do not.

30,670. Is there any experience in this country of general medical practice conducted by the State?—You have, of course, the Poor Law, but I do not know of any other.

30,671. Is the Poor Law service considered a satisfactory one, from the point of view of the patient?—I do not think that it is quite fair to draw an analogy from that, because you are dealing with a class which has been damned by being called paupers, to begin with. And it is not looked upon with any particular favour by the profession. I was a Poor Law doctor for 11 years, and there is no doubt that you are dealing, in that service, with very dirty people and unpleasant surroundings, and it does not attract a man who has made his way in the profession; as a matter of fact, he tries to get out of it as soon as he can.

30,672. The only other State services are the Army and Navy Medical Services; that is, of whole-time general practitioners. There is no other, is there?—I do not know of any.

30,673. In the case of the Army and Navy, the idea is to keep the men fit as much as possible, and the question of sick pay does not come in?—That is so.

30,674. So that if a man has any ailment at all, he is promptly put under treatment, and kept under treatment until he is perfectly well?—Yes, and you have the patients in barracks and you can look after them, and they are also under a discipline which I hope the public of this country will never be.

30,675. So the conditions are entirely different?—The conditions are entirely different.

30,676. We have no good precedent to follow to judge as to the result of State medical service in general practice?—I do not know of any.

30,677. Do you think that a State medical service, which would have to include the usual night work and late work, and being called up at all hours, of a general practitioner, would be as attractive as service in the Army and Navy?—No. The Army and Navy have certain special attractions of their own. The Services attract quite a special class of medical man, and there is the love of adventure and getting round about the world and the uniform and all the rest of it, and pensions, and also the fact that generally speaking their hours are restricted in a way that they could not possibly be in general practice.

30,678. Quite so, and yet in spite of all that, the Navy has a difficulty in getting suitable candidates?—It has, and the Army had.

30,679. You said a good deal about colliery districts in some parts of Lancashire, where there were no appointments of doctors by societies. And it is also true of the Hearts of Oak, a large benefit society which does not appoint doctors?—Yes.

30,680. And it is also true that friendly societies had at times to accept certificates of doctors residing



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outside the district, and these certificates were signed by a medical man, over whom they had no control?—That is so.

30,681. So that to a very large number of people the free choice of doctor is not a new thing at all?—It is not.

30,682. In some of the older friendly societies in certain districts they had a free choice of doctor?—They had.

30,683. So that if there is an increase in sickness claims now, it cannot be due to the fact that the patient has a free choice of doctor?—No, I quite fail to see that it is mainly or largely due to that.

30,684. You gave us some figures on which estimates were based, practically on very similar lines?—Yes.

30,685. What control had the old friendly societies over the doctor? In what way did you feel that they exercised, as a club, any control over you?—If I did not please the majority of members of the lodge, I got the sack at the end of the year or six months.

30,686. Did they interfere with your certification of members much?—Generally speaking, they did not.

30,687. Would it not be true to say that sometimes some of the leading members were a little bit afraid to offend the doctor?—Well, I cannot say that.

30,688. Take the case of the secretary in a small town or large village, who is a tradesman, and the doctor is one of his best customers, do you think that the doctor had as much indirect control over that official as he had over the doctor?—I have no doubt that it was so in circumstances of that kind. I am speaking rather of the circumstances in a big industrial town, where of course that had no effect.

30,689. Still, it might have, in some cases?—Yes, it might.

30,690. Coming now to the paragraph in which you speak of claims by domestic workers, you say "Several correspondents comment on the fact that people like "housekeepers, whose illness does not prevent their "doing a little household work might be benefited by a "little light work, and are better off when in receipt "of sickness benefit than at other times." You mean from the medical point of view. It is difficult for the doctor to say honestly on what day they are fit, and on what day they are not?—Very difficult.

30,691. You speak of the risk to a doctor's professional reputation in pressing a person to go back to work when he appears only to be suffering from a trivial ailment. That is a thing which a doctor has to guard against?—He has.

30,692. Have you any instances of cases of that sort?—Yes, and every doctor must have a great many.

30,693. Have you any experience of a lodge member, where the lodge thought that he was fit to work, and you had to hold out on his behalf, and say that he was not fit to work?—Yes, the sick visitor's business was to be suspicious, and I had some difficulty in proving that the visitor was wrong in some cases.

30,694. In your outline of evidence you say "The suggestion is made that people who are often found "to transfer should be watched." Do you think that some further difficulty should be placed in the way of persons changing at the end of the year, if their desire to change is due to a doctor refusing a certificate?—Yes, I should like to see that, but I think that it is extraordinarily difficult to be sure that that is the reason; the tendency of the doctor, if they want to go, is to let them, because there is nothing worse than having to attend people who are not satisfied.

30,695. That is the greatest difficulty on the doctor's side, is it not?—Yes.

30,696. Further on in your evidence there is a suggestion that it may be necessary to restrict the number of persons which any panel practitioner should be allowed to look after, but it is realised that any such course is fraught with difficulty, inasmuch as it would interfere with the free choice of doctor, which is, in the opinion of the Association, one of the most popular and valuable points in connection with the administration of the Act. Is that the policy of the Association?—Well, of course we have never yet formulated any policy as regards restriction; but, generally

speaking, we are anxious to keep up the standard of the profession, and we realise that it is bad for the public and for the profession that a man should have more on his list than he can properly attend to. Our difficulty is to fix the proper number, because we know that the capacity of men and of districts varies so much.

30,697. Now to come to the question of capacity for work, the Chairman suggested to you, supposing one of his clerks who is suffering from insomnia asked you for a certificate, would you consider him incapable of work? Do you think that a man in that condition might justifiably claim sickness benefit?—One would have to view all the circumstances of the case of course, but I should think that he might be a good case for sickness benefit.

30,698. Insomnia by itself you think a sufficient cause for putting a man on the sick fund?—There you must have discretion again. If a man said "I have been "sleeping badly for weeks, it is not getting any better, "and it is getting on my nerves; I feel anxious and "worried, and it is having a bad effect on my work," and so on, I should immediately say that he ought to be put on sickness benefit, and ought perhaps to have a change of air. If, on the other hand, he said that he had not slept for a night or two, I might attend to his stomach or something of that sort, and tell him to come and see me in a few days, but I should not put him on sickness benefit immediately.

30,699. Insomnia is one of the early symptoms of insanity, and it ends in mental degeneration?—Yes.

30,700. It is a question of degree and duration?—Yes.

30,701. You would not think of putting him on sickness benefit for a night or two of sleeplessness?—No.

30,702. Then in regard to the question of certifying incapacity, you do not limit incapacity to actual inability to do work, I take it? I suggest that there are other reasons. You would certify a man as incapable, if by doing so you would prevent some serious trouble coming on?—Certainly.

30,703. Take the case of aneurism or hemorrhage from the lungs or stomach, or risk of abortion, for instance?—Yes.

30,704. Then would you also sign a man for incapacity, if his work entailed great physical strain on him, and he was run down?—Well, that might be a case actually of advising him to drop it, and seek some other employment. One would only encourage him to have sickness benefit and go back after it, if one thought that the trouble was likely to be removed by rest, and would not come back again after he resumed.

30,705. Take the case of a tram-driver suffering from neuralgia, would you certify him as incapable of work?—I know of no worse thing a man can suffer from than the severe pain of neuralgia. And if he had to drive a tram, with his sight and his nerves affected by the pain of neuralgia, he would be incurring danger to himself and the public and he ought for a time to be kept at home warm and out of the wind.

30,706. You think that you could justifiably certify him?—I do.

30,707. The Chairman asked you what cardiac debility is. I should like to ask you, what is morbus cordis?—Well, I have been out of practice some little time.

30,708. Cardiac debility surely means a weak or flabby heart mostly?—It means a good many things; it used to at any rate in my time. It covers, generally speaking, the minor forms of cardiac irregularity and pain about the region of the heart, and palpitation, and so on.

30,709. It means that the heart is not normal?—But it is a functional derangement, I should say, not an organic disease.

30,710. You personally do not consider it as unscientific?—I should not like to be satisfied with it for very long, I should rather like to find something more scientific. But I can imagine cases where I could not say anything more definite with honesty.



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30,711. Take angina pectoris. You would say that that was something the matter with the heart, but you cannot say definitely what?—Yes.

30,712. It is a well known disease, but so far as actual changes in the heart itself are concerned, you do not find them very much, do you?—No, you may find nothing at all from physical examination.

30,713. It means pains in the heart, does it not? It is really a cover for ignorance?—Of course its symptoms are well known.

30,714. Then there are a great many things which are often certified as diseases which are only symptoms, jaundice for instance?—Yes.

30,715. Would you consider jaundice a satisfactory name?—Yes.

30,716. It might mean gall stones or cancer of the liver?—You might be weeks before you found out what it did mean.

30,717. Or months, or possibly not until a post mortem examination was made?—Yes.

30,718. Dropsy is on the same lines, and asthma?—Yes.

30,719. So that a phrase which is universally accepted on a medical certificate is not necessarily a scientific name at all?—That is so.

30,720. But it is an accurate picture of the condition of things?—It is an accurate picture to the man who is trained to use it, but you cannot describe it as being as scientific as an organic disease, for instance.

30,721. It is often vague and indefinite?—Yes, vague and indefinite.

30,722. Although it appears to be very definite to the layman?—Yes, and to the man who has it.

30,723. The Chairman put to you what is complained of in reference to these certificates. The old custom was to have a certificate on the first day, and weekly or fortnightly afterwards?—Yes.

30,724. If a person went sick on a Tuesday, the certificate lasted till the following Tuesday?—Yes.

30,725. The complaint of some of the doctors is that some societies insist on a certificate on a certain day of the week, say Tuesday or Friday?—Yes, our members do not like it.

30,726. You have told us the reason why. Your point is that if the doctors were not tied down to giving a certificate on that particular day of the week, it would facilitate their work?—It would.

30,727. It would also be more convenient in many cases for the patient?—Yes.

30,728. For instance, if a doctor saw a patient on the Thursday, it is rather difficult, as he cannot very well sign for the Friday, the following day, can he?—It would seem very unnecessary, but I believe it to be done sometimes now.

30,729. What you want is that a doctor should be allowed within a space of two or three days to sign a certificate, and not on the day on which he actually saw the patient?—Yes, but I think that he must put down the date on which he has actually seen the patient.

30,730. Your point is that that does not coincide with the day on which the society wishes it to be signed?—I think some little concession should be made.

30,731. Or else it leads to various undesirable practices?—If it is not made, it gives rise to various undesirable practices.

30,732. I have only one other thing to ask you. In the case of venereal disease in women, I suggest to you that it is only in a limited number of cases that they require sick pay at all?—Yes, I believe that that is so.

30,733. The vast majority are able to walk about and do their work?—Yes.

30,734. Is it not a fact that those cases of venereal disease which confine women to bed, or keep them away from work, are cases in which there is always a certain amount of doubt as to the real cause of illness?—A great many, of course—that point had not struck me before.

30,735. The case of a woman with chancre is easily diagnosed, is it not?—Yes.

30,736. That is a venereal disease?—Yes.

30,737. But that very seldom puts her to bed or keeps her at home?—That is so.

30,738. Take the case of gonorrhoeal vaginitis, that does not put her to bed?—That is so.

30,739. In the case of the great majority of women who have to go to bed, the disease is salpingitis?—Yes.

30,740. Which comes on some time after the original infection?—Quite so.

30,741. And which it is very difficult for a medical man to say is due to venereal infection?—Yes, there is a great deal of diversity of opinion as to the proportion of cases due to that cause.

30,742. I suggest to you that the actual number of certificates which might be wrongly given with reference to these women is very small?—I think that it would be.

30,743. The vast majority would be very doubtful cases?—Yes, I should say quite a considerable number at any rate would be doubtful cases.

30,744. With reference to the procuring of abortion, I suggest that it is very difficult for a doctor to prove that an attempt has been made to procure abortion?—It is extraordinarily difficult.

30,745. He may suspect it, but it is very difficult to prove?—It is very difficult to prove.

30,746. If he attempted to prove it without good evidence, he might land himself in a very serious difficulty?—He may. Most doctors are wise not to attempt to prove it.

30,747. When it has come out, it has very often led to the woman not being convicted by the jury, that is when the police have taken it up?—That is so.

30,748. With reference to miscarriage, do you think that a doctor would certify it in an unmarried woman?—I am bound to say that doctors have said that they have had considerable difficulties in regard to miscarriage in the case of unmarried women.

30,749. But early miscarriages are easily dealt with unless some complication arises?—Early miscarriage without complications would not be much trouble.

30,750. In a great many of those cases the girl would not try to go on the funds?—Yes, especially when the idea becomes prevalent that sickness benefit is not paid for cases in which there is suspicion, the girl would not apply for a certificate at all.

30,751. (Dr. Carter.) Do I understand that you approve of sickness benefit being payable on the first day, thus abolishing the three waiting days?—I have no particular view myself, but I think that most of our correspondents believe that their duties would be more straightforward, and that there would be less cribbing and less going on for a full week, if that three days' waiting period was abolished.

30,752. Would you say, altogether apart from the patient himself, that in the interest of the sick funds, probably a smaller number of claims would be made, if this waiting period were abolished?—Quite a number of our correspondents think so.

30,753. Even though the same certificate were issued as is now issued, would that be a good title to a week's sick pay? Supposing you gave it for a day, and the certificate as it is now, was valid for a week. Do you think the result of that would be less claims on sick funds than there are now with a three days' waiting period?—I think that it is not very likely. The men who actually do this work a good deal seem to think so. Put in that way, I think it is unlikely that it would have much effect.

30,754. Their reason would be because the certificate as now issued with a three days' waiting period is valid for a week, and they grab the odd days and get sick pay without going up to the doctor?—Yes.

30,755. Would not that be met by abolishing the waiting period and making the initial certificate always valid only for three days, so that no sick pay could be paid on the initial certificate. Unless some other arrangement be made, after the three days the patient must go and see the doctor before he gets his pay?—Would he require another certificate?

30,756. He would not require another certificate. If the patient was going to be laid up, the doctor would see him?—Yes.



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30,757. From the point of view of sick funds, if the initial certificate were made in all cases valid for sick pay for three days only, and another be required before pay began, would that meet the matter?—I think it would.

30,758. On the matter of co-operation it seemed to me the question was being discussed from varying points of view—co-operation of bodies, that is to say the profession on the one side, and the approved societies on the other, as groups of men with varying interests: and on the other side the co-operation of individuals, the individual doctor on the one side and the society official on the other. Do you see any grounds for limiting the amount of co-operation in the general interest as between the approved societies on the one hand and doctors on the other as bodies of men?—No; but I think that you must get first of all a recognised form of co-operation between the bodies before you can get it with individuals. It would be hopeless to expect individual doctors to co-operate very heartily with the officials of approved societies, until you had had a formal *rapprochement* between the two representative bodies, one the profession and the other the approved societies.

30,759. The greater the amount of co-operation between the two interested bodies, as bodies, the better, and you see no reason to limit it at all?—No.

30,760. When it comes to direct co-operation between the individual doctor at work on his panel practice and the individual officials of approved societies, are there any limits there?—The limits I have suggested previously, that you must not have the approved society official coming and asking questions which may lead patients to think that they cannot trust the doctor with their confidence. You must do nothing to undermine that, or else your service will be damaged in other directions, although you may save money.

30,761. There are two points of view as to this co-operation. There is the information which the doctor can give to the approved society official, and there is the information which the approved society official can give to the doctor, both of which may be valuable in conserving sick funds. You can see no limit, I take it, except the exigencies of time, to the information which the approved society official might give the doctor. Doctors would welcome it to any extent?—I think they would.

30,762. For instance, the society officials would be able to tell the doctor that from their past experience of a particular individual they had to be very careful of him. If he was a new patient, the doctor would be quite ready to welcome such information, and to use it to the advantage of the society?—Such information as that the person had been known to transfer from three or four doctors previously.

30,763. So that that would be welcomed by the profession pretty generally?—I think it would.

30,764. There would be no question of professional confidence arising in that case?—No, not if it was restricted to that.

30,765. When it comes to the other kind of information, the doctor giving information respecting his patient who is consulting him as a doctor and giving him certain confidences, there are very serious dangers there?—Yes, serious risks.

30,766. It is quite evident from your evidence to-day that you realise that the society officials are placed in a very important and responsible position respecting their sickness funds, and that they must get such information as will enable them to make up their minds whether such and such a member is eligible for sick pay?—I quite realise that.

30,767. Many doctors, if there is a general *rapprochement*, in their generosity might be prepared to give this information under pressure, realising the necessity of the society officials being aware of the real nature of the patient's illness. Many, I take it, are now prepared to do so?—I would not like to speak for the body of the profession as to that.

30,768. In spite of the fact of your saying that there is a danger of professional confidence arising in the matter, if it became the custom for the societies to rely upon the doctors giving them what further infor-

mation they felt was necessary, there are a good many doctors who would be prepared to give it; as a matter of fact, they used to do so in the old friendly society days?—I think there are. If you could always rely on the friendly society official's discretion I think it would be possible. You realise that it would be rather a delicate negotiation?

30,769. I am not suggesting whether it is wise or not, but in fact (if this *rapprochement* were produced between doctors first as bodies and then more as individuals), it is very likely what would happen (unless cautions were given in the matter), is that doctors would give the information required?—I think that they would give such information as they thought was necessary and useful.

30,770. It is very likely indeed that throughout different parts of the country, some being more alert than others to the dangers of such procedure, there might be varying customs arise in that matter?—Yes.

30,771. The societies on the other hand would increasingly realise how extremely important in their interests this information was. And where there were areas of the country where they were finding it difficult to get this particular information a great deal of pressure would be put upon doctors in those areas to do as other areas do to get it?—Yes.

30,772. And this would be entirely to the detriment of that principle of professional confidence?—It might be.

30,773. Is it not possible that what would be conceded in the interests of the general working of the system from a feeling of generosity and good will towards the service at first, might, from its very importance to the society, come to be looked upon as a right?—I think it would.

30,774. And the very importance of it would make it necessary that the society should obtain it?—Yes.

30,775. Is there any possible danger that if there were difficulties arising in certain areas and this very essential information being obtainable on these lines, where there were districts not obtaining it, it might be thought possible, if necessary, to include it in the terms of an agreement?—I think that that is the natural development.

30,776. Possibly we might find it appearing in the new contract one year that it should be given?—Yes.

30,777. And if that series of results followed, it would be very difficult indeed for such a demand to be repulsed, if this custom had grown up?—Yes.

30,778. Do you lay very much stress, in view of that, upon the importance of the principle of professional confidence?—You are touching the very ark of the covenant now. Indeed, unless you are going to start training medical men in quite different principles altogether, and uprooting the whole system of medical education, you must not lay your hands on professional confidence; you must not do anything to undermine that.

30,779. That is a cardinal principle now?—It is an absolutely essential thing, and it will stand no argument with me.

30,780. Anything that would undermine that as a root principle of conduct in the relationship between doctors and patients would be deplorable?—Yes, I think that the trend of events you mentioned would immediately be apparent to the profession, if they are ever asked to start this method.

30,781-2. Is this principle of professional confidence which is established throughout the profession in the interests of the profession or of the public?—The public, of course. I do not see how it helps the doctor at all.

30,783. In the public interests it is very important that that should be safeguarded as much as possible?—It is absolutely essential.

30,784. So that efforts made by the Commissioners in the method of sending in records and the care taken in making the certificate a confidential certificate to the patient himself are on the lines of conserving professional confidence, and should not be ruthlessly interfered with?—That is so. These efforts have been very much appreciated by the profession.



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30,785. If the difficulties which the society officials find in getting at the real meaning of the certificate cannot be met in a way suggested by co-operation to the full extent without these dangers, is there any question of professional confidence arising where, strictly for the purpose of the establishment of a sickness claim and for no other purpose, that person is referred to a second medical opinion? If that second doctor referred to for that distinct purpose reports respecting that patient, does the old question of professional confidence as between the personal medical attendant and the patient arise?—There you have the same relationship as you have now with a doctor called to see a patient for the sake of the employer. He is paid by the employer and reports to the employer his opinion. Under statute I suppose employers have a perfect right to know what that doctor's opinion is.

30,786. I mean the patient has a certificate from the doctor; the society says: "We do not understand this certificate, and we cannot pay unless we do. If you go to a medical referee, he will report to us about it." The report given by that doctor for that specific purpose, and the patient having voluntarily gone to that doctor for the purpose of getting it, the question of professional confidence does not arise there?—I think not.

30,787. The question of professional confidence with respect to these difficulties as to the interpretation of medical certificates by officials of societies is met by the appointment of referees, you think?—I think very largely.

30,788. Whereas the dangers of co-operation—although on the other lines I have indicated we might welcome it to the full—in the sense of a doctor being expected to tell the society more than he tells the patient, are very great indeed?—Yes.

30,789. It is quite clear that a revision of certificates by someone or other is essential in this service?—Yes.

30,790. Then it is quite clear that the doctor's certificate is not an absolute title to payment, and that it needs revision, and I need hardly ask you who you think the most capable of effectively revising those certificates, an official of the society or a medical man?—I think that the medical man in that position is the ideal.

30,791. The revision of a certificate can be made much more effectively by a medical man as against a lay official of a society?—Undoubtedly.

30,792. If there is any difficulty in the use of a medical term it might mislead a layman, where a doctor would see at once what was the meaning of it?—Yes.

30,793. If there is to be a revision of certificates it is more effectively done, if it comes under the review of a medical man rather than of a lay official?—Yes.

30,794. Not only does he understand the meaning of the certificate, but supposing it were to come under the review of the referee (or the certificates could be revised by him) the referee would, from his general knowledge of medical terms, be able to get a general appreciation of the length of time that a person with a specific complaint is likely to require sick pay?—Yes.

30,795. In a general way he would get an appreciation of how long sick pay is likely to be wanted for any specific complaint?—Yes.

30,796. Apart altogether from any question of the cost of such a service, and also as to whether it is possible from the society's point of view, if there could be a service in which the duplicate of the certificate, or a return of all certificates valid in an area could be sent up to an office and come automatically under the review of the referee, in that way you might get a thorough system, which would give a very effective control of sick pay in the area?—I think that that would be very helpful.

30,797. I think that you agree that it would require a very large number of medical men to do such a thing as that?—I fancy it would.

30,798. If such a service were set up, and the thing were carried out with rigour and vigour, what do you think would be the effect of it?—I think that a really effective system of referees, combined with an extension such as you outline, would pretty well solve the question of unjustifiable claims altogether.

30,799. If all the certificates came under such a revision, and if the referee, appreciating the length of time which ought to be taken by such and such a person's illness, communicated with the doctor, saw the patient, or asked for further information, or if the societies on the other hand wished to refer such a case and did so—what would be the effect on the practitioners working under such a system?—It would have a very bracing effect on the slacker members of the profession, and could not help but have a good effect on the whole profession in the area.

30,800. Would it be likely to standardise the interpretation of what "incapable of work" was?—I think it would. The only risk I see is that, of course, you are taking away to a certain extent the responsibility from individual medical men, and helping them to throw it on the back of someone else. On the whole, I think that it would have a good and bracing effect on the men in the area, and make them more careful as to the way they certify.

30,801. Do you think that the doctor would be careful not to be pulled up often by the referee?—I think that he would. I think he would try to avoid it.

30,802. Do you think that he would say to his anæmia patients "You do not want twelve weeks away from work." After they had begun to improve at the end of a month, they could go back and do some work. Those are illnesses where medical benefit and not sickness benefit would come in, and the result would be that the doctors would not wish to be pulled up in any way, and would be much more alert?—I think that it would have that tendency.

30,803. What would be the effect probably upon the insured persons themselves?—I think that it would have a stimulating effect upon them too. They would know that there was a second doctor in the case, who could, whenever he felt doubtful about it, revise the whole situation. I think it would have a good effect on their claims for benefit.

30,804. You think that the insured persons themselves, knowing that things did not drift on because their doctor was busy, would be much more likely not to make unnecessarily prolonged claims?—I think so.

30,805. So that the effect of such a service carried out vigorously would tend to reduce the amount of work which the medical referee would have to do?—Yes, I certainly think that.

30,806. And that the more effectively it was carried out, the less work there would be in the long run for him to do?—Yes.

30,807. Because it would protect the interests of the society and the patient by producing a standard of efficiency which all parties would very soon adhere to?—I think that that would be the tendency.

30,808. How long do you think, always supposing that this is carried out very vigorously, it would take, roughly, for such an influence to produce a definite effect on the service throughout the country?—I think that there would be a definite effect at once. I should be surprised if there was not; and if you had a system such as you describe, which was known to be a permanency, I should imagine the effect would be felt in a very short time.

30,809. So that in a year there ought to be a very great difference, and the amount of work which the referee would have to do would be very much diminished?—Yes.

30,810. Another point you brought out, both in your outline and in your replies to the Chairman, was that you thought that the referee ought to be a whole-time man?—Yes, on the whole I think so.

30,811. Do you think that it is to the interests of the public that a large amount of public money should be spent in the establishment of a service which requires so large a number of men appointed for their whole time, pensionable, and all the other expenditure



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entailed by so expensive a service, whose work is going to diminish as rapidly as you say it would?—You lured me on to say that it would diminish rapidly. I do not know that. You would reach a limit before long which would require the referee to be constantly at work to keep up the standard already arrived at. I think that you could easily employ a referee in the service to give second opinions and so on.

30,812. Apart from questions of other work, in dealing with this question of the control of excessive sickness claims, do you think that that could be met by the appointment of a comparatively few whole-time men dealing with districts, and, for the necessary number of months or years, employing part-time men to be selected for their capabilities, and so on, who would not be a permanent burden on the public service?—There are grave objections to part-time men.

The witness withdrew.

## FORTY-SECOND DAY.

Thursday, 12th March 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Miss M. H. FRANCES IVENS.

Mr. WILLIAM MOSSES.

Dr. LAURISTON SHAW.

Mr. A. C. THOMPSON.

Mr. A. H. WARREN.

Mr. A. W. WATSON.

Dr. J. SMITH WHITAKER.

Miss MONA WILSON.

Mr. WALTER P. WRIGHT.

Mr. ALEXANDER GRAY (*Secretary*).

Dr. ALFRED COX further examined.

30,814. (*Miss Ivens*.) With regard to referees, do you think that the profession are generally agreed in asking for them?—I do.

30,815. On what grounds do you think that they are asking for them? Is it with the idea of levelling up the standard of certification?—I think that their motives are somewhat mixed. You have no doubt in the profession men of all kinds of mental and moral calibre; some of them would be glad to have a referee in order to get over the unpleasantness of having to say "No," but the idea of the great majority is that it would undoubtedly lead to a general improvement in the service, and the formation of some sort of standard in regard to sickness certification.

30,816. Do you think that the necessity for a large number might be perhaps lessened by a better feeling between the approved societies and the panel practitioners?—I have not formed any idea about numbers. I should imagine that with a better system of sick visiting and the growth of a better feeling and more co-operation between the profession and the approved societies, the necessity for a large number of referees would not be likely to arise, but you could not cover the whole kingdom with an efficient system of referees, unless you had a considerable number.

30,817. I think that you are in favour of co-operation. Do you think that co-operation would be desirable in the form of, say, a conciliation committee between the societies and the medical profession?—Yes, I think that a local conciliation committee might be very effective.

30,818. You are aware that even now where the friendly society officials meet the doctors on insurance committees, there is not altogether a good feeling shown on both sides?—No, you have got to give a little time for all the bad feelings aroused during the last couple of years to subside, and I do think that there is a general improvement from what I hear as to the feeling on many insurance committees. I hear from so many areas that the working of the

In the first place, they ought not to be on the panel. If they are part-time men, they must put their time in at some other work. Supposing they are in a consultant position; in that case you must put them entirely above suspicion, and I do not think that you can put part-time men in that position.

30,813. You would not rule out altogether the possibility of the difficulty being met by the appointment of whole-time men controlling large districts, and, for the first necessary number of years, employing such assistance in the way of part-time men, who would necessarily be a less permanent charge upon the funds?—We discussed this a good deal, and came to the conclusion that, on the whole, the employment of whole-time men was the right solution. I suppose, when the question is considered, all these things will be taken into consideration too.

insurance committee and the medical men in their relations with the insurance committee is on a very comfortable basis.

30,819. You think that as they meet face to face they are more likely to see alike?—Yes, each side will teach the other.

30,820. With regard to the two cases mentioned of unjustifiable inquiry by approved societies, were those inquiries in cases of women's complaints?—Of the two of which I have made notes, one was a woman. The first was a case in which the doctor certified onychia as the cause of disablement. After a fortnight or three weeks the patient was summoned to go to the society's referee at Islington, paying her own expenses, for inspection, after which she was allowed benefit. The condition was simple and not syphilitic. The other case was that of a man. The approved societies' representative refused sickness benefit, and accused the man of causing his condition by his own act. Apology was made later and benefit was paid. I mention these cases because the definite statement was made. In the other cases the statement was more or less general.

30,821. In the case of the woman to whom you have referred, did she protest?—I have not got any evidence on that point.

30,822. Would she have to appear before men officials?—Yes. All the London referees are men.

30,823. I am not speaking of referees, but of the society's officials?—I do not know.

30,824. Do you think that there is a great deal of dislike among women to have their complaints, especially diseases of women, placed upon the certificate?—There is undoubtedly.

30,825. Do you think that that could be lessened in any way if the certificates were more confidential or if they went to a central committee?—That is to say if they were not given to the patient at all?

30,826. Yes, or if the patient were allowed to send them to a central officer or even to a medical person?—



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[Continued.]

It might. I cannot say that I have thought about that.

30,827. You have evidence that there is a great deal of illness among women in the poorer classes, especially among married women?—Yes, illness which was unsuspected by the profession itself.

30,828. Have you any evidence as to insufficiency of the provision of institutional treatment in these cases?—Yes; there are many cases which the doctors would like to send to hospital, but the hospitals have not got the accommodation for them.

30,829. With regard to these excessive claims for married women, have you any idea what is the cause? Would you say that they were clearly due to the maternity sickness?—Yes, a great many of them were evidently due to that, and a great many of them may be put in the arrears of sickness class of cases, where women have gone back to work too soon after confinement, and have got various chronic complaints which are now being discovered.

30,830. Do you think that the present treatment which they are getting for maternity is sufficient? Have you come across many instances where there is a greater tendency to go to midwives than to do what they did before, go into maternity hospitals, well equipped institutions, where they got really good treatment, that they are now able just to pay the midwife, and there is no margin to provide for the doctor's attendance in addition, if it is necessary, and there is no provision, except in very few cases, for such services of a doctor?—I have got no particular evidence in that line, but I have got evidence that in a good many industrial areas, women, instead of going to midwives now go to doctors, and I was talking only the other day to one doctor in an industrial area, who told me that in his opinion maternity benefit had resulted in many of the women now having better nursing and better attendance at the time. That is an area in which there are no maternity hospitals and they never had one, but the experience of maternity hospitals is that they are having a great deal of difficulty in keeping their beds occupied and in getting cases to go in, on account of maternity benefit.

30,831. You would say that, however good the attendance is from the midwife, the midwife cannot do all, so that many cases probably become chronic invalids owing to the lack of that attention at childbirth which a doctor could give?—I think that that is undoubtedly so, particularly where a midwife is of the old school.

30,832. You mean to say that the more highly efficient midwives would send for the doctor much more frequently than those of the old illiterate type?—Undoubtedly.

30,833. And that in certain districts the percentage of cases in which the doctor is called in is very much higher where the midwives are thoroughly inspected, than it is in districts where there is less efficient inspection?—Yes. I have a great deal of evidence to that effect.

30,834. Sometimes almost three times as much? Yet these two classes of midwives are working under the same Act and under the same rules?—Yes.

30,835. So that, undoubtedly, there is a great variation in the treatment that is offered?—Yes.

30,836. Do you think that this to a certain extent affects excessive claims of married women?—*A priori*, it is bound to.

30,837. With regard to the difficulty of giving certificates in cases of venereal diseases, you say that the general attitude of the medical profession is, in the case of an insured married woman, not to give a correct diagnosis on the certificate to the woman?—I think that where the doctor has any considerable doubt, or where the doctor's opinion is that, in all probability, the woman has got the disease innocently, then, in order to prevent family trouble and a great deal of unpleasantness which, in his opinion, might be prevented, he does not, if he can help it, let the married woman know what is wrong with her.

30,838. Do you think that this, in some cases, tends to lack of treatment or inefficient treatment for the

woman?—I suppose that it may, but, looking to one's own experience in these cases, one naturally gave the husband a very severe talking to. He fully understood the gravity of the case, and in the cases which I can remember in my own practice, I certainly think that it was so much impressed on the husband's mind that he was the guilty party, and had to see that his wife got treatment, that I think most of these cases did get efficient treatment. But I can imagine cases in which the husband got slack and got out of sight of that particular doctor, and that that did lead to inefficient treatment.

30,839. Do you think that some system of confidential notification might be arranged that might be really beneficial to the population generally, and more particularly lead to the lessening of sickness claims?—Such a system would seem to be a difficult thing to arrange, and I do not venture an opinion on that, but I think that the trend of medical opinion is going in that direction.

30,840. (Mr. Thompson.) Turning to the alleged laxity of agents of approved societies, I do not know whether you have been able to give the Committee any samples of cases such as you referred to in that paragraph?—I did give one or two yesterday.

30,840a. Do you think that they are cases which could be investigated, because, from the point of view of the societies, it is desirable that an opportunity of investigating them should be afforded?—I am afraid that the statements are made in a somewhat general way, but they are made very frequently.

30,841. It will not help much if they are only given in a general way?—I am afraid that it will not, but I felt bound to mention the matter, as it was stated so frequently in our evidence. The first instance which I have here does not, for instance, state whether it was a collecting society or not. This is an instance of an insured person who fractured a rib. One representative of an approved society asked how long the person was likely to be ill. The insured person replied that so-and-so had eight weeks when his ribs were fractured. The representative of the society asked the man if he would be satisfied with the same time; the doctor says, "In my opinion, the man would have been able to work a month after the accident, and I told him so. He did not return to work, adding that work was slack, and that he was nearly as well off as when at work." I do not know whether that was a collecting society or not.

30,842. Would you be able to supply particulars to enable those cases to be looked into, so that if representatives of these societies have been acting improperly, they could be cautioned?—I am afraid not, I have no authority to do that.

30,843. I do not mean at the moment, but I am just asking for your consideration at a later time. You recognise that it is detrimental to the interests of the society?—Yes.

30,844. That being so, it would be in the interests of the society and the working of the Act generally to have it checked?—Yes. The difficulty is, I think, that the medical men concerned would be very loth to be dragged into an investigation of this kind. We did not warn them, when they were sending up their evidence, that it might be used for the purpose of bringing charges against individuals and placing them in a rather unpleasant position.

30,845. I imagine that you could only do that after consultation with the individual doctor. It might be possible?—It might.

30,846. Perhaps you will give it consideration?—I will.

30,847. In your outline of evidence you point out the difficulty which the doctor experiences in contradicting a patient who declares himself unable to work. Does that difficulty operate in the same degree, do you think, in the case of a medical referee?—No, not to the same extent. The medical referee, if he is perfectly independent, can take up a more detached attitude than the private attendant of the patient.

30,848. So that it is not the difficulty that it requires more skill on the part of the doctor than he



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is able to give, but that the situation is more complicated?—It is both. In the first place it is something like a patient going to a consultant who has never seen the patient before. The patient has been in the hands of another man for two or three weeks and that man was genuinely doing his best, but a fresh man coming to the case sees other points and is able to form a more detached judgment. The other point which you mention undoubtedly does operate. Being the private attendant of the patient, and knowing all about his circumstances, one circumstance might be that he has very little work to go back to. Something of the kind undoubtedly does quite unconsciously bias the mind of the doctor to a certain extent.

30,849. Would you say that an independent doctor brought in without previous knowledge of the patient was better able on medical grounds to say whether a person was fit or unfit?—In many cases, no. In the doubtful cases very often he could settle the doubt in the mind of the doctor. In most cases experience shows that where the referee has seen the case along with the doctor and discussed the case with him, the number of cases sent back to work is in the minority. It is very easy for a man going in and not seeing the doctor who has been attending to the case to come to a conclusion, very often erroneously, that the patient ought to go back to work. I think that the consultation with the other doctor is a very important part of the referee's duty.

30,850. The difficulty seems to be more the consideration of other circumstances, many of which are sympathetic considerations?—Those undoubtedly enter in; you cannot exclude them.

30,851. Further on in your evidence you say that under the old system too great strictness on the part of the medical officer was held in check by his fear that if he offended some powerful member of the club or one of his relatives or friends, the doctor might easily find himself deprived of the whole club, when the question of his reappointment came up. Is it not the case that undue laxity was likely to get the doctor into trouble with the club?—I do not think so. Being nice and easy with patients was the best way of remaining popular with the whole club and having no difficulty when the doctor came up for re-election.

30,852. I should have thought that it would have been the other way?—I had personal experience, a great deal of it, in this matter.

30,852a. You say that there is a strong consensus of opinion as to the value of properly trained and discreet sick visitors. What have you in your mind in saying properly trained?—I think that what was in the minds of our correspondents was the better kind of sick visitor as represented by the old friendly society, a man who had often been sick visitor for several years, and had general experience. Many of them were very efficient, and some of them were quite good. They were men who had been at the work a long time, and had taken a considerable interest in it, and some of them became really efficient in checking illness both for the doctor and the society.

30,853. Have you much experience as to the employment of trained nurses as sick visitors?—No, but at the first blush I do not like the idea. I think that if the patient should once get the idea that the nurse was acting in any way as a spy or a detective—because it amounts to that in the patient's mind—it would seriously diminish the value of the nurse's work.

30,854. I am not speaking of trained nurses, who are engaged as nurses, but of those who are engaged only as visitors?—There would be a great risk of a woman of that kind taking on herself more than she is capable of doing; as long as she is nursing, and thereby acting in co-operation with the doctor, she is excellent, but if you let a woman like that loose with the idea that she knows just as much as the doctor, she will probably be a danger instead of a help.

30,855. If you do not let her loose, but tell her in no case to interfere with the doctor's treatment, the fact that she has some knowledge of hygiene and other matters will not render her less competent to visit?—Given a discreet woman who will not interfere, a

woman who has been trained as a nurse ought to be a very efficient sick visitor.

30,856. You say that several practitioners state that they feel much more free to deal with suspected malingering now than they did in old contract practice, as they merely have the individual to deal with and not a club, and are therefore more independent. Is that the general view?—I think that that is the view mainly of men who held club appointments previously. It has been expressed probably a dozen times in the course of the inquiry that we have made, and always by men who had had a great deal of old club practice.

30,857. But if the experience of the societies, as we have been told, is less favourable now than it was, that would seem to be adverse to this opinion?—Other factors remaining the same.

30,858. You say in your evidence that a widow earning about 9s. or 10s. a week with a couple of small children, and suffering from a cough and general malnutrition, *might* continue her work, but this could only be done at the risk of a future bad breakdown. What weight do you think the doctor attaches to the couple of small children?—It is an extraordinarily difficult thing even for men who have been engaged in doing this kind of thing. Every case is judged on its merits, but sympathy and human feelings are bound to enter into each case, and it would be difficult to define the weight that would be given to the two children. I should hope that most of the weight would rest on the general malnutrition.

30,859. The Act does not do that?—No; the Act omits a great many things that have to be attended to in general practice.

30,860. There is in the outline of evidence a recommendation that societies should have their continuing and final certificates on the same form. I do not know whether it is intended to suggest that that is rare?—No. I meant that that is distinctly the best kind of form.

30,861. You know that there are many societies that have that?—I am quite aware of that.

30,862. In reference to the statements as to the inconvenience of some of the forms, I thought that the matter was of sufficient interest to make it desirable to send down to the — Society and ask for the form in use. I have got the form now, and it seems to me hardly to justify the criticism which is made here. If there is any misunderstanding, perhaps it might be cleared up with advantage?—This form does not agree with what is stated.

30,863. I meant particularly with regard to the last statement, "also because it expects the doctor to state the number of days he expects the patient will remain "incapacitated." I cannot find any reference to that on this form?—Neither can I.

30,864. It may have been an older form?—Neither does this form ask the doctor to state that the patient is totally incapacitated from following any occupation whatever.

30,865. There may have been a change in the form, but I understand that it is the form now in use?—This can only be explained by the fact of the form having been changed, or of some error having taken place. It did not only come from one correspondent; it came from several.

30,866. I am quite satisfied with having drawn attention to the question. There appears to be an impression in your evidence that certain practices which are undesirable for the societies are being carried on, and if you could let us have particulars that could be investigated with the consent of the doctors who have given them, I am sure that the societies would greatly value it?—Yes, I will see what can be done about it. The particular piece of evidence which was given yesterday must speak for itself; I made no remark on it.

30,867. There is in your evidence a reference to men whose chief business is canvassing for business, not being fit for the post of sick visitor. Do you know of your own experience any cases of the kind where men who are actually engaged in the insurance business are acting as sick visitors?—No, I do not know any cases where they have been actually appointed as



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sick visitor, but apparently some of the agents are acting as if they had some authority of the kind and are talking about the complaint and suggesting that the people have been on quite long enough, or that so-and-so did not have so many weeks for that particular complaint. Though they are probably quite exceeding their instructions, this is evidently going on in certain places; it is very difficult to keep a hand over all these people, I know.

30,868. The representative in the case would be calling at the house week after week, and you cannot expect to muzzle him and say that he must not discuss the matter which is principally of interest in the house to which he is going. I thought that the suggestion here was that they are not fit to act as sick visitors. I think that you will find in fact that they do not so act?—Officially they do not, but semi-officially a good many of them are looked upon as being, if not sick visitors, at any rate entitled to make inquiries about how the cases are getting on, and to make inquiries in a way which is evidently objectionable in some cases. I do not say that the custom is very general, but it has been mentioned sufficiently often to justify us in putting it in here.

30,869. When you say that it is objectionable, to whom do you mean that it is objectionable?—Both to the patient and the doctor. Sometimes by questioning the doctor's diagnosis, and sometimes by suggesting that other people upon whom this particular agent calls got better of that particular complaint sooner than this particular patient.

30,870. That seems like local gossip?—Yes, but it has been mentioned often enough to justify us in putting it in, because these people, if not acting as sick visitors officially—and we strongly deprecate such an idea—are apparently looked upon by some of the insured persons as having some powers of the kind.

30,871. Do you think that the doctors would be generally willing in serious cases of that kind to co-operate with the societies by giving particulars?—I think that they would if they knew that the heads of the society were anxious to stop that kind of thing.

30,872. Perhaps you would be good enough to suggest it to them?—I certainly will. I will take the next opportunity of communicating with the secretaries of the local medical committees to put that point of view before them.

30,873. As a fact, one large society of this kind, with which I have no personal connection, has something like 1,400 sick visitors, and not one of them is a representative of the society. In reference to the statements regarding the agents of collecting societies, if we could get particulars it would be very valuable: perhaps you will give that consideration also?—Yes. I do not think there will be much difficulty in getting full particulars about this particular case. I have them here, and I do not think that there would be very much difficulty in getting the doctor's permission to use his memorandum in connection with it.

30,874. You suggest that if the collecting societies are, generally speaking, asking for trouble in this respect, you would expect their sickness experience to be less favourable than others?—I should.

30,875. Have you any knowledge of the facts?—No; this is just an expression of opinion.

30,876. With regard to the final portion, "it would appear to the association also that the effects of age incidence on admission have also not been sufficiently discounted by the societies": of course, you are aware that it was provided that the application should not be refused solely on the ground of the age of the applicant?—Yes. This suggestion was put in by my committee, who prepared this document, because of these complaints that sickness claims were excessive, and many of them thought that the age had not been sufficiently discounted in the actuarial calculations, but it is not a point upon which I personally lay any stress.

30,877. (Chairman.) Does it mean anything at all?—It means exactly what it says.

30,878. Has it got some meaning behind it?—I am trying to explain what those who put it in meant, and

knowing as they did how rapidly the incidence of disease increases with age.

30,879. Did your people who drew up this document really suppose that the actuaries did not know that?—Apparently we are of opinion that probably they did not make a sufficient discount. I personally do not lay any weight on that sentence at all.

30,880. (Mr. Thompson.) Perhaps I may point out that the societies have more faith in the actuaries than the doctors have?—I think that this is put in only as a friendly suggestion as to the source to which to look for some of the trouble, and I think that it has been rather a failure.

30,881. In the evidence there is a warning that a better understanding is not likely to be brought about so long as there is any likelihood of any attempt being made by the societies to regain control of medical benefit. I suppose you know that at least a very considerable proportion of the societies have no desire whatever to have control of medical benefit?—Yes, we do.

30,882. (Mr. Watson.) Your Association appears to be of opinion that payments are increased by persons stopping off work longer than they otherwise would in consequence of receiving no benefit for the first three days, and apparently you justify that suggestion on the ground that employers will not take employees back in the middle of the week?—That is one of the suggestions made.

30,883. Has that anything to do with the first three days? Sickness may begin any time in the week?—Yes, but when the two things happen to coincide, the fact that the employer does not take them back is a factor in a small number of cases.

30,884. It seems to me that the persons stopping on until the end of the week because the employers will not take them back again are not in any way affected by the first three days. It is very difficult to say when incapacity definitely ends, but I will say, for want of a better term, that a person finishes being incapacitated on Thursday and does not go back to work until Monday, not in order that he may recompense himself out of the society's funds for the first three days, but because his employer will not take him back. Is not that the fact?—Yes.

30,885. If it be the case that a very great number of cases of sickness end on Saturday, surely that tends to disprove your suggestion that people are lingering on the funds longer than they need in order to get compensation for the loss of the first three days?—I am afraid that the first three days' business has not been explained as clearly as it might have been. Though it is suggested that the fact that a man is not so likely to get back to work in the middle of the week has something to do with it, the suggestion is more that in those cases where they have got double benefits, the first three days' business acts rather detrimentally. If a man is getting, say, 10s. from the non-State portion of his society, he gets that for the first three days. On the fourth day he will be getting something nearly approaching his weekly wage; he will be getting State benefit too, and the man who is doubly insured tends to take advantage of that.

30,886. The fourth day is a sort of land of promise?—In some cases, yes.

30,887. If your correspondent's suggestion were accepted, would not the first day take the place of the fourth day?—Where the man had double benefits I am afraid that it would.

30,888. By stopping on four days he does not get the sort of advantage that a man gets out of the Workmen's Compensation Act by being off work for a fortnight. He is not able to claim back to the first day?—No. I have had no personal contact with the people who are affected by this, but it has been pointed out to us so frequently that I cannot help thinking that you will get more help from our witnesses who are actually working the system.

30,889. I should like to put a suggestion, which is in my mind, to you, if you do not object. The doctors know that many of the friendly societies are strongly pressing for the first three days?—Yes.



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30,890. They know that the friendly societies have always paid from the beginning of sickness?—I am not aware that the old friendly societies found the payment of the first three days a particularly expensive proceeding—I do not know.

30,891. You do know that the old friendly societies want to return to the first three days?—I do. That is common knowledge.

30,892. Do you not think it possible, seeing that it will cost the doctors nothing, that many of your correspondents think that the advocacy of it will be one way of promoting good feeling between themselves and the societies?—I do not think that that has the least bearing on the question at all. I do not think that it ever entered into anybody's mind.

30,893. Would not payment for the first three days in your opinion produce a great number of short claims, especially among the women?—Yes. I should think that it would.

30,894. As a practitioner of long experience among the working classes, cannot you imagine a large number of cases of that type?—My own opinion is that you would have a great many claims which at present you miss.

30,895. Particularly among women?—Women were not insured in my time. I could not say from practical experience, but judging from results among insured women now, I should say largely among women.

30,896. But you have a great deal of practical experience of the treatment of women?—Yes.

30,897. Do you suggest it from that point of view?—I am rather inclined to think that a woman is not so inclined to go off in a short period. You can get a man off in a short period more often than a woman. I think that it is more difficult to persuade a woman to return to work at the end of three days than it is a man.

30,898. Yes, but would there not be many cases in which women could go off work, if they could draw benefit from the first day in respect of which they are not likely to go off work, if they can only draw benefit from the fourth day?—I think so, undoubtedly.

30,899. To that extent, payment from the first day would increase rather than decrease the claims?—I think it would.

30,900. I gather that the majority of the practising members of your association desire to be at liberty to exercise their judgment, and put people on sickness benefit, as you express it here, when they are not incapable of following an occupation, but would be benefited by rest and sickness benefit?—Yes, I think that that is undoubtedly a claim that is made. I do not see how you can evade it. There is always the question of degrees and grades. It is so difficult to say when a person might, without breaking down, go on, and when you ought to tell him for his own sake and the sake of everybody else concerned that he ought to stop, and take rest and treatment.

30,901. Of course, the benefit to which the person is entitled, as the Chairman put it to you, is a statutory benefit payable if a person is incapable of work. If a system of referees were set up, and persons who, in the opinion of the doctors, would be the better of a rest, were sent by the societies to the referee, do you not think it probable that the referee, in the exercise of his duty, would declare them not entitled to sickness benefit?—Some of them, I have no doubt, he would, but being a medical man, and particularly, if he did what I hope he would always do, see the case if possible along with the doctor attending him and hear all about it, I think in most cases that he would come to the conclusion that the doctor was quite right in not allowing the person to go to work.

30,902. Though capable of work?—He may be capable, but obviously it would be a great risk for him to go on doing it. The doctor must look at the possibilities.

30,903. But the words of the Act are "incapable of work": if the referee is a State servant could he possibly go beyond the words of the Statute?—If the referee was a doctor, he would do what most doctors do now, take all the circumstances into consideration and look at the possibilities of the case and come to a

conclusion as a State servant, that it was his business in many of these cases to get the person to stop off to prevent greater claims being made later on.

30,904. Do you think that he would do that in face of the precise words of the Statute?—Unless he changes his medical nature altogether, and forgets all that he has ever been taught, and forgets that he is a human being as well as a State official.

30,905. Is a State official discharging duties as a State official entitled to look at anything else but his duties?—This Act is a national health insurance Act. He has got to look at this thing all round, and all the promises that have been made in connection with it. He has got to look at the remote as well as the immediate possibilities, and I think that as a State servant he would be bound to look at the spirit and intention of the Act as well as the mere legal definition of "incapable of work."

30,906. I am at a disadvantage in arguing the case with you, but I will take the particular case you cited. You referred to a case which seems to me possibly to be a very dreadful thing—I do not know how dreadful—a case where you suggest that a doctor deliberately put a patient on sickness benefit: may I suggest that a doctor cannot put anybody on sickness benefit?—I am sorry that it was not accurately expressed. He gave a certificate intending that the person should have sickness benefit, if he could manage it.

30,907. He put a domestic servant who had a slight spinal curvature on sickness benefit for 26 weeks. You say "to a lay person there would seem to be nothing wrong with this servant. Undoubtedly she might have "continued her work." If that be so, do you consider that the doctor was justified in giving her certificates for 26 weeks that she was incapable of work?—Absolutely; he is looking to the best interests of the patient and the real interests of the Act in doing what he did, and I should have done it without any hesitation.

30,908. Do you think that the doctor can be really a judge of the intention of the Act other than by the words which it uses?—The doctor for his punishment or otherwise has read a great deal of all the controversies that have taken place. He knows all that has been said, and he knows the promises that have been made to the public, and the public have not forgotten them either.

30,909. Who interprets an Act of Parliament in the last resort?—The courts of law.

30,910. A court of law will not look at anything beyond the words of the Statute?—If a court of law in a case like this told a doctor that it was not his business, then he would not do it, but I would not like the task of those who have to face the public in a matter like this and disillusion them.

30,911. I cannot understand what the doctor has got to do with the disillusionment of the public. I should have thought that he had contracted to do certain things, one of which was to give people certificates when they were incapable of work?—In order to get the patients well as soon as he can. That is what he was doing in this case.

30,912. But giving certificates that they are incapable of work, when they are capable of work, is not part of the treatment?—Is it not his business if he thinks that he cannot get him well without giving a certificate to give a certificate? I should have thought it was.

30,913. A certificate that the person is incapable of work?—In order to get well.

30,914. Though undoubtedly the person might have continued?—Yes, with the emphasis on the "might."

30,915. Is a case of slight spinal curvature curable?—Yes, in the early stages undoubtedly. That is why he is doing this.

30,916. When this doctor has "given her sickness benefit for 26 weeks," as he would put it, what does he mean by saying, "I will put her on it again as soon as possible"?—There is a waiting interval after the 26 weeks before she can get any further benefit.



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30,917. I hesitate to suggest that you do not know the Act, but the Act says upon that subject that where the person recovers and an interval of 12 months elapses, the person shall then be entitled to sickness benefit again. Apparently this doctor has given the 26 weeks. Then the sickness benefit ends, and then he thinks that there may be another 26 weeks before recovery?—Undoubtedly his intention is to keep the girl off work and to continue the treatment, and, as soon as ever he can, give her a certificate and get her some benefit.

30,918. Quite regardless of the effect upon the funds of the society?—Yes. I am afraid that he is only regarding the patient in this case.

30,919. What, in your view, would a referee have done in this case?—I think that a referee of the type that I hope is the kind of man who will be appointed would have justified the doctor's action from the medical point of view. He might be restrained by some legal decision. I cannot speak as to that. But from the medical point of view he is bound to agree with the doctor.

30,920. The referee is not to be a gentleman who will give a second opinion; that will not be his normal function?—No, but whether he likes it or not, he will often find himself doing it.

30,921. Possibly; but the purpose for which he will be paid by the State will be to determine whether the persons sent to him are capable of work?—Yes.

30,922. Do you not think that the referee, having that direction from his employer, will find himself in a difficult position in the case of that woman?—If the referee in a case like this finds a young girl lying in bed with slight spinal curvature which was gradually improving by treatment, then to say that she was capable of work and to send her back to work would be an act of monstrous cruelty to my mind, and would entirely defeat the object of the Act, and, moreover, it would not be to the benefit of the society's funds. The spinal curvature would increase. It might be due to some tubercular mischief, and you might find that girl later on broken down with bad spinal disease, tubercular abscesses, and other complications, which would not benefit the society. This is a typical case where the long view is the right view.

30,923. I am not arguing whether it was right or wrong in this case, but do you not think that it rather points to the necessity of the referee being more of a consultant than a bare referee?—Yes. I suggested yesterday that he will be. I hope that it will be possible to use the referee to a certain extent as a consultant.

30,924. Apart from this particular case which you have cited, you appear to suggest that in a very large number of cases the doctors give certificates when, in their opinion, abstaining from work would be beneficial to the patient; what is to be the effect on the funds of the societies if that practice is to be allowed to any great extent?—I always understood that these possibilities had been calculated for. It is not a new thing. The old friendly societies always did it. I have done it many dozens of times. In my capacity as doctor, as guardian of the funds of the lodge to a certain extent, and as medical officer of the lodge, and as the doctor of the patient, I have frequently given certificates entitling to sickness benefit insured persons who would, in my opinion, be benefited by stopping off work, benefited to the extent probably of saving a breakdown later on. Every doctor does it. I am sorry to have such great difficulty in making members of the Committee apparently see the doctor's position in this matter. It may sound very unbusinesslike, but I really thought that it was a matter of common knowledge to everybody that the doctor's whole life training made him look upon himself as absolutely in the first instance the guardian of the health of the patient, and you cannot uproot that, not by bringing him into this machine—and I hope you never will uproot it. I thoroughly agree that the medical profession has got to look upon itself as part of a great machine, and to co-operate in every way to keep down unjustifiable claims, but I do not call claims like this unjustifiable. The doctor must, as long as he is a doctor, look on cases in the first instance from the

point of view of the interests of the health of his patient. I would like to make that clear because it is so fundamental, and if it was the intention of the Act to change that view of the medical profession, you have got to wait for two or three generations at least to do so.

30,925. Do not think that I am quarrelling with your point of view; I am merely anxious to bring out the exact state of things. You say that it was always the practice of the doctor to take this line with the members of the friendly societies whom he was attending?—Yes. It was always my practice at any rate. I had 16 years as a medical officer of friendly societies, and all the men I was with as assistant were friendly society doctors. They always took that line, and never thought of taking any other.

30,926. As far as I remember there was no desire among the doctors in the friendly society days to have referees: what is the particular reason that leads them now to desire referees?—There have been a great many new problems. There is the introduction of women. The fact of giving free choice of doctor, though I was always strongly in favour of it, introduces a new element, and to a certain extent a dangerous element, but the advantages of it so much outweigh the disadvantages that I have always been strongly in favour of it. But it is because the new system is in many respects so unlike the old that medical men want referees.

30,927. As I understand you this morning, a doctor does really give people certificates when they need a rest, in order to prevent something serious happening to them later on; he thinks that it is a very proper thing to give a certificate in these circumstances?—Yes.

30,928. But yesterday you rather appalled me, if I may say so, because you laid such stress upon the difficulty which the doctor had in weighing up the real needs of his patient, against the patient's desires and his own personal considerations?—I tried to make it clear that every case introduces some extremely difficult considerations which every doctor has consciously or unconsciously to weigh up. I do not quite see why that should have appalled you—it was such an obvious thing that it would have to be done, that a doctor being in such intimate contact with the patient, was bound to know a great deal more of the circumstances of the patient than the average man does, and I do not see how he can fail to weigh up all these factors. They must enter into consideration, consciously or unconsciously.

30,929. May I suggest that it is not unreasonable, after the answers which you have given, to understand that a doctor would give a certificate to a person who might be the better of a rest, but who is really suffering from shortness of employment?—I think that that would be an extremely rare thing. I hope that there are not many members of the profession who would be so weak as to give a certificate mainly for that reason; but I do admit at once that if there were fairly adequate physical reasons, the fact that the man was out of employment might help to put the balance down one way or the other, but I do not think that it would be a prominent factor with any considerable number of the profession.

30,930. If it were one of the factors entering into the case when the doctor takes to himself such a discretion, is not that an argument in favour of the doctor being strictly limited in the range of his discretion?—It may be an argument, but I do not see how it is going to be carried out. I fail to see the way in which you could limit his responsibility in that regard very much, except by helping him with a referee in doubtful cases. You could not send a referee to every case.

30,931. What would you say to a case of this kind? A person has a certificate for influenza, and he has influenza certified fortnight after fortnight for 26 weeks. At the end of 26 weeks, on the very day the sickness benefit stops, the doctor declares him capable of work?—I should say that it was either a very remarkable coincidence, or that there was something very wrong with the certificate. I should want to know



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a good many more particulars. The coincidence is certainly sufficiently striking to make one want to know more. I hope that you will not think that either I or my Association would in any way want to shield the man who gives certificates wrongly.

30,932. Would your Association support any action that might be advised for putting upon the doctor the loss that might be occasioned to the society by his having granted improper certificates?—I cannot pledge my Association, but we have said here that we will gladly see any practitioner who either by connivance or carelessness assists malingering punished severely, and we have certainly urged the General Medical Council to go much further than you do, that is to say, put into force its powers of striking the man off the register and thereby ruining him professionally for falsely certifying. The General Medical Council has warned the profession about this, and intends to deal with the first case that comes before it.

30,933. Your Association does recognise that there are an immense number of certificates being granted which, on the face of things, are very dubious?—I hope that it is not an immense number. We do realise that some men are doing it. We realise that in our profession, as in any other profession, we have some very poor specimens, and this Act, like all Acts of this kind, has recognised vested interests and has allowed every man to go on the panel; therefore you have to realise that you are dealing with some men who are very dubious members of their profession, and we will do anything to rid the profession of the disgrace which these men bring upon it.

30,934. I am not quite sure that I appreciate the reason which leads you to object to societies demurring to the word "debility." You say, "If societies insist upon having some less simple word their wish will, no doubt, be met, if only in order to save the patient trouble; but it is ridiculous to think that any objections they have to the sufficiency of the word 'debility' would be really got over by calling the complaint 'neurasthenia,' 'asthenia,' or something of that kind." Why should not the desire of the society be respected and the true word found and inserted?—The difficulty is in finding the true word. That is the difficulty every medical man has in some cases. He ought in every case in which he has to certify "debility" to keep his eye upon it to find out the real underlying cause.

30,935. I agree, but as a rule you find out fairly soon?—I do not know what you mean by "fairly soon"; but I think that the average practitioner does not care to be using words of that vague kind, and he would try to alter the term as soon as he could.

30,936. I have seen a large number of certificates where "debility" has been put for such periods as 13, 19, and 26 weeks?—I think that that is very lax indeed, and it demands some inquiry.

30,937. I have noticed that in certain places the doctor who gives the greatest number of certificates has the longest average duration of claims?—That is very interesting. I should rather expect that to happen too.

30,938. Would you think that in a case like that the doctor was building up his practice by certifying too freely?—No, I think that he is probably a constitutionally weak man. I think that he would have done the same thing under any other circumstances. He is the man who finds difficulty in making up his mind, and he is not the best type of practitioner.

30,939. He finds difficulty in making up his mind, with the result that he has a larger list of insured persons than his fellow practitioners?—I do not think that our experience bears out the fact that the men who have got the large lists have got them because they are slack. It is very noticeable in the transfer period that the transfers that have occurred have been fairly well spread out, and, much to the surprise of some of my informants, have not gone specially to the men who have the reputation of being fairly easy-going, in any greater proportion than they have gone to the other men.

30,940. In that case, what significance would you attach to this feature—that the man who has given the

greatest number of certificates has also the longest average duration of claim?—I should say that he is a weak man giving certificates on grounds which probably would not satisfy a better man. He is inclined for that reason to be slack all round.

30,941. So that the people go to him more freely and stop on the fund longer?—I do not know that they go to him more freely, but he is apt from his mental cast to be easier-going as regards certifying, and probably easier-going as regards his treatment.

30,942. It is not only that he has a longer average duration, but he also has a great many more cases of sickness. If he has a list of the same size as his neighbour, that suggests that his people go to him a great deal more frequently as well as stopping on longer?—It would be interesting to find out whether men with the big lists give certificates most freely. I know a few men with big lists who are as sound practitioners as any man into whose hands one might wish to put one's life, and I am quite sure that you will not find them certifying too freely. I would not be prepared to accept it that the man who has the long list is necessarily the easiest-going with his certifying.

30,943. I saw the case of a man the other day who appeared to have the biggest practice in the town, and he had an average duration on the funds of 11 weeks. It seemed to me a very long duration?—Yes, it does. I know some individual instances where a man who has got a big list was notoriously one of the easiest-going and laxest practitioners in the past. It is rather interesting—I do not know whether it is strictly germane to this—to find why some of these men at the beginning did get big lists. It was not because they had a reputation for being slack in certifying, but because, being easy, good-natured sort of men, they have in the past never refused a call, although they knew that they would never be paid. This is the way these poor people have of expressing their gratitude. The lamentable thing is that some of these men with big lists are lax, but some of them have a big list for the reason I have mentioned.

30,944. They have a big list because people are grateful to them for their kindness in the past?—Yes, for their past action. I am thinking now of one or two instances of men living in a very poor area. They would go whether they were likely to be paid or not. Some of their neighbours were much stricter. They had a big practice with an enormous number of bad debts, and this is the way in which they are getting their reward. The question of certification did not come in before.

30,944a. Previously, their good nature led them to punish themselves by attending people who never paid them, and to whom they never sent in their bills?—Very often.

30,945. Now apparently these people are going to them very freely indeed, and their good nature leads them to give certificates that are depleting the pockets of other people?—That is partly a factor. But you must remember that these people are the poorest class of people with the lowest standard of health. It is a complex question. These men are from the nature of things rather easy-going, lax practitioners.

30,946. I am sure that you appreciate the difficulties that face us with the mass of evidence we have as to the laxness of certifying. You have admitted that there is a great deal of it. On the other hand, so soon as we put our finger on one spot which seems to me promising, you immediately say that the societies must not interfere, but that the doctor must be the sole judge, and that the referee, if he be a human being, as well as a civil servant, must endorse the doctor's opinion. Can you in these circumstances give us any concrete suggestions as to how we may deal with it?—The two things are quite separate. You want to deal not only with the lax man, but also with the man who, to give a typical instance, puts the girl on the funds for 26 weeks for slight spinal curvature. He is the ultra-careful man. You cannot deal with these cases in the same way. You cannot without altering medical nature get over the first difficulty as regards the lax man. If we can get hold of any cases of deliberate false certification



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or deliberate connivance at people malingering, we shall certainly have to bring them up ourselves. Nothing would give us greater pleasure than to rid the medical profession of these men. A few examples of that kind would do a great deal of good. On the other hand, we do not think that the Commissioners have up to the present exercised their powers in the way of taking men off the panel so freely as to have given any striking examples. I am aware that they have many important duties to perform, and I am the last person to rush anybody in regard to this matter, but I think that, if the disciplinary machinery of the Act were used a little bit more freely in regard to cases which might be brought home, a few striking examples would have a very pronounced effect.

30,947. Do you not think that the Commissioners will always have great difficulty, if they once concede the claim of the doctor to construe incapability of work as being something other than incapability of work? Apart from any laxity, men would always be able to shield themselves very effectively behind the plea that they were considering the future health of the patient?—No, I do not think that they would do that before the kind of court the Commissioners would have to try the case. You would not get round one or two conscientious medical men who knew all the circumstances. They would be able to estimate the value of that plea. I cannot imagine a man riding off on that plea in a case which would go so far as to be brought up before an inquiry court.

30,948. Take your case of the domestic servant with slight spinal curvature. Supposing it had been that that doctor was accused of laxity, and he had stated in his defence what you have just suggested. If the Commissioners were to admit that that was a proper case for the payment of sickness benefit under the Act, would it not be very difficult to deal with that doctor?—Yes, I think that it would be very difficult, but, if you get rid of that kind of doctor, you would get rid of the very best men in your service.

30,949. I know nothing about that doctor. I only know the facts before us. Supposing that that was a case in which the man was accused of laxity, where can the Commissioners draw the line? They have to administer the Act strictly, have they not?—Yes, I suppose they have.

30,950. Admitting all the social desirability and also the desirability for the health of the person, that there should be some discretion vested in the doctor to deal with cases of this kind, is it not necessary to have legislation before you can allow them to give certificates in cases of this sort?—It seems to me that you might have to have legislation to prevent them doing it, but I cannot imagine the kind of legislation that would do so. I think that you are really up against an *impasse* here. You know that that is not the kind of man who has given rise to what we call unjustifiable claims.

30,951. No, my point is this: the man whose action has given rise to unjustifiable claims can always plead as his justification the future health and welfare of the patient, if we admit that any doctor may set aside the words of the statute and give a certificate in a case where the person is not actually incapable of work?—I admit the difficulty, but I do not think that that would pass muster before an inquiry court. If you had a man deliberately assisting an insured person—the kind of thing one sees in the newspapers—who is at work while he has got a doctor's certificate in his possession, and if you knew that the doctor had cognisance of the fact that the man was going to work, or was fit to work and intended to work, surely that would be a very good case to make an example of.

30,952. Supposing in that case the doctor did not know the person was at work; supposing he had given a certificate to a person who was really capable of work, and who, in fact, had gone to work unknowingly to the doctor, but whom the doctor considered ought to stay off work, because it was injurious to his future health that he should go to work, what would be the position of the Commissioners, or any court of inquiry in dealing with that doctor?—If the doctor were genuinely of the opinion that the man ought to have

stopped off, I do not see that there is any cause of complaint against him. The complaint is that the patient did not obey his instructions.

30,953. Surely there is a complaint against him that, being under contract to give people certificates when they were incapable of work, he gave a certificate to a person who promptly proved that the certificate was wrong by going to work?—I think that you have got, first of all, to establish the fact that the doctor is not acting *bonâ fide*. If he is, I do not see that you have got any complaint against him. You and I can never agree about the doctor's position—that the doctor is wrong in thinking about the future possibilities. If he is *bonâ fide* of the opinion that the man ought to stop off, and tells him to stop off, I cannot agree that there is any cause of complaint against him. He may have been misled, but we are all misled.

30,954. If the doctor is *bonâ fide* of the opinion that it would be better for a person's future health that he should go off work you think that he should be entitled to give a certificate that he is incapable of work?—He is incapable of work. Having regard to all the circumstances of the case, I think it is quite true that he is incapable of work.

30,955. Incapable of work is a question of fact?—Yes, but is the doctor to encourage the patient to go to work when by doing so he will probably injure his health? Is the doctor deliberately to encourage a patient to go to work because he thinks that he can manage to crawl there? I know that there are grades, but I must put the extreme case for once. There are degrees I admit. If the doctor, thinking the man would be better away from work, deliberately says, "You must stay away for a while," I really fail to see that it is wrong to say that he is incapable of work. Having regard to all the circumstances, he believes that he is incapable of work.

30,956. Do you not think that what you really want is legislation to enable you to give that freer kind of certificate which you evidently want to give?—I should welcome the fact, if it was stated, that in the doctor's opinion the man ought not to go to work. If you like to make the certificate in a different form, well and good, but I think that the effect would be just the same.

30,957. Do I understand you to say that your Association thinks that the effect of increasing age on the incidence of sickness has not been sufficiently allowed for?—My committee did think so, but as I have said previously, it evidently will not stand examination. It was their desire to think of all the possible ways in which these excessive claims could be accounted for, and they thought it was possible that sufficient weight had not been given to the age factor.

30,958. They knew, as you said yesterday, that underneath all the loadings and adjustments that had been made the finance of the Act is based on friendly society experience?—Yes.

30,959. Therefore, the effect of age must have been taken into account?—Of course, the friendly societies were a good deal more particular about taking people in after a certain age.

30,960. Yes, but the particular friendly society whose experience was examined had been running, had it not, for between 80 and 90 years at the time the experience was taken?—Yes.

30,961. And consisted of people of all ages?—Quite.

30,962. So that you would not seriously put forward that suggestion?—I do not. I see that the thing will not stand examination.

30,963. (Miss Wilson.) You said that there was a certain amount of leakage of days on the present certificate, because the man did not come back until the end of the week to be declared off. Would you think that it would be a useful thing to have a space on the certificate in which the doctor could mark when he wanted to see the man again, or in cases where he was going to see him at home, in which he could state the day he intended to call?—I think, as far as the man coming to the surgery is concerned, yes; but I think that it would be inadvisable for him to indicate on which day he intended to call. That would defeat the object of giving what might be a surprise visit. I



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think that it would be quite a useful thing, if a doctor could state on the certificate the day on which the patient had to come back.

30,964. You think that that would enable the doctor to declare him off at the most suitable moment more easily than is done now?—Yes, I think so.

30,965. Have you had any suggestions put before you that the sickness claims would be shorter if nursing was provided?—We did not put that point in this inquiry, but it is generally admitted that the provision of nursing is a sort of natural consequence of the provision of medical attendance, and would certainly improve the service very considerably.

30,966. You do not think that at present there are adequate nurses?—Oh no.

30,967. The doctor who wants a nurse cannot get one?—In many areas he cannot.

30,968. Have you got any definite suggestion of the way in which you would like nurses provided: by the societies, or by the insurance committee, or by the commissioners, or by the municipality?—I am afraid that we have got no definite policy on that question. It would be better if the nurses were under one control. It would be rather unfortunate if you had nurses under different instructions from different societies. It would be better, if the system of nursing were established, that the control should be in the hands of one authority.

30,969. You are against nurses being under the societies, but you have not thought out any definite alternative suggestion?—No, I would rather see the nurses provided by the societies, if it is a question of that or no nurses at all; but I think that it would be preferable to have them under one control rather than under different societies.

30,970. You say, on the question of pregnancy, that you think it would be an assistance if the societies stated whether they paid for cases of uncomplicated pregnancy or not?—Yes, we are very anxious to have them all, if possible, acting alike.

30,971. Do you think that that would, as a matter of fact, make very much difference in practice, or would doctors find it fairly easy to discover some complication when they wanted to put a patient on the fund, and to sign a certificate for her?—I must say that in the later months of pregnancy it is the easiest thing in the world to come to the conclusion that it would be better for the woman not to be at work.

30,972. So in practice it would not really, in the long run, make very much difference if the societies did say that they would only pay in cases of pregnancy with complication?—I am told that, in Lancashire in particular, it would, as a matter of fact, make a considerable difference, if it were clearly understood by the women that they were not entitled to sickness benefit merely because they were pregnant. Several correspondents have said that women up there are acting as if it were a matter of course that they should have benefit if they show signs of pregnancy, and some societies are rather helping them and others kicking against it. The position is unpleasant.

30,973. In those cases they have certificates signed that they are incapable of work during pregnancy?—Yes.

30,974. But they are not really incapable of work?—There is much difficulty, of course, in saying that they are absolutely incapable of work.

30,975. Have you any definite suggestion as to how long you think, in normal cases, the woman ought to be away from work before confinement?—Anything that I said on that would be my own view. I should be very glad to see no woman at work after the seventh month of pregnancy. If she could be at home after that time, I think that it would be an excellent thing, but I quite realise that that was not contemplated by the Act.

30,976. Do you consider that for most women it is really bad that they should be at work for those two months, or would there be a certain percentage who might work the eighth month but not the ninth?—It would depend upon the employment. Some employments are much easier and more conducive to the maintenance of health than others. I should imagine

that a woman would be better out of a factory, at any rate after the seventh month.

30,977. Supposing payment was made to all women automatically, there would be a very much stronger case for doing it for the ninth month than for the eighth month?—I think that there would be.

30,978. But you still think that there would be a fair proportion of women who ought to be off work for two months before confinement?—Yes, depending entirely, I should say, upon the nature of the employment.

30,978a. Not only that, but upon other conditions as well, I suppose?—Depending at any rate very largely upon that—that is to say given an entirely uncomplicated case of pregnancy.

30,979. There would be a certain number of complicated cases in which the women ought to be away for the two months?—Or longer; it would depend upon the extent of the complication.

30,980. You have got no kind of figures from which you could tell us what you would be prepared to accept in the way of women staying away in the earlier months on account of complications?—I am afraid that I have not. I do not know of the existence of such figures.

30,981. Have you heard that there are many cases in which the doctors think it desirable that the woman should be away from work for more than one month after confinement, or is a month usually considered enough in a normal case?—I think that a month may be taken as a fairly reasonable period in most cases. I have not heard of any general impression that the period should be longer than that, except, of course in complicated cases.

30,982. You say that some certificates are worded that the patient is incapable of work of any description, including household work. Have you found many societies that have that certificate?—No, I imagine that it cannot often be done. That was quoted by two correspondents.

30,983. The name of the society was not given?—No, the name of the society is not given.

30,984. You have got no further information on that?—No, but I daresay I might find out, if it is not known to the Committee.

30,985. I think that it would be very desirable if you could let us have the information—if you could let us know what society or societies are using such certificates?—Yes.

30,986. You say that there is a general consensus of opinion that sufficient attention is not paid to the observation of the rules as to behaviour during sickness. Do you refer to the rule that the patient should obey the doctor's orders and not do anything to retard recovery?—Yes, the model rules.

30,987. Not to any rules forbidding all household work of any description?—No, it is the model rules that are referred to.

30,988. What would be your own view as to the necessity, for deterrent purposes, of a rule forbidding all household work, or, in the case of a man, such things as working in the garden?—Of course there is a difficulty. Sometimes the doing of a little work is actually helping the patient to get back to work. You cannot, after lying in bed and with your muscles soft, start work at once without hardening them up a bit, and very often the doctor encourages a patient to do household work, a little gardening, or light work of some kind in order to get him fit to go back to work.

30,989. Have you had any complaints from the doctors that people were being prevented from doing household work in an unreasonable way?—Not from many correspondents, but the question certainly has been mentioned by one or two. Agents calling at the house, or sick visitors calling at the house, have seen patients doing some household work, and they have given them to understand that if they are able to do that, they are quite able to go to work.

30,990. Were they male agents?—I could not say.

30,991. You have not had any cases of male agents making that sort of remark to a woman?—No, the complaint is not so specific as to enable me to answer that question.



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30,992. (*Dr. Smith Whitaker.*) You have told us that this evidence is based on replies that you have received to questions sent out by the Association to local medical committees. It is not confined to evidence of members of the Association?—Oh, no.

30,993. You sent it to every local medical committee?—Yes

30,994. I think you told us that this memorandum had been approved by a committee?—It went through a sub-committee and a committee.

30,995. So that the formal statement is a carefully considered statement by the committee of the Association?—That is so.

30,996. You say that the questions you issued to your local medical committees included the points furnished to you by this Committee and that you added certain suggestions. Could you tell us anything as to the nature of those suggestions?—They were very largely in the way of telling them how to collect the information and the kind of points on which we would like some specific statement. They were also sometimes in the nature of suggestions as to the opinions the Association has formed on these points as the result of the very bulky correspondence we get, and asking them to confirm, or otherwise, the opinions suggested. Sometimes they were confirmed, and sometimes they were contradicted.

30,997. With regard to the suggestion that this inquiry is premature, what have you exactly in mind?—I have nothing more than I have already stated or than is stated in the document. The Act has only, for medical purposes, been working for fourteen months and we have all hardly got over the first shock, so to speak, and all parts of the machinery are working with a good deal more friction than is likely to exist later on.

30,998. Do you mean to suggest that no useful information can be arrived at, or only that there is need for caution in drawing conclusions from the experience of that period?—The second, certainly.

30,999. So that you would feel that, if that caution were observed, the inquiry would not be futile?—I think that it would be very useful.

31,000. With regard to the many vague complaints in the newspapers, of which the profession complain, is it not desirable in the interests of the profession, if people have not already found the means of bringing them to a test, that they should be brought to a test?—Of course, the opinion of the men who bitterly resented these complaints was that the people who made them should specify them to the local insurance committee, so that the proceedings would have the same publicity in the local newspapers as was given to the complaints, and very often they failed to get such satisfaction.

31,001. That is a question of machinery, to which I was coming presently. This Committee does afford an opportunity possibly of clearing up some misunderstandings?—Yes, it does.

31,002. On the point of the arrears of sickness which have been spoken of so repeatedly, can you say that there is any definite reason for thinking, on that ground, that there will be less sickness in future, so far as that one factor goes, than the experience of the last twelve months has indicated?—Surely the people coming into insurance after this year will be mainly young people, and we know that the sickness incidence there is not high. In the course of the next few years we must have dealt very largely with arrears of sickness.

31,003. What about the people who have never been able to get a rest before, and who have required treatment during the last twelve months? Are they so likely to require treatment in the future?—I should say minor cases of that kind are certainly not. Many of them ought to be already pretty well cleared off.

31,004. There are one or two small points that have been put to you, on which I should like to be quite clear. One is the case of certifying in the case of lead colic. There seem to me three certificates that might possibly be given. It might conceivably be suggested that the doctor should say: "This is a case of lead poisoning, contracted in the course of

"employment." I understand that you think that he should not be called upon to say that?—I think that that is going beyond his actual knowledge.

31,005. He would not have the information to justify him in making that statement. There are two remaining possibilities. He can say, "this is colic caused by lead poisoning," or he can simply say "colic." If he is satisfied that the colic is merely a symptom of lead poisoning, can there be any doubt that it is his duty to put lead poisoning on the certificate?—No doubt whatever.

31,006. And no considerations should conduce to restrain him from stating that it is lead-poisoning?—I think that it is his bounden duty to state so.

31,007. In your answers to some questions asked by Miss Macarthur, there was possible scope for misunderstanding as to the use of the words "abortion" and "miscarriage." Medically, those mean the same thing?—Yes.

31,008. There may be some tendency to use "abortion" where pregnancy is interrupted in the earlier months, and to use "miscarriage" when it is interrupted in the later months, but that is all?—Yes.

31,009. Nobody would suggest that "abortion" was used when you suspected that it was criminal, and "miscarriage" when it was not?—Certainly not.

31,010. There is no element of criminality in the one any more than in the other?—Not in the least.

31,011. In your memorandum you refer to what you speak of as the want of support from authorities in dealing with suspected cases. I am not clear as to how the instance cited bore on the point. The first instance is that of a doctor in the Isle of Wight who states that one club before which he brought several cases of malingering invariably decided against the doctor. Is that since the Act came into operation?—It is his past experience.

31,012. It has nothing to do with the operation of the Act and is not a want of support on the part of the authorities under the Act?—No.

31,013. Then there is the case of a doctor at Stockton-on-Tees who attended a man with ulcers on the leg. You say that the patient reported him to the secretary of the Durham Insurance Committee who asked for an explanation. This was furnished, and the secretary's answer was to the effect that he had informed the insured person that the doctor would grant all necessary certificates. Do you complain of the secretary's answer?—The doctor did. He thought that the secretary ought to have taken a much stronger line.

31,014. What stronger line could he have taken? What do you suggest he could have done?—I will look it up. I want to see what the doctor thought the secretary ought to have done. He certainly was not satisfied. I asked him for a copy of the letter from the secretary, and he said that he was sorry, but he had not kept it. "The facts, however, are simply as stated. From this and other cases, I am sure that the doctor would not be supported by the committee in refusing certificates, even if he had given good ground for doing so."

31,015. What evidence does that afford you?—I think one is bound, knowing the man, to believe that he thinks he was not sufficiently supported.

31,016. Might I put it to you that this is the only case that you have brought to our notice?—I beg your pardon. I quoted one yesterday from Sunderland.

31,017. It is the only case mentioned in this memorandum?—Yes, it is.

31,018. The doctors complain that they do not get justice from the committee, and this one case is cited in proof. The patient complained of the doctor. It was not put before the committee; the secretary himself seems to have disposed of the matter. The case was so dealt with that no action of any kind was taken against the doctor. There is no evidence here, is there, that if the case had gone before the committee, they would have upheld the patient?—I think that his point is that the secretary might have supported him more strongly than he did in telling the patient, if



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he thought so, that the doctor had only been doing his duty in not giving the certificate.

31,019. But is not that the meaning of what the secretary says?—I suppose it is. By "necessary certificates" it is possible that the secretary may have meant that.

31,020. It seems to me that the secretary said what the doctor wanted him to say?—It is obvious that the doctor did not think so, and it did not strike me until just now that the secretary had meant to do that, but I was no doubt biased by what the doctor had said.

31,021. Going into more difficult matters, on the question of incapacity for work, you say "incapacity" for work, from the medical point of view, means "incapacity for the employment which the insured person left on becoming ill." In what sense do you use the words "from the medical point of view"?—I am contrasting it there with the view of the approved societies.

31,022. But what do you mean by "from the medical point of view"? Do you mean as a question of medical science, or do you mean the point of view the doctor takes as a person, quite apart from his medical capacity, who happens to be seeing a number of sick people? Do you think that any question of medical science enters into that interpretation?—Into this particular point, no. There is no question of medical science here. It means that the doctor must look at it from the point of view of the individual patient he has got before him. Knowing that that patient cannot work at the employment which he left on becoming ill, and that he cannot go on to some other kind of work, he deals with him as a person who has to go back to the work he left at the beginning of his illness.

31,023. Do you accept then the second interpretation? Do you mean that, quite apart from the fact that he happens to be a doctor, he does in that capacity see a number of insured persons who are ill, and that he is familiar with the difficulties arising from the nature of their employment, and that kind of thing?—Yes.

31,024. He has a certain amount of knowledge which happens to come to him, because he gets the experience of a doctor, but it is not really given to him in his medical capacity. It is not a question of medical science at all?—It is so interwoven with his daily life that I did not dissociate the two.

31,025. It is practically a lay point of view, though it happens to be put forward by a doctor?—You can interpret it that way.

31,026. It simply comes to him as a man who sees a good deal of the life of insured people?—I think that that interpretation is very ingenious.

31,027. Is it not right?—I should not have interpreted it that way myself.

31,028. It is not a question of ingenuity. It is rather important. The doctors are claiming to be regarded as authorities in this matter. If it is a question of medical science, people will admit their authority, but, if it is not, what more authority have they than anybody else, except that based on their experience of the conditions of life?—I do not claim that they have any more authority.

31,029. I thought that the suggestion was that you did rather, and that the question had to be left to the doctor?—I do think that the question whether the patient is incapable of the work he is likely to have to do, and which he can by any possibility be expected to do, has to be left to the doctor, simply because there is nobody else to whom it can be left.

31,030. There are two quite distinct questions. The first is the question of what kind of work, in the doctor's opinion as a medical man, the patient is fit, or not fit, to do. That is one. The other question is the standard that the doctor has to look to in coming to a conclusion whether he is fit for this work, or that work, or the other work. Why is he to decide which standard it is to be?—Because he happens to know the possibilities of the case. What is the good of telling that man that he is capable of doing something which he has not the remotest possibility of getting to do?

31,031. It is only the doctor's view as a citizen, and not his view as a doctor?—I am willing to grant that, but it happens to be so mixed up with the information he gets as a doctor, that I had not previously dissociated the two.

31,032. Are you not bound to do so?—I am willing to do so.

31,033. Look at it from another point of view. Doctors themselves are frequently insured. They insure pretty freely for motor car accidents, for life, for domestic servants, and all that kind of thing?—Yes.

31,034. They do not expect the insurance company to pay for more than the risk provided for by the policy?—No.

31,035. If a doctor were called upon to certify upon any fact bearing upon such a policy, he would not consider himself entitled to interpret the meaning of the policy?—No.

31,036. Then why should he here?—The factors are entirely different.

31,037. Here is a definite policy of insurance. Certain risks are insured against by certain contributions, not indefinite risks, but definite risks?—What does a member of the public who is insured think he has insured against?

31,038. Speaking as a doctor, I cannot quite see what the doctor has to do with that?—I do not say that the doctor is any better able to judge what the insurance covers than the insured person is. We have all been told by the Act and by all sorts of advice what he is to expect, and the doctor is helping him to get what he does expect.

31,039. It is difficult for me to deal with these vague expectations, which may, or may not, have been held out, and which may in any event have been misunderstood?—When he is not able to go to work, he expects to get medical and sickness benefit, and he expects to get it until he is able to return to work.

31,040. I am not on the question of the accuracy of your interpretation, as to whether it means fitness for ordinary employment, but on some of the other points. Take the case of a man with an ordinary cold. What do you think is the risk there that has been insured against? We all know that the great majority of people who have colds are able to go on with their work, and recover without discontinuing their work?—Yes.

31,041. Comparatively speaking, a small proportion of people are found afterwards to have pneumonia or severe bronchitis or something of that kind. Supposing that a doctor has the case of a cold before him, and he thinks, on his diagnosis of the patient's condition, that he will recover, even though he goes to work. You think that he ought to send him to work?—Certainly.

31,042. But the patient might do better by staying at home. He might, for example, get better two or three days sooner?—I admit that there are all sorts of grades.

31,043. We must get it definitely, never mind how many grades there are, but I will put possible grades. The first case is that of a man with a cold who would recover, as far as the doctor's scientific knowledge enables him to foretell, if he went on with his work?—It would depend upon the severity of the cold.

31,044. The doctor believes, after weighing everything up as honestly as he can, that this man will recover though still going to work?—Yes.

31,044a. It may possibly prolong his illness, but, at any rate, he will get better without any serious risk to his health. In that case you say that he ought to go to work?—I do.

31,045. Take the other case. The doctor is not quite sure that it may not be pneumonia, or he has good reason to fear that if the man goes on with his work in some industrial employment, he will develop severe bronchitis, and he feels that the patient's health might be seriously injured, and that his life might be imperilled by his going to work. In that case you would not send him to work?—No.

31,046. That is the distinction which you would draw?—That is a very fair way of putting it.



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31,047. The doctor, looking at the case and applying his knowledge and judgment as honestly as he can, thinks that the patient's health would be definitely injured, not in some remote future, but in the next few days by his going on with his work. Would that be the test you would apply? I am not suggesting whether it is right, or not?—I am wondering whether it would cover the particular case of the girl who has slight curvature of the spine, but I think that it is a very fair way of putting it.

31,048. Let us take that case of slight curvature of the spine. He speaks of it as slight. The word may be misleading. It may mean that the deformity was slight?—I should judge it to mean that.

31,049. If it were a case of tuberculosis of the spine, however slight the deformity, the case would be a serious one?—Undoubtedly.

31,050. So that the words may be open to misinterpretation?—Yes, it was the actual deformity that was slight.

31,051. (*Chairman.*) Do you know that that is so?—I am judging by the possibilities of the case. She must have been ill, or she would not have gone near the doctor. The doctor does not go and hunt them up.

31,052. (*Dr. Smith Whitaker.*) There again, is that safe evidence? This may have been merely one of those cases of lateral curvature where there was no organic disease?—Yes.

31,053. If there were no organic disease and if the only danger to be feared was deformity, do you think that 26 weeks could possibly be regarded as necessary?—If the doctor thought that the girl could be saved any deformity by having 26 weeks in bed, I certainly think that he ought to have signed her on.

31,054. Would that be your definition of incapacity for work? Could you honestly say that a person was incapable of work because, if she went on working, though there was no risk to her life or any permanent risk to her health, there was a slight possibility of deformity?—These cases of conscience are extremely difficult, proverbially, to answer.

31,055. We must really get down to the facts?—If there is merely going to be a slight deformity and no danger to health, either immediate or remote, I suppose that one would not certify.

31,056. I was trying to get at your point of view as an experienced practitioner. You mentioned a case of infection, where the patient was not injured by going to work, but where there was a danger to the health of other people by his going to work. Do you think that that risk is covered by the policy?—I suppose that the terms of the policy do not cover it; it ought to.

31,057. Why?—I am sorry to repeat that I thought it was a National Health Insurance Act.

31,058. That is only a phrase?—It is all right shrugging shoulders and saying that it is only a phrase, but it is the impression the public and everybody have got of the Act.

31,059. Do you think that anybody has the impression that the Act insures against the risk to other people by a person going to work?—That person is infectious.

31,060. It insures against the risk to the person's own health by going to work, does it not?—Yes.

31,061. Do you think that it also covers the risk to other people's health by his going to work?—I do not know that they did consider that question.

31,062. You do take my point with regard to the insurance policy? Supposing you were acting for an insurance company, and you were asked to certify a case, you would have to certify with regard to the facts on which you were asked to certify?—Yes.

31,063. And the doctor signing that a person is incapable of work must try to use the word in the same sense as other people are going to use it?—Yes.

31,064. And if he is told that the legal sense in which that term is to be understood for Insurance Act purposes is such and such a sense, then, as an honest man, he must use it in that sense?—Yes. If it were distinctly laid down that a person who is infectious, and who would be a danger to other people is not thereby to be kept away from work and certified for

sickness benefit, it would be an instruction, and you would not have to do it.

31,065. All it comes to is that at present there is some doubt as to the meaning of the words, and, in the absence of guidance, the doctors are putting a wide interpretation on them?—I think that in this matter some guidance is distinctly needed. I am sure that they are putting a wide interpretation on it just now.

31,066. You would say that if it were made quite plain that they were under a misapprehension in imagining that those cases came within the scope of the Act, they should honestly apply their minds to that position?—Believing that the profession is, on the whole, honest, yes, certainly.

31,067. It really comes to this: it is not only the insured persons, but also the doctors who have some doubt as to the meaning of National Insurance, and who have not yet appreciated the scope of the policy, under which they are actually certifying?—It is evident that a good many of us are under misapprehensions.

31,068. With regard to the case of people declaring off on Saturday, there are two points. The first point is that the patient, if he is going about, may not come to the doctor to be seen. That seems to be confused with the case of a man who does come to the doctor, say, on Wednesday or Thursday, and who is given a certificate on which he gets further benefit until Saturday, or the following Monday. In that case, have you any doubt that the doctor should put the man off sickness benefit the moment he believes him to be capable of work?—No doubt whatever.

31,069. He should not have any regard to the patient's convenience or interest in being able to get work or anything of that sort?—I think that there is no doubt that that is a thing which should not be allowed to weigh. I believe that it does sometimes weigh unconsciously, but it is a thing one should deliberately try to exclude.

31,070. That is the point I want to come to. When you mention these extraneous considerations which may sometimes weigh, you do recognise that they ought not to weigh?—I do, certainly.

31,071. The doctor's business is to apply his mind honestly and plainly to the simple question that he has got to certify?—Yes.

31,072. And he has no right to have regard to any extraneous or irrelevant considerations, either with regard to his own interest or with regard to the patient's interest?—No, if you could make him a perfectly working machine, he would not do it, but he is not.

31,073. There is no difficulty there of possible confusion. It is one thing to say that we are all liable to err, but it is another thing to suggest that people are in some senses justified in making mistakes?—I would like to put it in this way. I believe that it is mainly unconsciously done, but one cannot legally or morally justify it.

31,074. You are here representing the British Medical Association, which includes a great many of the profession, and this evidence is bound to be read and have its impression upon the minds of public men and others. If it is thought that the British Medical Association deliberately condones looseness or something getting near to it, it is bound to have a bad effect?—I should be very sorry to have such an impression get abroad.

31,075. Some of your answers yesterday appeared to suggest that doctors were rather less honest on the average than other people?—I have not found them so in my experience of them.

31,076. I think that when you read your evidence you will see that it is open to that interpretation?—I hope that it will be put down to my imperfections and not to the realities of the case.

31,077. There are one or two phrases in this document which rather suggest the same thing. The Association puts forward difficulties that are inherent to the case as excuses for not doing the thing as carefully as it can be done?—I do not think that we wanted it to bear that interpretation. I hope the Committee will believe me when I say that we are extremely conscious of the fact that all this talk, when



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it can be justified, of looseness of certification and so on is having a very bad impression on the public mind, that we want the profession to rid itself of this charge so far as it is justifiable, and that we will do anything to help to get that done. But, after collecting all this evidence, and, knowing, as we do, the nature of the case, we want to put before you the kind of things which do influence medical men's minds in dealing with cases.

31,078. Let me take another example of the kind of difficulty that may occur to the laymen. You speak of the doctor restraining the patient from returning to work until he is medically fit to do so. Is there any difference in your mind between the time when he is medically fit, and the time when he is capable of work?—No. Of course what I want to bring out here is that the patient may think that he is fit, when the doctor is sure that he is not. It is the doctor's duty in that case to prevent the patient going back to work.

31,079. The term "medically fit" means "in the doctor's judgment fit to resume work"?—Yes.

31,080. Within the meaning of the Act?—Yes, within the meaning of the Act.

31,081. No longer incapable of work in the sense in which the words "incapable of work" are used in the Act?—Yes.

31,082. That is what it must mean?—Yes, but we all know that there are some people far too eager to get back to work to their own detriment, and they have to be restrained if possible.

31,083. That is another point. With regard to the question of pregnancy, you think that it would be desirable on what we may call public health grounds that women in the later months of pregnancy should be relieved from work?—Yes.

31,084. But from the point of view of the Insurance Act, the doctor has nothing to do with that?—No, I do not think that it was ever intended to cover that.

31,085. Your committee appear to take exception to the words "I have this day examined," whereas the point at the end of the paragraph in which this statement occurs is quite different; that is, the rigid adherence by the society to the signing of the certificate on a set day of the week. What you really find is that the combination causes the difficulty—the doctor having to certify "I have this day examined," and the society wanting the certificate signed on a particular day?—I realise that this paragraph is badly drafted. It is the combination of the two things to which strong objection is taken.

31,086. If there is a difficulty it may be a difficulty to be met by some kind of adjustment to be arrived at, possibly, after discussion between the doctors and the society. It is a question of adjustment for mutual convenience?—Yes.

31,087. You would not suggest that the remedy is greater laxity in the dating of the certificates?—No, I think that the doctor must be compelled to put the date on which he actually signs, and on which he has actually seen the patient.

31,088. You agree that that is the only safe line?—Yes, but that he should have to do it on a particular day and have, possibly, to make a journey of 5 or 6 miles in order to do it seems to be monstrous.

31,089. With regard to the question of the initial certificate and the question of the three days, there are people who get benefit because the doctor signs on the first day, and who, although they have recovered, do not go near him again. I understood from your answer to Dr. Carter yesterday that you think that that might be met by the doctor giving a certificate, in the first instance, for not more than three days?—I think that it would diminish some of the shorter claims.

31,090. An alternative possibility would be that the doctor should not give the certificate until the fourth day, and that he should then certify that he had seen the patient on the first day, that he had seen him again, and that he had found him incapable of work on both days?—Yes, that is an alternative; either would do.

31,091. It is a question of finding some practical adjustment?—Yes.

31,092. With regard to the fixed day for giving continuing certificates, does it occur to you that that may operate as regards the declaring-off so as to increase the length of claim?—That statement is made by several correspondents as an idea on the part of many insured persons. That being the day, they naturally think that they ought to make out their period up to that time, especially when they find the day filled in with pencil by the agent before they get the certificate.

31,093. The difficulty about declaring-off is that the patient does not go near the doctor?—No.

31,094. The doctor cannot compel him to come to him on any particular day, and he comes to him on the day most convenient?—That is so.

31,095. If the doctor saw him, you agree that he must declare him off on the first occasion on which he finds him capable of work?—Yes.

31,096. Then, if the declaring-off form is available on every occasion on which the patient goes for a continuing certificate, and if the doctor is not tied to seeing the patient on any particular day, there is a much greater chance of the patient being actually declared off on the first day on which he becomes capable?—Many correspondents have expressed a strong preference for that form of certificate in which the declaring-off is always available.

31,097. With regard to the case of ulcers on the leg, I suppose that the point there is that the cause of the ulcers had not been clearly ascertained by the doctor. He knew that there was an ulcer, but he was not quite sure as to the cause?—He did not think that he should be rushed into making a diagnosis.

31,098. That is the first point. He was not sure as to the cause?—That is so.

31,099. The society pressed him to give a more definite diagnosis, and it states here that, although he was still uncertain, he put down something that he did not know as if he did know it?—Yes, he added the word "varicose" to the word "ulcers."

31,100. But he was not sure that it was "varicose ulcers"?—No.

31,101. I suppose that we may assume that that was a little bit of temper?—It was done in order to save himself and the patient more worry.

31,102. You do not justify it, do you?—No, I do not justify it, but I should probably have done it myself. If it were a question of putting the patient to more annoyance about it, and I was perfectly clear that she ought to be off work, I should probably have made a shot at the diagnosis in order to satisfy them.

31,103. All through your evidence there is the statement that the doctors are doing what they have been doing in the past in the matter of certification. You recognise that there is a tremendous difference between the present condition of things and the condition of things under the old friendly society system?—A great difference, undoubtedly.

31,104. One great difference being that you have not the close relationship that you had between the old friendly society and the doctor?—No.

31,105. You have this very great number of societies, some of them centralised, with branches in every part of the country, dealing with all the doctors of the country, good, bad, and indifferent. If the man who is a good doctor, and honest, gives way to what you suggest is a natural emotion, it must throw the whole thing into confusion?—I would like to ask you if you can tell me what bad effect it is going to have? She was incapable of work. We will assume that she was really incapable of work.

31,106. May I suggest that the chief bad effect that occurs to me is that the British Medical Association put it forward as though, at any rate, they did not disapprove of it? It is a definite statement that the doctor gave a certificate he was not justified in giving?—He was by no means certain that this was an absolutely correct diagnosis. As a matter of fact, it turned out that it was a case of "varicose ulcers." He had his suspicion that it might be something else, and, being pressed for more facts, he put down "varicose ulcers." Later on it turned out to be "varicose ulcers."



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31,107. If you had only said that he said "varicose ulcers," there would have been no question, but you say that he put it down although he did not know that it was a fact?—He was not sure of it.

31,108. He did not know?—Surely there is a difference between putting down something which may probably be true and something which you know to be false. The probabilities were in favour of varicose ulcers quite as much as in favour of anything else.

31,109. I want to put to you the point of view of the unhappy society at the other end of the post who have to deal with the certificates in the condition of uncertainty that you must produce in their minds. The difficulty that is occasioned is quite as bad if you put things down of which you are not sure, as if you put things down which you are sure are not so?—I still fail to see how it is going to produce any ill effect on the society.

31,110. When people are told plainly that doctors feel themselves justified in putting down "varicose ulcers," when they do not know that it is varicose ulcers, it destroys their whole confidence in the medical certificates?—You have the whole circumstances put down here why it was done, and I do not see that there is anything unjustifiable about it at all.

31,111. They know that the doctor may have all sorts of motives operating in his mind, but they cannot be aware that he exercises a continual dispensing power in his own favour. There are all sorts of facts present in his mind, of which they know nothing. The net result may be that the certificate he gives may to him mean something quite different from that which it means to the people who receive it, and the certificate instead of being a definite statement on which they can rely may be something quite indefinite, and may or may not mean what it purports to mean?—This is as definite as he could make it. He gave a definite diagnosis, and he was worried into doing something that he would not have done, if he had not been worried.

31,112. Surely it is as bad to put down something you do not know as to put down something indefinite when you know something definite?—I cannot say anything more about that. It is a thing in which I see no particular harm. I am always sorry when a man cannot say definitely, "This is a diagnosis of the case," and tell the truth, the whole truth, and nothing but the truth, but in some cases you cannot do it.

31,113. Surely it is a misunderstanding. No one wants him to speak more definitely. Nobody suggests that the doctor is not justified in not putting down something more than he knows, but he should state definitely that he does not quite know, and not use vague terms to cover the matter up. If he does not know it definitely, he should state so, or use an indefinite phrase as long as his diagnosis is indefinite?—I agree.

31,114. This paragraph suggests that there are circumstances in which the doctor is justified in putting down something definite though he does not know anything definite. By putting down "varicose ulcers" he tells the society that it is not syphilis?—I have personally committed myself definitely, but, for the sake of my Association, I would point out that this is put forward as a case in which the fact of societies not allowing doctors to stick to a vague diagnosis produces effects which should not be produced. It is not put down as justifying the doctor, although I have said that, personally, I think that it is the natural thing to do. On high ethical grounds I do not justify it.

31,115. If people are going to put on a certificate things which may be the truth or things which may be within half a mile or within ten miles of it, the whole machinery will break down?—This kind of certification is the same kind as that on which the whole practice of the friendly societies was based.

31,116. Quite, and I suggest that that should be allowed for by the doctors. It is another thing which they have not appreciated. Possibly under the old friendly society system you might have had a good deal of free and easy exchange which did not result in any great harm, but now that the certificate has become a definite certificate on which the society has

to act, if doctors are going to act on their own discretion, I suggest that the whole confidence in the profession will be destroyed?—I am quite willing to take it, and quite free to own that the result of my examination, yesterday and to-day has thrown a great deal of light on my mind, and I must be taken as knowing rather more than the average man does about the working of the Act. There is no doubt that opinions and practice as regards certification will probably have to be revised in view of the new situation.

31,117. It certainly must have an effect when people write such a paragraph as this: "In order that the girl should get the money the doctor altered his diagnosis to 'varicose veins'?"—Yes. He thought that she ought to have it. He was convinced that if the society had known all the particulars which he knew, they would have given her the money. That is the way the honest doctor has to act.

31,118. Is not the honest way for the honest doctor to give the society all the facts on which he knows they would come to the judgment he thinks that they ought to come to?—He gave them all the facts he had at that time.

31,119. He gave them something more. He gave them "varicose ulcers"?—Yes, as being a probable diagnosis.

31,120. He did not say that it was a probable diagnosis. The certificate simply said "varicose ulcers"?—The standard of certification I have always had in my own mind is this: a doctor should look at the case, and, knowing all he does about the case, he should decide whether, if he were the approved society and had to pay the money, he would sign the certificate. I do not think that you can put a fairer test. That is my standard of certification.

31,121. What the society has to act upon is not the balancing consideration that may have weighed in his mind, and after all the legal responsibility rests upon them. What they have to act upon is not any knowledge of him or his motives, or that which may have induced him to use a particular form of words. They have nothing to go upon but his form of words?—Based upon his knowledge of the patient.

31,122. What is of importance to them is the form of words which they have to go upon?—Yes.

31,123. And if that is to be entirely unreliable and the doctor is to use whatever words he pleases without reference to the scientific facts of the case, then it becomes a mere morass?—It is not entirely unreliable. These exceptional cases are very interesting and difficult, but they do not at all represent the great bulk of the certification that goes on.

31,124. Let us come to the great bulk of the certification. You have given us two or three cases in which doctors, whom you have believed to be very able and honest men, have exercised this dispensing power, and the Association appears to justify it. If that is so, is not that a shelter behind which every dishonest and slack man might shield himself?—The dishonest man can always find something behind which to shelter himself.

31,125-6. You are providing him with something more than he might have otherwise?—We are stating the facts, but we are not doing so with that object.

31,127. I am suggesting that that is the effect, unless it is made clear by your evidence that that is not the view you really take?—Nobody likes the idea of doctors putting down even synonyms or euphemisms. We only realise that in some cases it has to be done, and to that extent we justify it. We do not like it; we would much rather see a cold-blooded system of certification.

31,128. Perhaps we might go on to that. With regard to the use of synonyms and euphemisms and that sort of thing, that is devised for saying something different from the fact. Is there no other way?—I do not know of any other way.

31,129. Is there no way consistent with telling the plain truth in every case?—Not with the present system of certification.

31,130. Where is the difficulty about it?—The patient must see the certificate.



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31,131. If some system could be devised whereby the patient did not need to see the certificate would that meet the difficulty?—I think that that would go very far to meeting the difficulty, but there would be a small number of cases still remaining in which the fact that the patient was not allowed to see the certificate would set up a suspicion in his mind or in somebody else's mind.

31,132. It possibly means that we should do away with the arrangement by which the patient is at present the carrier of the certificate. I am sure that after going through this you must feel that all these subterfuges and devices are so distasteful and so repulsive to every honest man to begin with, and, further, do cause such great dangers in administration that it is worth a great deal of consideration to find some method of dealing with things whereby we can avoid any necessity for them?—It would, I agree thoroughly.

31,133. With regard to these cases you have put forward where you feel that the doctor has difficulty in putting the disease frankly on the certificate, there seems to me to be two classes. One is where the patient might be injured by the facts becoming common property or not being treated with proper confidence, and the other is where you fear the effect upon the mind of the patient in being told something about his condition?—Yes.

31,134. In the latter group are the cases of heart disease. No question of professional confidence comes in there. It is an old difficulty which the profession has always had to face, and must have to face. It is a choice of evils, whether they are going to do a serious injury to a very small number of men, or face the consequences of not telling the truth?—I agree.

31,135. But, as to the other group of cases and as to the question of professional confidence coming in, the patient is not bound to get this benefit. He wants money, and he comes to the doctor, and asks him to give him a statement which will enable him to get that money to which he is only entitled, if certain conditions are fulfilled. Can there be any justification for the doctor helping him to get the money by any kind of false statement?—I thought that I had made it plain that there could be no justification, and I do not think that it is done. I do not think that the male insured person who is wanting sickness benefit when he is suffering from some disease due to his misconduct is helped by the doctor. The cases to which I alluded are cases generally where a wife or an unmarried woman has got some venereal disease innocently, and where the disclosure of that fact on the certificate would do her a great deal of harm and probably arouse, quite unjustly, suspicions against her. There are a very small number of such cases, but they are cases of a very serious class. Please do not think that I justify it, or believe that it happens in the case of the male person who asks for a certificate to allow him to get sickness benefit where he is, as a matter of fact, suffering from a disease caused by his own misconduct. I am told that most of these people know their disabilities and do not ask for certificates.

31,136. Of course hard cases make bad law?—They do.

31,137. Might one suggest that perhaps after all, the proportion of cases being so small, it is better to let the people have the facts and make the best of it?—I have known cases in which I would not have disclosed the facts at any price.

31,138. Then, the only remedy is to tell the patient that you cannot tell her?—That would be quite as good as giving the facts away.

31,139. I think we all appreciate that it is a difficult case, but I want to suggest that this dispensing power claimed by the profession, this right to issue documents that are not true, is in itself such a very serious matter that any way ought to be found out of the difficulty rather than to rely upon it?—You must remember when you say that the document is not true that the experienced eye can very often read into it what is meant. Syphilis, for instance, is very often called blood poisoning. That does not give your case away probably to the innocent woman, but the people behind the scenes can really get a good deal of

information from it. I do not think that something quite contrary is ever given. It is a matter of mentioning a symptom rather than the disease.

31,140. I do not ask you here and now to suggest a practical way out of the difficulty, but I suggest that the societies are as much interested in protecting the innocent woman from hardship arising from these circumstances as the doctor. Possibly, some way might be found on consideration to protect these people without taking it for granted that the only way is for the doctor to give false certificates?—If the societies will help the doctors in finding a way, I am sure that the doctors will be grateful.

31,141. You do not really suggest, do you, that the question of professional confidence comes in? There is a great deal of confusion about it? Perhaps you will agree that the ordinary understanding of professional confidence is that the patient goes to the doctor on the understanding that the information the doctor acquires is not going to be divulged without the patient's consent?—Yes.

31,142. There are all sorts of circumstances in which patients go to the doctor in which they know beforehand that conditions may very well arise in which it will be the doctor's duty to tell that which he gets to know, and the patient goes on that understanding?—Quite.

31,143. There is no breach of professional confidence where the doctor divulges that which the patient knows from the first he might have to divulge?—None at all.

31,144. In this case the whole relation is determined by the provisions of the Act, the rules of the society and of the insurance committee. The insured person goes to the doctor to be treated, and he asks for a certificate knowing that in asking for it, he is asking the doctor to divulge things about him and that the doctor's duty may necessitate the revelation of things he might not wish to be made known. His remedy is to go without the money?—Yes, I quite realise that.

31,145. So that, as I say, the question of professional confidence does not come in. The doctor has a duty either to tell the plain truth, in which case the question of professional confidence does not affect him, or he has in some other circumstances no obligation to tell anything, in which case he keeps the patient's confidence?—That does not cover all cases. It does not cover the class of case we have been just discussing.

31,146. I should have thought that it did, and I suggest that possibly on consideration you may find that it does?—It does not cover the class of case where you have a patient who would be injured in health or in general conditions by knowing the truth.

31,147. That is not a question of professional confidence at all. The question there is not whether you shall divulge the facts to somebody else, but whether you shall tell the patient?—I grant that it is a different class of case.

31,148. That is where you are afraid of injuring the patient's health by telling him something which may injure him?—Yes.

31,149. In your outline of evidence you say, "It is believed that in the course of time the common sense of the insured persons will lead them to choose the doctors who, not being overburdened with work, are in a position to give them adequate attention." Do you think that it is necessary to wait for that slow process?—It is one of those cases in which the slow process may, in the long run, prove to be the best.

31,150. I understood you yesterday to suggest that even 2,000 on a man's list might be rather a large number, if he had not good organising capacity and was not rapid in his methods of work, or if he were in a scattered area?—Yes.

31,151. One would imagine that if a man has 4,000 on his list, single-handed, and other practice as well, it is only right to assume that in a large number of these cases he cannot give proper attention to his work?—Yes, but if the patient is satisfied, I do not quite see that it is other people's business to interfere.

31,152. If in the rush of his work he is giving certificates recklessly, the society may feel that they



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want some more rapid method, that if we are to wait for this slow process, they may lose a great deal of money in the meantime?—If you can prove that a man is not doing his duty, but I do not think that is the case generally.

31,153. To wait for the kind of proof that satisfies people before you take disciplinary action, is sometimes to wait a long time. The insured persons themselves show that they are not ready to make complaints. They are poor, and cannot spare the time to go and give evidence. They may also be a little afraid of the doctor and of the proceedings. Is it not rather dangerous to rely on the machinery of complaints by insured persons as the only means by which you are going to deal with the matter?—Have you any regulations whereby the approved societies may complain? There is some such machinery, is there not? That might help matters in certain cases.

31,154. You speak of dealing with doctors who do not give *bonâ fide* certificates, but, if you are only to be able to deal with the man who does not give what you can prove definitely not to have been *bonâ fide*, you restrict the number of cases in which you can take action?—You have no cause of complaint unless you can prove that the doctor has not been acting *bonâ fide*.

31,155. Not even if he has been slack?—In the broadest sense of the word, he is not acting *bonâ fide*, if he does not give proper service for the money he is getting.

31,156. How are you to prove it?—It is difficult to prove that the man who is a slacker is not working *bonâ fide*.

31,157. The society has to prove to the satisfaction of some committee that the certificates are given falsely or without sufficient care?—Yes, I think if you could, for instance, prove the fact which Mr. Watson put to me this morning, that some men had regularly more than their due proportion of patients, and that they had cases longer than the average time on sickness benefit, it would be a very good *prima facie* case.

31,158. Is it a case in which you would strike him off the panel?—It is a case for inquiry. The fact that that kind of thing might cause inquiry would be sufficient to make some men begin to act more carefully.

31,159. I suggest for your consideration that it is rather a slow process, if you are to wait for that to operate?—I must say that the difficulties of distributing people by some committees seem to me to be very great, and would be bound to give rise to dissatisfaction in many quarters.

31,160. There have been suggestions, of course, that the doctors may be influenced by the fear of their patients being transferred to other doctors. You suggest that that might be checked by watching the people who transferred. Is that so?—Yes, that suggestion is made from quite a large number of sources.

31,161. Is this what you would put forward—that there should be some inquiry in the cases of people who transfer?—One doctor went so far as to say that no doctor should accept a person who transfers, unless he was assured that it was not a transference because of a difficulty about getting a certificate.

31,162. He should satisfy himself as to whether there were circumstances of that kind?—Yes, that was mentioned by one correspondent. There is always the difficulty that the patient might be genuinely wanting to transfer for something else and that obstacles might be thrown in the way of transference.

31,163. You say that the system of payment per attendance has a prejudicial effect in two ways. First of all you say that you have no information as to any excess of certification in the areas in which that system prevails?—We have been unable to ascertain any.

31,164. It has been suggested that there are two ways in which it may operate. When you are on a payment per attendance system there is a tendency for a doctor to keep people on the list longer than he otherwise would, and that as long as he keeps them on his list, he goes on certifying. The other is that under the system in operation in Manchester and Salford a

patient can change, not only at the end of the year, but whenever he pleases?—Yes.

31,165. And the patient is likely to go about until he finds a doctor who is easiest in certifying?—Both these reasons, of course, have been present to our mind, and the suggestion of the possibility of this came from one of those areas—Manchester as a matter of fact.

31,166. One of your correspondents suggests that there is a risk that the patient who is refused a certificate by one doctor may immediately change his doctor without any official process of transference. You do therefore recognise, at any rate, that there are those dangers?—Undoubtedly.

31,167. If you had any evidence that there were higher sickness claims in those areas you would not be entirely surprised?—No, I do not think that I should be.

31,168. You deal in some paragraphs with a possibility of a whole-time service. Does it occur to you that part of the present difficulty in connection with the service under the Act arises from the doctor's relation to his patient as a private doctor—that he always puts that forward as overriding any claims made upon him in the interests of the working of the Insurance Act?—Yes, I mentioned yesterday that I did regard that as a distinct risk which had been deliberately undertaken for the sake of the other advantages.

31,169. Perhaps it was a risk which was not quite fully appreciated when it was undertaken?—Possibly. I think that the fact that the doctor does look upon himself as the private doctor of a patient is such an enormous advantage that it is well worth running a big risk for it.

31,170. I was not thinking so much of that as of the kind of dispensing power the doctor claims for himself in this capacity?—I do not think that the whole-time person would be any different unless you caught him early and trained him differently.

31,171. He would have a definite duty to his superiors; he would be under definite conditions of service; and he would not have these painful conflicts of duty which you have been pointing out?—No, but I think that his tendency would have to be in the direction of looking at the interests of his patients first. You might modify that to some extent.

31,172. What interest of his patient have you in mind? He would look after the health of his patient, no doubt?—He would certify the patient if he thought it necessary.

31,173. That is to say, if he thought the patient himself would be injured by work?—Yes. I think that he would take very much the same view as any other medical man.

31,174. He would take the view, would he not, that the condition in which he might state that a person was incapable of work was a condition defined by some authority other than himself, and that he must apply his judgment within those limitations?—Yes.

31,175. Not that he had a general overriding power to interpret the whole thing at his own discretion?—This is entirely off my plane. I have been a private practitioner dealing with patients, and I can hardly put myself in the place of a man who does not first and foremost think of his patient, and not of his duty to some committee or some other body. I think that it might be possible to combine the two, and make an effective whole, but it would be a matter of some time and of some difficulty.

31,176. Perhaps it may be felt on reading some of the evidence of the Association that if the medical profession claim, as a necessity of the present system, that this very enormous range of discretion should be given to them, the thing will become impossible, and that no system can work on those lines if private judgment is to be carried to those lengths. You think that they might fly out of the frying-pan into the fire?—I want to suggest that it would be flying out of the frying-pan into the fire if you had a whole-time service, because what you would gain one way you would lose doubly otherwise.



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31,177. You were discussing yesterday the question of the effect on the doctor's mind of the conditions of the panel system and the conditions of private practice, and a case was instanced by you of a wealthy private patient who wanted a certificate to enable him to get compensation from an insurance company. I do not know that you intended to suggest it, but there appeared to be a suggestion that in considering whether he should give that certificate he should not only weigh all the clinical facts of the case, but he might have some regard to the fact that to certify one way would mean a loss of an income of 50*l.* a year?—My suggestion was that he had not to do that, but that that consideration might be at the back of his mind.

31,178. That appeals to some people as a strong reason for relieving him from the pressure of considerations of that kind?—There would be some advantages in the system to the profession itself, but there are so many disadvantages that I think it would be merely flying out of the frying-pan into the fire, and I do not think that you would diminish your claims if your whole-time officer was led to stay any length of time in the district and form the kind of relationship with the patient that he ought to have.

31,179. Assuming that there are these objections to the whole-time service, and that there are, on the other hand, these difficulties about the present kind of service, is there no possibility of bridging the gap by removing the objections to the panel system?—I think that there is. You can get all the advantages you want, and which I have ever heard claimed for the whole-time service, by a gradual evolution of the panel system.

31,180. If we are to have that evolution, is not one of the first steps that the doctors should acquire some clearness of thought on the matter, and that when they are considering the question whether a man is fit for work or not, they should apply themselves to that, and practically free their minds from irrelevant considerations?—I think that the whole of us are capable of a good deal of education on this matter.

31,181. These inducements to consider the patient's private interest based on whether he is going to lose money or not have nothing to do with it. The doctor is simply called upon to say whether this person is or is not in a certain condition, and he has no right to consider anything else?—He has no right to do it, but—

31,182. Is it not necessary that he should neglect that point of view? It seems to me that there is a difference between recognising the weakness of human nature or making allowances for it in an administrative system, and the people themselves, who are subject to these influences, bringing them forward as justifications. That is the suggestion I want to make. If the profession say, "You will always find human nature will be so and so, and you have to make allowances for it," that is one thing, but if they say, "We really cannot help these things; that is a necessary consequence of the panel system, and the doctors will not address themselves simply to the question whether the patient is fit for work, but will think about other matters, such as the patient's means, and whether he will starve," that is another thing, and if they will not separate the two things, then you are driven to the other system?—No, I do not think that you are going to keep this out of the other system.

31,183. If the profession think the whole-time service is so bad for the insured person, is there no hope of them trying to mitigate these disadvantages of the panel system?—Undoubtedly we are only beginning this thing, and we are all going to learn. This Committee is a powerful process of education on me, and I hope that I shall spread some of the thoughts I have got from this Committee. That is the way in which it will be done.

31,184. You say that there is some hope that the profession will realise the necessity of clearing their minds and of addressing themselves only to the facts on which they have to certify, and that they will not attempt to defend bringing in these extraneous considerations. It is one thing to say it is difficult to keep them out, and another to justify bringing them in?—I do not want to justify bringing them in.

I want to point out the extraordinary difficulties if I can. I realise, as a counsel of perfection, that we should not allow these things to influence us.

31,185. Not only as a counsel of perfection, but also as a matter of practical politics?—As something we should strive for.

31,186. As a matter of common sense? The real question is not whether some vague injury may be done to a person's health at some remote future, but whether he is fit for work, and whether he is going to be injured here and now by going to work?—Yes.

31,187. And they must understand what is the meaning of incapacity for work under the Act and certify accordingly. Unless societies have certificates in which the word means the same thing to them and to the doctor, they cannot get on?—I agree. I only state that after all our efforts and all the efforts that I shall personally put in to convince the profession of the necessity for thinking this thing carefully over, there will always remain a small number of cases in which you cannot get over the difficulty.

31,188. You spoke of the advantage of the referee seeing a case with the doctor attending. Do you think that the doctors would be willing to attend?—I think that in most cases they would be quite willing to let the referee judge by himself, but where there is a doubtful case and where they would be glad to have a second opinion, I think that the doctor would be pleased to attend.

31,189. We have had some evidence that doctors have been notified in certain areas, and that there was no case on record in which they had actually attended?—I am surprised to hear that.

31,190. It was difficult to believe that there was no case in which both the doctor and the patient would have benefited by his conferring with the referee?—I am surprised to hear that. We have tried to bring about a system whereby no referee will ever see a patient without giving the doctor a chance of being there to explain the position, and we have found a large number of cases where the doctors have been quite content to let the referee settle it in his own mind without any help from them at all, thinking that it was not necessary.

31,191. (Chairman.) Talking about the bulk of the certification, I just want to put to you the case of a society operating in five small towns in the middle of England. Take these figures:—Town A: Expected cost for spinsters and widows, 270*l.*; actual cost approximately, 529*l.*; excess, 95 per cent. Town B: Expected cost, 22*l.*; actual cost approximately, 56*l.*; excess, 157 per cent. Town C: Expected cost, 65*l.*; actual cost approximately, 170*l.*; excess, 160 per cent. Town D: Expected cost, 86*l.*; actual cost approximately, 236*l.*; excess, 173 per cent. Town E: Expected cost, 2·9*l.*; actual cost approximately, 14*l.*; excess, 393 per cent. Then I turn to the analysis of the certificates, and I find that in the case of the first town there were out of 243 claims 55 certificates for anæmia and debility, and in the case of another town, out of 86 claims, 21 such certificates. The average claim in weeks in respect of anæmia and debility was 9·19 in one case and 10·24 in the other case. If you find facts like those, is it possible to say that the bulk of the certification does not require very close investigation and alteration?—It does require close investigation, but I am not at all convinced that the fact that there are so many certificates for anæmia and debility is anything against the nature of the certification going on. You would, in many areas, get a large number of women who were suffering from anæmia and debility, and who would be very much better off work.

31,192. Twenty per cent. of all the cases certified?—Quite possibly.

31,193. It is an enormous excess?—I do not know what the expectation was based on.

31,194. You may take it from me that it was a proper expectation. It was based on age and all sorts of things?—I always understood that we never had any clear expectation about women. It was always looked upon as an experiment as regards women.



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31,195. Assume that it is an experiment, and that we do not know what the proper expectation is. Even then no one is going to suggest that an experience two and a half times in excess is right?—It is very serious.

31,196. And when it is coupled with 20 per cent. of the certification being for anæmia and debility, it does point to something pretty gross?—I do not agree.

31,197. Not even having regard to what you told us previously about debility?—No, I do not quite follow.

31,198. You told us earlier that while you thought that debility was a thing which must necessarily be written in some cases, you would think rather ill of the man who could not find some other description in the great majority of cases and certainly after a lapse of

time. I would point out to you that the average duration is 9·19 weeks and 10·24 weeks?—9·19 weeks for anæmia, and 10·24 weeks for debility?

31,199. I cannot separate them?—Anæmia might very easily go 9 or 10 weeks and anæmia and debility combined is more likely to go that time.

31,200. I am not going to labour it; I only point it out for your further education, as you, yourself, have said that this Committee is a means of education?—You may be sure that these facts will have very great weight in my mind.

31,201. Supposing in those towns you found the average claims for anæmia and debility in the case of one doctor was 6·92 weeks, and in the case of another doctor 3·34, the first man twice as much as the second man, would you also be disposed to draw some inference?—I should. I should watch the first man.

The witness withdrew.

Dr. J. A. PARSONS (*nominated by the British Medical Association*) examined.

31,202. (*Chairman.*) Are you a doctor of medicine?—Yes.

31,202a. And you are in practice in Market Overton in the County of Rutland, and are on the panel for that county?—Yes.

31,203. Will you tell me how many insured people you have on your list?—I have about 600 on my list.

31,204. How many are men, and how many are women?—I have about 75 women, mostly domestic servants.

31,205. What kind of people are your patients and what occupation do they follow?—They are agricultural labourers and iron-stone diggers. I should say four-fifths of them are agricultural labourers.

31,206. And one-fifth are iron-stone diggers?—Yes, about 80 or 100 men working for one firm.

31,207. Have you any idea how many certificates you have given to them in the course of the year 1913?—No, I have not; I could have told you, if I had thought of it. I have my counterfoils at home.

31,208. What sort of place is Market Overton?—It is a village of about 450 inhabitants. There are other villages round in which I practise.

31,209. How big an area do you think your practice covers?—Roughly, 6 miles in a circle with Market Overton as a centre. I am in the middle of a circle with a 6 miles radius.

31,210. Do you go round in a motor car?—Yes.

31,211. Have you regular times of going round the other villages?—No, more or less irregular. In a sense one does the same round practically every day. There is a certain amount of irregularity in the sense that I have no regular time for being in any particular village.

31,212. Do you not keep surgery hours?—Yes, I have surgery hours at Market Overton in the morning from 9 to 10 and in the evening from 6 to 7.

31,213. Do you not keep surgery hours in the other places?—No.

31,214. You mean that your work is done by calling at people's houses?—Yes, the people have been educated up to coming. It is much more convenient to do it rather than having branch surgeries all over the place.

31,215. But you go to them?—In the motor on visits, yes. They fetch their own medicine, of course. As regards the working of the Act it has not increased the work in the surgery.

31,216. You do the same amount of work in the surgery as before?—Well, there is more visiting.

31,217. You have a considerable practice besides that among these 600 insured people?—Yes.

31,218. Can you say how long it takes to see the insured people in the course of the day?—It is impossible to say: I see three, four, or five private patients and four or five insured people in a village. I cannot say how many of each.

31,219. Had you any friendly society experience before the Act came into operation?—Yes.

31,220. For whom did you act?—For the Foresters, and the Manchester Unity, and local societies like the

Rutland General Friendly Society. There were one or two other local things, more or less village clubs in a sense.

31,221. In other villages besides Market Overton?—Yes.

31,222. How many people do you think you were under contract to attend before the Act?—I really could not say definitely, possibly 400.

31,223. Do you think that all those people now come to you among the 600 panel patients?—Yes, practically all of them.

31,224. And some more besides?—Yes.

31,225. Your 75 women are all domestic servants?—Yes.

31,226. Are they in the big houses?—In the big houses and the farmhouses, the houses of county people and hunting people and farmers.

31,227. Houses you are visiting in the course of your professional work?—I might do: they are in the employ of the better class people among the farmers, and they pay for them as private patients.

31,228. How have you found the health of the 600 people roughly speaking since the Act began? Would you say that there is more work or less work?—I should say more work. I went through my list book for the last five years. Of course, in a district like ours there is not a large increase in the population and there has been a distinct increase in the number of patients on the list for the month of January; that is on my visiting list of people ill during January. I would not say that there were not other circumstances prevailing, but during this January I had 101; in January 1913 I had 84; in January 1912 I had 72; and more or less the same in 1911 and 1910.

31,229. You have increased the number of your patients?—They were the people I was visiting during the month of January.

31,230. But that was in relation to a list of 600 instead of in relation to a list of 400?—Quite so. The other 200 were probably patients of mine in the sense that I had to attend them for nothing, or as private patients.

31,231. These 84 and 101 and all the rest of it are all your patients?—That is inclusive; the proportion of private patients is practically constant. I did not quote them as proving anything in particular. I took them at random to show that my opinion was that there was more work to be done.

31,232. It comes to very little, does it not?—In a practice like mine it does mean possibly more work.

31,233. What do you find is the matter with them for the most part? Is there any prevailing disease in the district?—More or less trifling ailments in the main; I mean things like lumbago, sciatica, bad colds, comparatively slight things as differentiated from diseases like pneumonia, or typhoid fever, or diphtheria.

31,234. Have you during that time had any particular epidemic?—We have not had any epidemic of influenza, or anything of that sort.



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31,235. Do you find that most of the people you see want certificates?—Yes.

31,236. Do they ask for them?—Yes, they ask for them.

31,237. Do you give them to them?—Not always.

31,238. But how often?—I do not give a certificate, if I do not think that they ought to have one. I put them off. I do not know whether I am right in doing it, but very frequently I do not give them their initial certificate. I say to them, "You wait a few days and come and see me again." I have done it very frequently, and found that they were better when I saw them again.

31,239. Is there great pressure for certificates?—Undoubtedly. People come to me and say: "Well, sir, you know I have been paying into this 'ere insurance for twelve months, and I should like to get a bit out of Lloyd George."

31,240. Is that both men and women?—My number of women is only comparatively small, and, as I have said, is limited to domestic servants.

31,241. Does it apply to domestic servants?—Yes, they want certificates, and are very keen on it.

31,242. What do domestic servants in big houses want them for?—They want to go home.

31,243. They want to go home, and they think it is rather a good opportunity?—Yes. That is rather the difficulty we have in regard to domestic servants. Some of them reside in the district, and go to their homes, and would still be under the same doctor. Others coming from an outside district further away go to a fresh doctor. It is very difficult for the first week or so to reckon them up, and they tell the other doctor that Dr. So-and-so said their temperature was so much, and this, that, and the other, and that they had this and that wrong with them. Besides that their income is a distinct asset to the home funds, and, there are all sorts of difficulties in getting them to go back to work.

31,244. That is servants who have gone home?—Yes.

31,245. I was thinking of people actually in their employer's house, who want to go home?—They do. They want to go home, and practically always do.

31,246. What do you think they want to go home for?—I do not know why they should want to go home. I suppose there is an attraction about home in a sense.

31,247. You mean that they want to go home, although they are not really ill, and are practically able to do their work?—I think that they go home on comparatively small pretexts, and do all they can to prolong their stay at home.

31,248. Are there a lot of other doctors in the same area?—In these days of motor cars one cuts into another's area. There are 22 doctors in the county.

31,249. Where is the centre of population?—At Oakham.

31,250. Is that where most of the doctors live?—There are five men in Oakham.

31,251. How far is Oakham from Market Overton?—Six miles.

31,252. How far are you from the boundaries of the county?—I am three miles from Lincolnshire and three from Leicestershire.

31,253. Do doctors come in from Lincolnshire much?—The Lincolnshire men do not come very much into Rutland. I practise partly in Lincolnshire. The Leicestershire men do come in to a certain extent.

31,254. And you go into Leicestershire?—I go into Leicestershire.

31,255. There is a good deal of competition all round?—Yes, it is quite keen.

31,256. Are you afraid in Rutlandshire that the Leicestershire and Lincolnshire men will take your people away, if you do not give certificates?—I do not think so.

31,257. Is it never discussed?—It has not been to my knowledge.

31,258. I suppose the real truth of the matter is that there are not more than enough doctors to go round?—That is so; we are always fairly busy.

31,259. Is there anything more that you would like to say?—One man in our district gave me these figures. He is a man practising in Uppingham. There is a big school, with school houses and a large number of domestic servants. The percentage of insured persons on his list who are women is 30 per cent. of his total. During 1913, 70 per cent. of the insured people he attended were women. Those are the figures he gave me, and I should say that they are absolutely accurate.

31,260. You were lodge surgeon to lodges of the Manchester Unity and of the Foresters and some other societies?—Yes.

31,261. Those are now doing National Insurance work?—Yes, they are still doing insurance work.

31,262. Are you still in touch with them?—Yes.

31,263. Do the secretaries come to see you and talk things over?—I have seen no secretary of the Manchester Unity. I see the secretary of the Foresters frequently. He comes to see me, and asks me what so-and-so means sometimes.

31,264. Do you tell him?—If I can.

31,265. Does not the Manchester Unity man come?—I have nobody representing the Manchester Unity near me.

31,266. Do the secretaries of the smaller clubs come to see you?—Occasionally the local secretary comes along.

31,267. What are the other societies?—The Prudential and the National Amalgamated. I come into contact with their agents.

31,268. Do they ask you questions?—Sometimes.

31,269. Do you answer their questions?—If I can.

31,270. How do you see them?—I go into houses to see people and the agent is there, and sometimes the local superintendent is with him. We in Rutland have no complaint with reference to the approved societies in connection with our work.

31,271. Have they any complaint to make of you, do you know?—We have got on remarkably well and very smoothly with them.

31,272. Have they grumbled much to you?—No.

31,273. Are you on the insurance committee?—Yes.

31,274. Do they grumble much on the insurance committee?—No.

31,275. What part of Lincolnshire do you go into?—Into the Kesteven district.

31,276. What is the name of the village?—South Witham, which is right on the outskirts of Lincolnshire. I have come into contact not at all with the official side of it. But in Rutland the insurance committee works very smoothly, and we get on quite well with the approved societies. We have had no trouble in any way. There are one or two obstructors, of course, but they always come round all right and everything goes very smoothly. We have a most excellent clerk.

31,277. You tell me that people are constantly demanding certificates for trifling reasons, and that you have difficulty in fending them off?—That is so.

31,278. Do you get complaints from the societies that you are not fending them off, or from the members that you are?—No. Personally I have not had anything of the sort.

31,279. What I am more interested in is what is actually happening?—Personally I do not apply to the societies at all; I simply do the thing myself. I tell them that they must go back to work.

31,280. You make them go, do you?—As far as I can. One has to go at it in a gentle way, of course. I say to a man: "I think by next week you ought to go back," and he does.

31,281. It is not a question of something you have to do physically and actively; all you have to do is to refuse to do something?—Quite so; that is what it amounts to in the end. Only the other day I had a case of a girl, a domestic servant, who was anæmic, and she got all right.

31,282. Was she not all right when she came home?—No, she was anæmic, and was suffering from symptoms of anæmia. As a general servant is expected to be up at 6 o'clock in the morning to light the fires and to



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wash and clean up the place, and that sort of thing, I considered that she was not fit to do her work.

31,283. How soon did she become fit?—At the end of three weeks I considered that she was all right.

31,284. What happened then?—I told her so. She came to see me with her mother. I told her that she was fit to go back to work, and she said: "I have still a lot of pain and my legs swell." I said: "I will give you a few more days and I will see you again." I went in the next day to her home as I was passing, and the girl was on her knees washing the floor. I sent her off the funds then and there from the last day I had seen her before.

31,285. What did she do?—She did not like it, and her mother did not like it. I shall probably lose them both as patients.

31,286. Do you not think that it would be possible to have some arrangement with the other men who come into the village that you should not take patients from one another, especially patients like that?—You do not want to go about and arrange with other doctors and say: "Look here, do not take Jones, I put him off the list and he does not like it." Jones may be seriously ill the next day, and send for that man and tell him I was out, and, of course, he would go in that case. I would not like to advise it or try it at all.

31,287. (*Mr. Wright.*) You told us that you had some experience of club practice?—Yes.

31,288. And also of the Manchester Unity?—Yes.

31,289. Do you remember what lodge it was?—The Loyal Diamond Jubilee Lodge, at a village called Greetham.

31,290. At some distance from you?—Three miles.

31,291. That would account for the secretary not being in close touch with you?—I will not say that he was not in close touch with me.

31,292. Did you find club work satisfactory?—In what way satisfactory—from the financial point of view?

31,293. No, no merely from the financial point of view; from the point of view of your own dignity and comfort in the practice of your profession?—The pay was not on a large side, as I think you will admit.

31,294. I was not dealing with that side of it?—I do not think that I felt lowered in my dignity by doing it.

31,295. You never felt that you were under the heel of the societies?—Personally, I did not.

31,296. Your relations were always satisfactory with the secretary and the other officials?—I never had unpleasantness with the Manchester Unity or any other society.

31,297. Did you find in those days that they ever came to ask you any questions about members on the sick fund?—I cannot recall any particular question.

31,298. They never questioned your decision?—Not that I know of. I cannot recall any particular questions. This is entirely my personal experience and recollection.

31,299. Was it your experience that when you gave a member a certificate he was paid sickness benefit on production of that certificate?—Yes, so far as I know.

31,300. Did you, in giving a certificate, give it in the belief and expectation that sickness benefit would be paid without any further question?—Yes.

31,301. Do you take the same view now when you give a certificate, that on the production of the certificate pay should be given?—Certainly.

31,302. It has never occurred to you that the approved societies might question your certificate, or go behind it in any way?—I have never had an instance of that. Of course, one knows it has happened, but not in any particular case.

31,303. Since the National Insurance Act has been in operation, have you given a certificate for debility?—No, I have not.

31,304. What is your opinion of certificates given certifying that a person is suffering from debility?—We are getting on debatable ground now. I, personally, think as a preliminary, an initial certificate, debility might fairly be accepted, but I would qualify that by saying that it should only be an initial certifi-

cate. I think at the end of, it may be 10 or 14 days, some more particularly definite diagnosis should be made and put on the certificate. I can quite understand the approved societies jibbing at the constant repetition of the word "debility" on a certificate, and a medical man should be able to give some more definite diagnosis after a few days. I think, therefore, it is quite fair that in the early stages a certificate of debility should be accepted, and that a medical man is quite honest in signing it up "debility."

31,305. But you would only use it in a case where the medical man had not had time for making a thorough diagnosis of the case?—Quite so.

31,306. Supposing you gave a certificate for debility, and the official of the approved society came to you and said: "You have given a certificate for debility; I do not feel justified in paying sickness benefit upon that certificate, because debility is not a specific disease," what would you say to him?—I do not know what I should say there. I think I should say: "You ought to accept it, at any rate, for the present." I might point out to him that there were diagnostic difficulties, and say: "To the best of my knowledge and belief this man is suffering from debility, and at present a more definite diagnosis is in suspense."

31,307. Would you explain to him, as you have explained to us, that the certificate was given for that reason?—Quite so.

31,308. And that when you had had an opportunity of diagnosing the case, you would put on the certificate the specific disease which caused the debility?—Yes.

31,309. Have you ever given any certificates for headache?—No.

31,310. You would not think that a justifiable certificate?—Decidedly not. You would have half the insured people in the kingdom on the funds if you did. One would search further for something in addition to headache.

31,311. How far is the next panel doctor from where you live?—Four miles.

31,312. Then in your particular village it can hardly be said that the insured persons have free choice of doctor?—I agree in that sense. You can hardly argue that there is unlimited free choice, and if they get nasty with me and say: "Look here, we are not going to have you," they can fetch the other man, and, if the circumstances were explained to him, he would probably come, and I should not object to his coming. But I have not had such an occurrence arise yet. As you say, it would be more correct to say that the freedom of choice was limited.

31,313. Leaving Oakham out of the question, scarcely any person in the county of Rutland would have what might be called a free choice?—I must contradict you there. Two miles from me in any direction, you are two miles from another doctor.

31,314. You are referring more particularly to your locality?—I am going towards doctors in every direction, and patients are also nearer other doctors. That condition does exist in practically every village except my village, and every man can say that he has free choice of a fairly extensive character.

31,315. You told the Chairman that in your opinion the question of doctors competing for popularity does not exist very much in your particular locality?—It does not exist.

31,316. But speaking generally have you found whether it exists in the towns?—I think I can see your drift, but of course, I am not speaking with any knowledge of town work at all.

31,317. I did not mean personal knowledge. I am speaking now of your personal opinion. You have thought of this matter, and thought of the panel system. Has it ever occurred to you that the panel system might in towns result in doctors competing one against the other for popularity with their patients?—I do not think so. You must allow the medical profession to have a certain amount of honesty, I think.

31,318. You do not think that such a thing is possible?—I think that it would be very unlikely.



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[Continued.]

31,319. Have you found any difficulty in regard to dating certificates?—Yes. This business of actually having to sign them once a week is somewhat of a nuisance. One or two particular societies have certificates which are distinctly involved, quite unnecessarily so, and men in my area also complain that they have had these certificates sent back to them for minor corrections, for trivial things to add and erase and so forth, which are distinctly worrying. Most of the societies, however, have certificates which are fairly plain and straightforward. I have not much experience of the actual signing on the day. Most of them I sign, as a rule, every time I see the patient.

31,320. I was thinking more particularly of the dating. Do you know the practice of societies? Do you know whether, as a matter of fact, societies pay sickness benefit for the day a man declares on? I am not speaking of National Insurance, but I am speaking of the independent insurance. Do approved societies pay for the day on which you first see a patient?—I think so almost universally.

31,321. No matter what time of the day you saw them?—In most societies I deal with they have a space in the corner of the certificate for the hour, and I have had certificates sent back to me, because the hour has not been put on.

31,322. But, generally speaking, they judge the thing in a common-sense way?—Yes.

31,323. If a man saw you early in the morning, and you declared him on, then he would be paid for that day. But if you saw him in the evening after he had done part of a day's work, perhaps he would not be paid?—He would not be paid then.

31,324. That being the old system, do you know what system obtains in regard to calculating the first day of the waiting period?—I think that it is one of the three days. Supposing a man sent for me on Monday morning, Monday, Tuesday, and Wednesday would be the three waiting days.

31,325. Quite so. But supposing he sent for you on Monday afternoon?—If he had done any work on the Monday, Tuesday would be the first of the waiting days.

31,326. Do you know of your own knowledge that that is the practice that obtains?—Yes. If they have done any work on the day on which you see them, you sign them on for the next day.

31,327. (Mr. Warren.) You told Mr. Wright of your relationships with friendly societies in the past as their medical adviser. Have you ever had occasion, whilst acting in that capacity, to compel a member to go off the funds?—Yes, to suggest to him that he should go off.

31,328. In what light has the society regarded that suggestion?—I cannot say that the fact has ever been brought definitely to the notice of the society. It has generally been a personal matter between myself and the patient.

31,329. But you have never lost your connection with a lodge because of acting scrupulously as their medical man?—No, not personally.

31,330. No feeling has ever been created against you by members you have had to make that suggestion to?—Not to my knowledge.

31,331. Might we take it that in an agricultural area such as you reside in, there is grave misunderstanding generally in the case of most of the insured persons as to what National Insurance really means?—I think that you are right. I do think that there is a distinct tendency to get a bit of their own back. I take it from their being compelled to pay, even though personally they were not members of a friendly society, very often they feel in duty bound to try to get a little of their own back, or, as they generally say, "A bit out of Lloyd George." That is the general expression; it is rather a foolish one perhaps.

31,332. Do you think, generally speaking, that they regard the benefits under the Act as guaranteed by the Government?—Yes, they do; there is undoubtedly that feeling.

31,333. And it being a State concern, therefore the funds are illimitable, and, therefore, it is up to them

to get as much as they possibly can out of it?—To get it if they can.

31,334. You have quite a number of domestic servants amongst your insured women?—Yes, they are principally domestic servants.

31,335. And you find a large proportion of them endeavour to obtain benefit?—I would not say a large proportion, but a fairly large proportion.

31,336. Are those who apply for certificates to you really ill, do you think?—That is a somewhat difficult question to answer. I put this point particularly before the local medical committee and the panel committee of our county, and every member gave more than one instance in which he had definitely refused to give certificates to domestic servants; so, of course, one cannot say that one always gives them or that they are always ill, obviously.

31,337. Have you yourself had to refuse certificates in numbers of cases?—Yes, more than once in the case of domestic servants (I would not say in numbers of cases).

31,338. It has been the desire of the servant girl to obtain benefit, and you have really had to decide that she was in a condition not to justify you in giving her a certificate?—Yes.

31,339. Are there a large number of old members of friendly societies in your part of the country?—Yes. I have here a letter from the secretary of the Rutland Approved Society, which was one of those small societies composed of two or three local clubs, which, by some arrangement, were made into a small approved society. The total membership is now 576. Out of that total 523 pay for extra benefits; that is, there is only 9 per cent. who do not. In addition to the State benefits, the extra benefits range from 8s. for women to 9s., 10s., 12s. and 14s. for men. The average works out at between 10s. 6d. to 11s. per week extra.

31,340. So that in respect of the average man, he is now entitled to a benefit of 21s. per week?—That is so; that is what I gather from the secretary's letter; I should say the average earnings would be roughly 17s. a week. That is only the secretary's opinion, but I should say that it is as near as you can get it.

31,341. Then if you assumed the average wages at 20s. that would be quite an outside average?—Quite outside.

31,342. Therefore, in respect of those men, their benefit approximates to or exceeds their ordinary wages?—That is so. Then, again, if I might quote it, the same practically applies to the local lodge of Foresters. The total number of insured members in this local branch is 155, and of those 150 pay for extra benefits. But I gather that the amount they pay for is smaller than it is in the other society, varying from 2s. to 10s. a week.

31,343. Taken generally, in your opinion it would offer an inducement to those men to endeavour to obtain benefit?—Yes, to magnify and prolong their trivial ailments.

31,344. Have you had any experience among your own patients of that being attempted?—Yes, I have.

31,344a. Of course you would have a fair knowledge of your men?—I know them all individually. I have been in practice there some 12 years, and I know them as well as I can know anybody.

31,345. Therefore, your experience would lead you to conclude that this question of over-insurance was a real menace?—It is in certain cases, but not always, because there are instances where one has to put pressure on them and not allow them to go back to work. Of course it is an incentive; it gives a man a feeling of security, that it is quite all right, that things are booming, and he is no worse off than when he is at work; indeed, he is a little better off.

31,346. Your past experience would lead you to appreciate the value of a reasonable sick visitation by sick visitors?—Quite so, and that is the feeling of the medical men in my district, that sick visitors would be of undoubted value.

31,347. Of course, except in those cases you mentioned, there are sick visitors appointed by the societies?—The new big approved societies have no sick visitors.



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[Continued.]

31,348. No, but in the particular Rutland society?—That society has not; the branch of the Foresters has. The sick visitors do still appear in the county, but they are not a factor of any note.

31,349. Then, if sick visitors have been of real value in the past, may I take it that in your opinion it would be well if the system was universal throughout the whole country as a check upon unjustifiable claims?—I think that it would be an advantage.

31,350. And also to see that sick persons were obeying the rules of their particular society?—Quite so. I think a sick visitor requires to be a man with a certain amount of tact and so on. He does not want to be a man who is out specially and only, and lets everybody know that he is out specially and only, to catch them. You hardly want to make a detective of him right off.

31,351. (Mr. Mosses.) Upon what day of the week do the majority of your patients declare off?—I think that there is no definite day at all.

31,352. But speaking approximately, have you the same number who declare off on Monday as you have on Saturday?—I really could not say definitely. I candidly confess that I have taken no note of that at all.

31,353. In your experience the declarations-off at the end of the week have not been sufficient to impress you. You say that you have actually refused to give some of your patients declaring-on certificates?—Yes, my method there has been that I have seen them in the first instance and told them to wait a day or two, and then at the end of three days I have found that they were well enough to go to work, and I have said to them, "You must get back to work again," and, as a rule, they acquiesce and go back. I have not had much difficulty in that way.

31,354. Have you had any cases in which they have reported your refusal to their approved society?—No.

31,355. I suppose, roughly speaking, you could divide your panel patients into two sections: those who were insured before the Act, and those who were not. Have you any data you could give the Committee as to the sickness incidence of the two groups?—I have no exact figures, but I can give you my opinion. My opinion is that the new people coming in have undoubtedly required more attendance than the old friendly society people did.

31,356. In spite of the fact that the old friendly society people, if they have remained in the societies, are now doubly insured?—Many of the newly-insured, in fact, practically all in the district, are doubly insured.

31,357. They are all on the same basis practically?—Yes, as regards pay. That was proved by the figures I quoted from this letter. Before the Act came into force there were 527 and it is now 576.

31,358. That accounts for the difference in your panel and the insured patients?—Yes.

31,359. You said that the majority of your panel patients were agricultural labourers. What are their wages?—From 16s. to 18s. a week. Possibly, allowing for harvests and hay time, and a little bit of threshing and so forth, an average of 17s. would be correct year in and year out.

31,360. Then they get more when they are sick than when they are working?—Yes.

31,361. You have no exact data as to the cost of sickness benefits of your panel patients?—No.

31,362. How many out of the 600 on an average go sick during the year?—During January I took a note of that, and out of 600 (to be more correct it is about 580 at the present moment), 52 required attendance of one kind and another during January.

31,363. How many of those 600 come upon the sickness benefits during the year, what percentage?—During 1913, 122.

31,364. That is an exceedingly low percentage; it is only 20 per cent. of your whole list?—Those are the figures, and last year was on the whole a healthy year, work was regular, and the weather was good, and so forth. When I sent in part of my record cards I kept my figures. I now have about 550 patients, not quite so many as during 1913.

31,365. Seeing that the wages of your patients are so low, how do they manage to find the contributions to the two societies? It must come to about 1s. a week?—It comes to 10d. There is 4d. deducted from their wages and 6d. for the other. How they do it I do not know, but they do find it, as evidenced by the figures I quoted to you. But 18s. a week out there is very different from 18s. a week in a town. They have a garden, their vegetables cost them nothing, their fire-wood costs them nothing, because they get it from the hedge-bottoms or they chop up tree trunks and so on.

31,366. And the rents would be very moderate?—They are very low. Many of them live rent free—those who are living directly under a farmer, as yard-men and horse-men and so forth. Others get their cottages at 2s. and 2s. 6d. a week, and 3s. with a garden thrown in.

31,367. At certain times of the year these agricultural labourers can make more money?—Yes, at harvest and hay time.

31,368. How long do those periods last?—Harvest time a month and hay time a fortnight, given good weather. A farmer always allows an extra month's pay for harvest, whether it is finished in that month or not. Sickness is less prevalent during the busy time, of course. It is generally less in the country in the summer time than in the winter. But I do not think that it is due to dishonesty.

31,369. During the winter time, when there is lost time and no extra pay, is sickness any more prevalent?—There is more sickness in the winter time, when they cannot make so much as in the summer, of course.

31,370. Is it due to that, or to the fact that the work is more unhealthy in the winter?—I should attribute it to the weather or adverse circumstances generally, and not to any dishonesty.

31,371. Did you lose many patients by transfer at the end of the year?—No. Possibly in the country one becomes more friendly with one's patients; they become more part and parcel of one's self in the country than in the town. Transferring is not so easy in the country either. Mr. Wright spoke about the free choice, and it is not so easy with us, as in a town. In a town there are two doctors next door to one another, and transfer is quite easy. The clerk at Oakham at a committee meeting said that out of 6,000 insured persons well under 100 transferred from doctor to doctor in the county.

31,372. You are rather peculiarly situated, of course. With regard to domestic servants you said that the tendency was for them to leave their places and go home when they were sick?—Yes.

31,373. Do you find any tendency to come upon sick pay or try to come upon sick pay when going from situation to situation?—From employer to employer, no. I do not at the moment recall any instance of that. You mean, supposing a maid was with Jones, and then suddenly moved off to Brown, she was ill at Jones's and then at Brown's. That sort of business?

31,374. Yes?—No, I cannot personally recall any instance.

31,375. Are servants very scarce where you are?—They are extremely scarce. They all go to Nottingham and Leicester, and so it makes it very difficult for poor people like us, living in the country.

31,376. (Miss Ivens.) You had a good deal of experience of club work before the Insurance Act came in, so you really know how to manage your patients with regard to certificates?—In a certain sense, yes.

31,377-8. Have you ever felt the need of a referee to whom to send any particular cases that you were not absolutely certain about?—I have been more than suspicious in certain cases, particularly those mentioned, of sciatica and lumbago and that sort of thing. They have a knack of getting well awfully quickly sometimes. I can give you a case. I saw a man the other day on the Wednesday, and he was tied to his chair, and said that he could not move hand or foot, or anything. This was between 11 and 12 o'clock in the morning. I wrote him a certificate, or, rather, signed his continuation sheet. In the evening I was at a place about four miles away, and I was standing in the waiting room, when who should walk in but this



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[Continued.]

particular man. I suppose the last person he thought of seeing was myself. I said to him, "Hullo, what is this?" He said, "Oh, I feel a lot better, sir." I said, "You will go off to-morrow." He was quite nice about it, and he signed off there and then. Whether he had suddenly got well by my medicine or what, I do not know, but that is one case. There have been other cases that have made me suspicious. There is a tendency, I will not say to malingering, which is rather a nasty word to use, but I would put it to magnify and prolong the illness. It is one and the same thing of course, but "malinger" is rather a nasty expression.

31,379. So you would rather welcome the referee for such suspicious cases?—Yes, decidedly.

31,380. You have very few women patients comparatively?—Yes, as insured persons.

31,381. And very few married women?—Quite so.

31,382. Would the midwifery be done by doctors or midwives?—Practically entirely by doctors.

31,383. Yours is a very scattered area?—Yes, it is such a scattered area that it would not pay a certificated midwife to stop there.

31,384. Do you find any lack of facilities for institutional treatment, or are you able to get your cases in?—I never have any difficulty in that way. We have, of course, to begin at the lowest rung, the work-house infirmary. Then there is the local cottage hospital, which is very nice, and in the larger towns like Nottingham and Leicester there are general hospitals.

31,385. Have you facilities for district nurses?—We have a very good local nursing association.

31,386. So you are very well off?—We are almost up-to-date in most things.

31,387. (Chairman.) Is there anything you would like to add?—The only thing that was suggested at the meeting of medical men the other day was in reference to the question of diagnosis in suspense. That would come on partly in connection with what Mr. Wright asked me in the matter of debility. They said there that they thought the societies should not insist on a definite diagnosis straight off. It might be left in suspense for one or two weeks. There was no tendency to prolong the thing, and they rather deprecated anything of the sort.

31,388. Whose views are you expressing?—Those of my own local medical committee. What I have given you are not entirely my own personal opinions; they are based on conversations with the medical committee. They also pressed for a distinct improvement in the matter of uniformity of certification; I mean in the matter of certificates being more or less all alike. It is a great business, having to find out the ritual of one society's certificate and another. Some are very difficult to understand. Then there is the difficulty in the matter of payment. We have no experience of anything but *per capita* which has always obtained.

31,389. Workmen's compensation cases do not come your way very much personally, do they?—Except in regard to iron and stone men. Farmers' employees have accidents; they get fingers cut off, and so on.

31,390. But you do not get much Workmen's Compensation Act work, do you?—Boys feeding sheep get their feet in turnip cutters sometimes.

31,391. And you get people kicked by animals?—You get horses' kicks and feet trodden on, but not anything like the number of accidents that there is in a big industrial centre.

31,392. You do not find any difficulty, do you, in filling up the certificates; I mean leaving out the question of these complicated forms; take the ordinary form? Do you put down what you truly think is the matter with a person?—You mean difficulty in coming to a diagnosis?

31,393. No, I mean you do not do any of this magician business, do you?—A difficulty might arise.

31,394. Have you ever known it arise?—I have no particular experience. Diseases due to misconduct are particularly rare.

31,395. I was not meaning misconduct particularly. When you see your patients you have to make up your mind about them. Do you find any difficulty in putting down something which will convey your true opinion to the officials of the society?—I can recall no instance of it personally.

31,396. Take the case of a general practitioner who carries on a bigish practice in the country; he does not find any difficulty, does he?—In the ordinary average run there is no difficulty.

31,397. Do you find any difficulty about making up your mind whether a patient is capable or incapable of work in ordinary circumstances? You do not worry your head about the definition of it?—The difficulty comes in there of giving a definition to actual incapability.

31,397a. But before people got into the habit of sitting round tables and trying to find definitions of that expression, did you find any difficulty in making up your mind what "incapable of work" meant?—It is very difficult.

31,398. I am not asking you to define it. Do you find any difficulty in actual practice in regard to it?—I should have no hesitation, personally, if I thought a man was incapable of work, of saying that he was incapable. I should not beat about the bush. Personally I should expect no difficulty in that way.

31,399. You do not argue with yourself whether it is a case of something happening to him at some time or other?—When he is capable of doing his work?

31,400. Yes, capable of doing his work, if you like?—I find no difficulty in coming to a decision on that.

31,401. After you once had settled your diagnosis?—After I have once settled my diagnosis.

31,402. You may have a difficulty in regard to that, of course, but that purely medical question once settled, you have finished with it, and all you have to write down on the certificate is whether he is capable or incapable. You do not take the view that the doctor is the interpreter, not only of the Act, but of whatever intention Parliament had in passing it?—No.

31,403. Supposing doctors thought that they had some dispensing power, in spite of what Parliament meant when it passed the Act, and quite apart from the words used in it; what do you think the country at large would think in respect to such a view? Would they ever accept that from medical men, or from any caste of men?—I think that there would be a good deal of opposition to it.

31,404. Is it not contrary to the whole of one's ideas?—On the whole I think that any medical man who is an ordinary civilised being tries as far as possible honestly to certify what a patient is suffering from.

31,405. And tells the truth about it?—And tells the truth about it, undoubtedly.

31,406. But, as this long, printed statement says, by euphemisms and synonyms?—I think, if he found a synonym which would be all right to the lay mind or to the society, if you like to put it —

31,407. What do you mean by "all right"?—He would be quite perfectly justified in using a synonym.

31,408. You said: "If it would be all right to the lay mind." I do not know what you mean by "it would be all right"?—Supposing the society was not going to be injured in any way at all by the medical man writing a synonym.

31,409. Do you think that he could judge whether the society could be injured or not?—I think I could.

31,410. I mean that a profession which keeps knowledge inside their own heads because they think it is all for the good of other people to do it, would in the long run be dispossessed by the people. Here is a claim by an organised body or profession to do this kind of thing. I think the profession had better reconsider the matter, because the lay people are not going to stand it?—I think that we should be justified in using synonyms under certain circumstances.



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[Continued.]

31,411. What are the circumstances?—Possibly where a man's occupation might be in danger, or possibly the peace of a home.\*

31,412. You would tell something not the truth in order to enable a man to get money?—The adoption of a synonym is not necessarily telling a lie.

31,413. I do not know what any of these names mean. You say that by calling a thing A instead of B you would induce me to pay that which I would not pay if you called it B. That is telling a lie, is it not?—If a medical man deliberately told a lie on his certificate —

31,414. Have you ever invested your money in companies?—No.

31,415. You have heard of people doing such things on the faith of a prospectus?—Yes.

31,416. Do you not think that, without telling actual lies, there are statements in a prospectus which are intended to produce in the minds of people an effect which is not true? Are not those lying statements? If not, what is the difference?—The difference to me is this, that the adoption of a synonym is not necessarily a lie.

31,417. What is a lie?—An untruth.

31,418. No, no?—If we go on, we shall possibly get a further splitting up. An intricate medical term may be a synonym, but none the less true.

31,419. The whole point of the thing is whether this synonym, this word, whatever it is, is used with the intention to deceive. If it means just the same thing and does not deceive, it does not matter the least bit in the world whether you use it or not?—That is my point. I think that you are quite right if it was used with the intention of actually deceiving.

\* I had in my mind here a possible case of a married woman, an insured person, who quite innocently contracts syphilis from her husband. This is generally regarded as a disease due to misconduct. In this case it could not be attributed to misconduct, and, therefore, I submit, the woman ought to be paid. But what a business it would be explaining to the approved society, *through the local agent*, the circumstances! I contend here the use of a synonym would be justifiable. The same conditions would apply to a nurse who contracted syphilis from a patient. If it were known that she had suffered from the disease, her chances of getting employment would be almost nil. Such cases as the above will be of rare occurrence, and will, I think, constitute the instances when a synonym might be used.—J. A. P.

31,420. Let me put it like this: here is a person suffering from something or other, I do not mind what it is. I should have to pay for it, if you called it by another name than its real name. If you gave it that other name with the intention of making me pay, surely that is lying to me, is it not; you take advantage of my ignorance?—From a purely ethical point of view that is correct.

31,421. Is it not a matter of common honesty?—The personal element enters in; the personal relations of a doctor to his patient, and so on, must enter in. But I think you are absolutely right. At the same time I am afraid that it will never be absolutely universally followed.

31,422. I want to suggest that these insured people are more or less put, by this Act, on their honour. They are partners together, and the working of the thing must depend on their being honest. No society official can tell whether a distant individual is ill or not?—That is so.

31,423. In the same way are not all doctors in the same position, that they are all on their honour to do their best? Is not that the fact?—Yes.

31,424. When I find the members of a profession for which I have great respect, saying that they exercise much ingenuity in using synonyms, do you not think that I have a right to be shocked?—Yes.

31,425. And also when I find that they think it is not astonishing that many medical men should be exercising much ingenuity and confessing it?—I think that you are absolutely right.

31,426. If you think that, I will stop?—I will leave it at that; but if I might I should like to qualify it. I think that you would be quite justified in using a synonym in some cases.

31,427. There you are. You know quite well that, honourable as the profession is, as a whole, there are persons among it who are weaker than others?—Yes.

31,428. And possibly there are those who are more wicked than others. Is not that so?—Yes.

31,429. It is up to the leaders of the profession, and, above all, to the people who are educating the profession and guiding its policy, that they should uphold rather a meticulous standard of honour than otherwise?—Yes.

31,430. If you do not do that, what can we say to the other people, we who stand more or less in between the two? Will you kindly urge that upon your friends in Rutlandshire?—I will.

The witness withdrew.

## FORTY-THIRD DAY.

Wednesday, 18th March 1914.

At Winchester House, 21, St. James's Square, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Dr. T. M. CARTER.  
Mr. WALTER DAVIES.  
Miss MARY MACARTHUR.  
Mr. WILLIAM MOSSES.  
Dr. LAURISTON SHAW.

Mr. A. H. WARREN.  
Mr. A. W. WATSON.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.

Mr. ALEXANDER GRAY (*Secretary*).

Mr. WALTER P. WRIGHT (*a member of the Committee*) accompanied by Mr. WALTER COLLINS (*Corresponding Secretary of the Independent Order of Oddfellows, Manchester Unity*) and Mr. F. MATSON (*Chief Accountant of the Order*) examined.

31,431. (*Chairman*.) You are Grand Master of the Independent Order of Oddfellows, Manchester Unity, and you are also a member of this Committee?—Yes.

31,432. You are accompanied by Mr. Walter Collins, corresponding secretary of the Order and Mr. F. Matson, chief accountant?—Yes.

31,433. The Manchester Unity is a very old established friendly society, which is registered under the Friendly Society Acts?—Yes.

31,434. It is an Order with branches, and it has been approved as a whole for the purposes of the National Insurance Act, 1911?—Yes.



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Mr. W. P. WRIGHT.

[Continued.]

31,435. The society is composed of 4,054 lodges in England, and those again are grouped into 297 districts?—Yes.

31,436. What are the respective functions of the district and the lodge? What parts do they play in your organisation?—The lodge is really the self-governing unit in the society. Lodges are established by permission of the district and of the board of directors for the purpose of insuring members for sickness benefit. Every lodge is attached to a district; the district organisation originally was formed mainly for the purpose of re-insuring funeral benefit, and spreading funeral liabilities over a larger number of persons than would be comprised in a lodge. The lodge is self-governing in almost every respect, except that the tables of contributions and benefits must be those operating in the district to which the lodge belongs. The right of appeal lies also from the lodge to the district in the first instance, and the district exercises a general sort of supervision over the affairs of the lodge. The district is governed by periodical district meetings held in some cases half-yearly, and in some cases quarterly. These district meetings consist of representatives of the lodges comprising the district, the representatives being elected on a proportional basis according to the number of members in each lodge. The district meeting in turn elects a provincial grand master, a provincial deputy grand master and a district committee of management.

31,437. How many districts are there in England?—There are 297 districts. The districts vary a great deal in size. London, North, for instance, has 119 lodges possessing a membership of 32,503, while we have the district of Barnard Castle with only one lodge possessing a membership of only 231.

31,438. How does a district consisting of only one lodge manage to exist?—Of course, the lodge is practically the district. It is a very anomalous state of things, and one which we are trying to alter by bringing about the amalgamation of small districts; but some of these districts are very proud of their existence, and it is very difficult to exercise any compulsory power. That can only be exercised by the annual movable conference of the order and these districts persist as long as they can in maintaining a separate existence.

31,439. Do the districts in their turn elect the governing order of the body itself?—The districts in their turn elect the governing body by means of the annual movable conference. The annual movable conference is so called because it moves about from town to town. It is composed of deputies representing the districts, each district having the right to send a number of deputies according to the membership. The annual movable conference elects the grand master, the deputy grand master and the board of directors, who are the executive governing body, and the committee of management of the society.

31,440. They hold office for one year?—For one year only.

31,441. Are they eligible for re-election?—Yes.

31,442. Is the grand master eligible for re-election?—Not as grand master but as director.

31,443. How many are on the board of directors?—The board consists of the grand master, the deputy grand master, the immediate past grand master, and nine directors.

31,444. Are they in permanent session?—No. The directors meet quarterly at Manchester, and hold special meetings as required.

31,445. What are their powers in the Order?—Their powers are set forth in Rule 15. In the first place they are the final court of appeal for the districts.

31,446. As between members and lodges, or between lodges and districts?—Yes. The member appeals first to his lodge and from his lodge to his district and from his district to the board of directors, and they constitute the final court of appeal. Then there are certain executive powers such as examining the cash account, sanctioning payment and establishing district and lodge branches. The lodges, as I told you, are

formed on the application of the district with the sanction of the district, the dispensation being granted by the board of directors. Another power is to determine the appropriation of surplus capital.

31,447. How does that capital arise?—Upon valuation. When upon valuation a surplus is disclosed in respect of a lodge, and there is a sufficient amount to appropriate for extra benefits or in any other way, the lodge then makes application through the district to the board of directors at the head office for permission to appropriate that amount. The board have power to investigate, or cause to be investigated, the accounts or the position of any district or lodge whose affairs they have reason to believe require investigation, and the person appointed by the board has power to call for any books, documents or information required from the lodge or district, and the expense may, if the board so determine, be charged to that district or lodge. Another power is to investigate the cause of growing deficiencies of lodges, and to make such orders thereon as they may deem advisable. When, as a result of the quinquennial valuation or a special valuation, the lodge is found to have a dangerously growing deficiency, the board may cause an investigation to be made, and may order the adoption of other arrangements with regard to contributions and benefits.

31,448. How many members has the order on its private side?—The return for 1913 has not yet been compiled. You will understand that in a society consisting of so many branches it is impossible to get the whole return out in the first few months of the year, but on January 1st, 1913, the total number of adult male and female members insured for independent benefits, was 1,028,155. That number does not refer solely to England, but includes the United Kingdom, the Colonies and the United States.

31,449. Have you any idea how many members there are in England?—The secretary informs me that there are about 700,000.

31,450. How many are women, and how many are men?—It is almost impossible to give those exact figures. We can furnish them roughly; but the fact is that we have a large number of mixed lodges, about the membership of which we are not quite clear.

31,451. Roughly speaking, there are male lodges, female lodges and mixed lodges?—Yes.

31,452. Under the National Insurance Act how many members are there in England?—The number of members is 624,757 men and 153,636 women or a total of 778,393.

31,453. Are those persons scattered throughout the 4,054 lodges?—Yes.

31,454. Are the lodges grouped into districts for the purposes of section 40 of the National Insurance Act?—No, they are not grouped in districts; we are just engaged in grouping our lodges, but not in existing districts. I should say that we are grouping districts. We are obliged to do that, because so many of our districts have fewer than the requisite 5,000 members, and therefore we are grouping districts for the purpose of complying with section 40 of the Act.

31,455. So the districts for the purpose of the National Insurance Act do not correspond to anything that is really happening under the Act?—Except for valuation purposes. The same sort of control is exercised by the district which is the medium of communication for National Insurance purposes as for independent purposes. It is only with regard to grouping that there is any difference in the constitution of the society. The establishment of these groups will make an alteration in the constitution, but that is simply for valuation purposes.

31,456. But when they have been grouped for valuation purposes, those groups will not have any relation to government?—None at all.

31,457. You will have people grouped together though they have not got a common government, and *vice versa*?—Yes.

31,458. Turning from the theory, what is the practice under the National Insurance Act? How is



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the work actually done? Who really administers the lodge?—The lodge really administers the Act in respect of its own members.

31,459. Does anybody look after the lodge to see that it is doing it properly?—There is the district supervision, which I hardly know how to describe. The districts have very little power. They exercise a sort of supervision, but that particular supervision is not defined in any way in the rules so far as I know.

31,460. It is a sort of moral pressure?—Yes, I think that that is the best way to express it.

31,461. What happens to the administration money?—It is sent, by the Commissioners, in the first place to the head office in Manchester. It is distributed from the head office to the districts, and it is distributed by the districts to the lodges.

31,462. What proportion is sent to the districts, and what is sent by the districts to the lodges?—So far as administration is concerned, the whole amount is sent to the districts, and is sent by the districts intact to the lodges. So far as the benefit funds are concerned, they are sent out on an estimate supplied by the districts.

31,463. From the head office?—Yes. First they were sent out in accordance with the actuarial estimate of 3*d.* and 2*d.*, but since then we have retained at the head office a certain amount of money for the purpose of meeting any demands which may arise within the quarter. Each district is required to furnish an estimate of its requirements, and the money is sent in accordance with that estimate.

31,464. Who pays the expenses of the head office, if all the administration money goes to the country? From what fund would come such expenses as the head office is put to?—That is raised by a levy on the districts, and the districts in turn levy on the lodges.

31,465. What is the net result of the levy that has been made?—The annual levy for head office expenses for Insurance Act purposes is 2*d.*

31,466. Does that not leave 3*s.* 3*d.* to be spent between the district and the lodge?—It leaves 3*s.* 3*d.* to go to the districts.

31,467. What happens between the district and the lodge?—The district sends the 3*s.* 3*d.* to the lodge and takes a levy from the lodge for district expenses. They vary very much according to the size of the district and the amount of work which the district does in respect of lodges.

31,468. What sort of sum is it?—In some cases, for instance, a district has a whole-time corresponding secretary who renders a great deal of assistance to the lodge secretaries. The levy would be heavier in that case than in the case of a district where the corresponding secretary is merely a part-time officer, and has very little to do with the lodges beyond acting as the medium of correspondence; but roughly the amount varies from 2*d.* to 6*d.*

31,469. So that there will be from 2*s.* 9*d.* to 3*s.* 1*d.* spent in the lodge?—Yes.

31,470. What is that spent on?—The largest item is the secretary's salary.

31,471. Is he a part or a whole-time servant?—In the case of some lodges he is a whole-time official, but, in the great majority of lodges, he is only a part-time official, and he does the work in his spare time.

31,472. How much goes to secretarial work, and how much to sickness visiting?—The recommendation of the board was that the lodge secretary should be paid 1*s.* 6*d.* per member per annum, but I am afraid that some lodges have exceeded that, and in some districts they are paid 2*s.*

31,473. Does that include stationery and office expenditure?—No, that is merely secretary's salary.

31,474. That does not leave very much over for anything else?—It does not.

31,475. All the money being, practically speaking, in the lodge, what control does the head office exercise? Suppose you do not think that things are going well, what can you do? Do you enforce one system of dealing with claims over the whole order?—We have no power of enforcing anything which is not contained

in the rules. There is nothing in the rules in regard to any uniform system of administration. Of course, if we knew that anything was very wrong in a lodge we should, as an executive body, send a deputation to investigate, and call on the lodge to put matters right; that would be done, only if we had clear evidence that something was radically wrong.

31,476. If you came to a conclusion about the criterion of incapacity for work, could you make all your lodges accept that or could they go on in their own way?—I am afraid that they would go on in their own way. We should do as the Commissioners do, issue circulars. We have issued a great many circulars, but the lodges interpret those circulars in their own way.

31,477. There is a wide divergence of practice?—I am sure that there is.

31,478. What about certificates? Can you call on everybody to accept one form of certificate?—No.

31,479. Could you do that through the annual movable conference?—Yes.

31,480. Would they have power to impose it?—Yes; that is an absolute law unto itself and to the whole society.

31,481. So that if an annual movable conference said, "You shall take this view of pregnancy or incapacity, or you shall have this certificate subject to the law and the provisions of the Act," the society would have to accept it?—Yes, and it would then be the duty of the directors to enforce that upon every branch of the society.

31,482. What actually happens when a member of a lodge falls sick?—The practice varies. In some cases he is required to give notice to the secretary, and in some cases he is required to give notice to the sick visitor. He has to give notice to one or the other.

31,483. Does he give that notice on the first day on which he is incapacitated from work?—Most of the lodge rules provide that notice must be given within 24 or within 48 hours of the beginning of his sickness.

31,484. You mean before the three days have elapsed?—Yes; before he is sick for three days, he should give that notice.

31,485. Is that in the form of a declaring-on notice?—He would take the doctor's note to the sick visitor or to the secretary, and they would hand him the declaring-on note which he would then fill in.

31,486. Is the doctor's certificate given in on the actual day on which the doctor finds him incapacitated?—Yes.

31,487. Do you think that this is always done?—The evidence which I have goes to show that members do not give notice to the secretary on the first day. The State-insured members, those who have not been accustomed to our rules, do not do it. It is the subject of complaint on the part of a great many secretaries that sometimes they get no notice of sickness for many days, and in some cases for weeks.

31,488. I was on the narrow question as to whether you succeed in inducing them to give notice on the first day, or whether they always wait until the fourth day to see whether there is going to be a real claim?—The old members, I should say, would give notice as soon as they went to the doctor, and felt that they would not be able to go to work.

31,489. Of your 773,000 State-insured people, how many do you suppose are insured on the private side also?—I sent out a form with queries, and I have had replies from only 3,000 lodges. In these 3,000 lodges I found that the number of members insured both for State and independent benefit on the 1st July 1913 was 406,431.

31,490. That leaves a very large number of new people who are only State insured?—The number who are State insured only was 235,125, but of course these figures are for only 3,000 lodges.

31,491. Shall we take it that the number is somewhere about one third of the total?—I think you might.

31,492. On the first day the old members send in their notice to you, and you are trying to make the new members do so too?—Yes.



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31,493. Are those efforts being kept up?—It all depends on the secretary.

31,494. If a member falls ill, say, on Monday, do you attach importance to his sending in notice on Monday? I am not talking now about the beginning of sickness benefit, but of the very beginning of sickness?—I attach a great deal of importance to that. I think that insured persons should be compelled to give notice directly they obtain an intimation from the doctor that they are incapable of work. They should be compelled to give notice within 24 hours, or some penalty should be imposed.

31,495. Even though they may never come on the funds in respect of the sickness?—Yes.

31,496. I quite see the reason for that, but on the other hand there is a danger in it. If every doctor is compelled to certify for a person whom he finds incapable of work, without reference to whether he is incapable for three days, there is a risk that a great many people would prolong their cases?—It is your present system. The danger does not seem so much that the insured person would have the doctor's certificate in his possession; the risk seems to be that having got a certificate, he would not go to the doctor again until he was entitled to draw some sickness benefit.

31,497. And had drawn it?—Yes, but that is entirely the fault of the administration of medical benefit.

31,498. Is it entirely so? Does it all rest with medical benefit?—I think so. I think that in every case an insured person should be seen again by the doctor.

31,499. That is a point of view which I was taking, but then it is put against it, and I think with truth, that if a doctor sees a patient on Monday, his rounds may take him again to the village where the patient happens to be on Wednesday or on Friday and not on Thursday, and you cannot say that a doctor has to go to a particular place on a particular Thursday, merely for the purpose of seeing that man?—I admit that that may have been a counsel of perfection, but with a properly organised medical service that difficulty would not arise. I see all the difficulties, but you ask whether I attach any importance to it, and I do. I think that it is very important.

31,500. What is the next thing that happens? On the Thursday he still does not go to work?—Yes.

31,501. On Thursday evening he becomes entitled to a day's pay?—Yes.

31,502. When would he be paid?—Probably on Friday or Saturday. In most cases the sickness benefit is made up on Thursday night.

31,503. Would he be paid one broken day like that in the first instance?—Yes.

31,504. Would there be any hardship if he was obliged to go again to the doctor before he got any actual payment, and the doctor, on the other hand, was obliged to see him before the expiration of seven days, so that all this blank cheque business might be put an end to? There must be a great deal of nibbling—a great many people who have got certificates at the beginning, or the middle, of the week, if you like, and who do not go to work until a week has elapsed from the giving of the certificate without having seen the doctor again, and perhaps meanwhile they were getting sickness benefit?—Your suggestion is that there should be a rule to the effect that the insured person should see the doctor some time within seven days?

31,505. After having seen him a first time?—That would seem to me to lend itself to nibbling.

31,506. What I mean is, the original certificate of the doctor differs from all other certificates in this respect, that it is in a sense, prospective, while all the other certificates are retrospective?—That is so.

31,507. What I suggest for consideration is whether you might not have a system under which no one would be paid on any certificate except one which referred back?—That would be possible. Of course in some cases it would mean the insured person waiting ten days.

31,508. Would that matter?—I do not think so.

31,509. It seems to me that the present system is open to this; there is this document sent in on Monday, and you do not know a bit by Thursday whether the man is still sick. If you send the sick visitor and he goes and finds that the man has returned to work, his errand is wasted?—Then the doctor would be instructed, and something would have to be on the certificate to the effect that the doctor had seen the insured person on a certain date.

31,510. I attach at least as much importance as you do to the doctor's certificate being given on the first day of all, and then I suggest that the next certificate should state that "I have again examined this man and he is still incapable of work in accordance with the statement on my first certificate"?—I see no objection whatever to that course.

31,511. Do you think that it would be an improvement?—I do.

31,512. Do you think that your people would accept it?—I think that they would, certainly.

31,513. Is it the Manchester Unity practice at present always to get a second certificate before you pay?—The practice is in most lodges that members are required on the Thursday or the day before they are paid to get the doctor to initial this sickness benefit note. That is generally done on the Thursday.

31,514. But there must be many cases in which that is impossible?—That is so.

31,515. That always was the practice in the past?—Certainly.

31,516. Mr. Watson asked me to put this. He thought that they generally paid on Friday up to and including Saturday as well?—I do not think that that is the usual practice; it varies, of course, but speaking for my own district and several districts which I know, the accounts are made up on the Thursday night.

31,517. Are they made up to Thursday night?—Yes. In some lodges, in the North particularly, they are very often made up on Friday or Saturday. It is very difficult to answer a question with regard to the general practice of the Unity because it varies so much, but you may take it that invariably the society wants a doctor's certificate or initial before the date up to which the sickness benefit is paid in each week.

31,518. I assume that all your lodges require a weekly continuation certificate, and not a fortnightly one?—I cannot say that. This question was asked upon the forms which were sent out: "Are sickness certificates furnished weekly in all cases?" This is the return from the 3,000 lodges of which I am speaking. 647 say no, and 2,383 say yes; so apparently in 647 cases sickness certificates are not furnished weekly.

31,519. What is the rule?—The rule says that they must be not less frequently than monthly. The certificates must be renewed every four weeks, or oftener, if required, under the lodge special rules, if a member continues sick and claims the benefit, except where the member is a certified in-patient of a hospital.

31,520. I will come to the hospitals by and by; they present all sorts of other difficulties. You attach importance to weekly continuation certificates?—A great deal of importance.

31,521. Would it be possible for the Unity to impose that as a general law on all lodges?—I wish it could be. Our rules give the widest possible liberty of action to the lodges; that has always been part of the constitution of all the lodges. Our general rule provides that the special rules of a lodge may make provision for a weekly certificate.

31,522. Could the annual movable conference alter that?—Yes.

31,523. Do you think that it should alter it?—I think that a great many objections would be raised on the score of the trouble that would be caused.

31,524. But the objections having been raised, do you think that you would be able to get over them?—I would rather not express any opinion as to what view the conference would take. I would like to say



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frankly that it would help, not only my own society, but also other societies.

31,525. I am assuming that there always will be exceptions. For instance, in the case of disablement benefit, if you have got a man who is certified as suffering from some wholly incurable disease which will go on until he dies, you would not ask for certificates further than to show that he was still alive?—We are talking about State sickness benefit now. That is a case which cannot arise yet.

31,526. We must look forward to that. When that does come, we shall have permanently incurable cases on the fund. With regard to them, it might be silly to require weekly certificates?—When you ask what the societies would wish to do, my own personal view is that I should be glad if the Commission strengthened the hands of the societies in this way by making stringent regulations themselves.

31,527. The Commission is in this difficulty, that there is always the risk that if it strengthens people's hands too much, it will be accused of interfering in things which do not concern it. Such influence as it exercises has got to be exercised very gently, or sometimes it is very much resented, but of course there are occasions on which it will have to come into operation and press people?—Undoubtedly it will be resented.

31,528. The fact that it is resented so much might not matter, except that when it is resented it makes it more difficult to press the next thing which may also be important?—That is so.

31,529. The lodge is governed by lodge meetings?—Yes, and by a lodge committee of management.

31,530. What happens when a certificate comes in?—It comes in to the secretary or the sick visitor. If it goes to the secretary he should, at the earliest possible moment, communicate with the sick visitor, and the sick visitor should visit the sick person. I should like to read, if I may, from the manual of instructions issued to district and lodge officers upon the ideal which is set before sick visitors: "Lodges are empowered by general rule 78 to make rules for the government of members during sickness in accordance with the district and general rules, but no lodge may pay sick pay without the production of a medical certificate at least every four weeks, except in the case of members who are inmates of hospitals or asylums. No lodge may have any rule allowing a member to follow employment while in receipt of sick pay. The duties of a sick visitor are important, and the prosperity of a lodge depends, to some extent, upon the way in which these duties are performed. Sick visitors should avoid acting merely as detectives or sick pay agents on the one hand, while on the other hand they should avoid undue leniency where infraction of the lodge rules comes under their notice. In the case of large lodges it is usual to have two or more sick visitors, or, as they are sometimes termed, a sick visitor and a sick steward. The duty of one is to visit every sick member within one or two days of receiving notice that the member has declared upon the funds. The duty of the other is to visit sick members on Friday or Saturday, as the rules prescribe, and to pay them the amount of sick pay to which they are entitled."

31,531-2. That is the procedure?—Yes. "Sick visitors should make themselves thoroughly conversant with the regulations made by the lodges for the government of sick members, and they should never fail to report to the lodge any members who disobey any of the rules. They should take a receipt from the sick member or his representative for every payment made. They should each lodge night be prepared with a detailed report containing the names of members who have declared on the funds since the previous lodge night, and the complaint from which they are suffering, the names of those who are declared off the funds since the last lodge night, and the names of those members who have died, and generally report as to the progress being made by every member on the funds of the lodge. Should any case of special distress or hardship be brought to their notice in the course of their visitation they should report it to the office,

"remembering always that the Order is a great brotherhood besides being a sickness insurance society."

31,533. Are the books kept in the lodge?—Yes.

31,534. I suppose that the secretary looks first in the books to see if a man is in benefit?—Certainly.

31,535. Does he do anything else with regard to a sick member?—Nothing.

31,536. Or as to the certificate?—No.

31,537. He does not say, "I do not like the look of this certificate"?—In some cases he does, and in some cases he does not. Our secretaries in the past never considered it any part of their duty to question any medical certificate. The doctor was the medical officer of the lodge, and his certificate was always accepted, no matter what the specific disease might be, absolutely without question. The idea now that secretaries should question the doctor's certificates is quite a new one to the great majority of our officers, and very few of them realise even now that that duty does devolve upon them.

31,538. Do the board of directors realise it?—When I told the board of directors that the view appeared to be taken by the Commissioners that the society should look closely into the doctor's certificate, they were very much surprised. They have the matter under consideration, but at the present moment no instructions whatever have been issued to officers.

31,539. Suppose you get a certificate with "illness" on it, or "sickness"?—It has been paid.

31,540. Do you think that the secretaries now are beginning to take a more serious view?—I think so.

31,541. What the secretary does is to pass the case on to the sick visitor for visitation and to the sick steward for payment?—Yes.

31,542. Suppose he happens to know something about the man himself?—Then, of course, the sick visitor would be particularly careful to see, so far as he could, that the man was obeying the rules governing the conduct of members in receipt of sickness benefit.

31,543. Suppose that he knows in the case of a man who is attacked with lumbago that the attack happened to correspond with the period of the year when he would like to get off work, or when the work was of a more unpleasant kind; what does he do then?—We have had scores of those cases, and I never recollect one of them being questioned unless some officer or member of the lodge has been lucky enough to find the member out after hours or something of that kind.

31,544. Which was done under rule?—Yes.

31,545. Do you think that it is consciously done under the rule? Do you think it is definitely said, "you are entitled under the rule" or "you are breaking the rule and therefore cannot possibly be entitled"?—I do not think that I quite follow.

31,546. Sometimes people say to us, "Here is a person working in his garden. That proves that he cannot be incapacitated from work and therefore he cannot have sickness benefit"?—Yes.

31,547. That is not very logical, because a man might work in a garden, though he is incapable of work. The real thing is that he is breaking your rule, and therefore liable to a heavy fine?—I do not think that any fine distinctions of that kind are drawn. Suppose an officer found a man working in a garden, that would be reported to the lodge; the man would be summoned up to the lodge which would hear the evidence, and decide upon the evidence submitted to it.

31,548. What would it decide—to impose a fine, or strike the man off the fund?—To impose a fine in the first instance; the second offence might lead to suspension, but it would only be in a very bad case that the sickness benefit would be suspended on the very first complaint.

31,549. That is to say, that they would go on believing that he was incapable, although he was in a sense showing that he was not?—Yes.

31,550. And the same with women?—Yes.

31,551. You had some women insured before the Act?—Yes, we had about 5,000 or 6,000 women members prior to the Act.



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31,552. What were they insured for? Was it for the same things as men?—Yes, sickness and funeral benefit. Of course, they were not allowed to insure for the same amounts as male members.

31,553. But they insured under the same conditions?—Exactly the same conditions applied to the women members as to the men.

31,554. The sick visitor or the sick steward may possibly, I suppose, come to the conclusion when they come to see a man, that he is really all right, or they may merely come to the conclusion that he is breaking the rule?—I am of opinion that no complaint would be made to the lodge unless the member was found actually breaking some rule.

31,555. They would not say that this man seems to be all right or very happy?—No, I think not.

31,556. Nobody said that in the past?—I recollect no case in which anything of the kind was said.

31,557. If a man were found breaking a rule, he would be reported on and punished?—Yes.

31,558. Do you think that the sick visitors or the sick stewards are reporting now? Is there any change of attitude?—In some large districts, yes, but in small districts, no.

31,559. There is in large districts because you are getting the whole-time man?—Yes, and because they are better educated and more up to date in the information which is furnished by the Commission and through various agencies.

31,360-1. The whole business, therefore, goes on and is concluded in the lodge unless an actual dispute arises?—Yes.

31,562. If an actual dispute arises, it proceeds by way of complaint or appeal?—Yes.

31,563. Have you had many complaints or appeals under the Act?—Very few. I find that some secretaries have deliberately abstained from preferring any complaints or suggestions of the infliction of any penalties upon State-insured persons, because they do not know how they are to be recovered. They have the idea that as no money passes between the State-insured member and the lodge no money is ever likely to pass, and that if they inflicted a fine it would be somewhat of a farce, as they do not see how they are going to recover it.

31,564. So you think that people are allowed to break the rules as much as they please?—I would not go so far as to say that they break the rules as much as they please. I think very often offences by State-insured members are passed over because of anticipated difficulty in dealing with them, supposing a penalty were imposed, and I think also that a good many officials are not so keenly interested in the welfare of the State-insurance funds as they were in the independent funds of the societies in the old days, and that many of them do not care very much what happens to the State insurance funds.

31,565. Still, there is always suspension?—There is always suspension.

31,566. In the old days what was it that you told the lodge surgeons? What was the sort of common understanding that they were to look for in the way of incapacity? What was your form—incapable of following the occupation?—No, I do not think that our form was ever that. Of course, we had no uniform certificate.

31,567. What was your form in the rules?—I do not think that the rules ever set forth a form of certificate. The duties of medical officers are defined in the general rule 138, and this is practically the old rule. "A qualified medical practitioner (or practitioners on a panel) duly registered under the Medical Act shall be appointed and remain in office during the pleasure of the lodge. He shall attend initiated members when sick residing within three miles from the registered office or such other distance as specified in the lodge special rules and provide them with proper and sufficient medical and surgical aid and necessary medicine. If it should appear to him that the member is receiving sick pay when quite able to resume any employment he shall report the same to

"the lodge. He shall make special reports upon any member who may be afflicted with any form of confirmed disease or infirmity."

31,568. These words "when able to resume any employment" rather point to total incapacity for any employment. Is there not something in the rules somewhere or other which shows in what circumstances a man is entitled to sick pay?—Rule 117.

31,569. It does not anywhere throughout Rule 117, as far as I can see, say in what circumstances he is entitled, though if you read all Rule 117 together you may form an idea what is meant?—Paragraph 2. "A claimant for sick benefit must obtain a doctor's certificate which shall state the specific sickness from which the member is suffering, and shall forward the same to the secretary."

31,570. Somewhere or other it is stated that a member must not do all sorts of things, but there is nothing whatever which says what he has got to suffer in order to become entitled to sick pay?—There was a paragraph, but it was inadvertently omitted on the last revision of the rules, which said that no member should follow any employment whilst in receipt of sickness benefit. Those were the words. The doctor's certificate invariably ran: "unable to follow his usual occupation."

31,571. That shows what you thought that you were insuring against?—Yes.

31,572. But a certificate which said: "unable to follow the usual occupation," is not quite consistent with the duties of the medical officer set out in Rule 138, which called upon him to make a report when the member is able to resume any employment. The things do not seem to go together?—No.

31,573. What is the practice? When you had a man who was unable to follow his usual occupation, but was otherwise not incapacitated, did he get set sick pay or did he not?—That would be a matter which would be considered by the lodge on its merits.

31,574. What merits?—I will take a case. For instance, a member loses an arm or a leg. He would of course have sickness benefit, and when he was furnished with an artificial arm or leg, or even if he was not, when the time arrived and he was sufficiently recovered that he would be able to follow some other employment than that he was previously engaged in, the lodge would not then go on paying him sickness benefit. They would expect him to get some employment after a reasonable time.

31,575. When he had recovered from the shock?—Yes.

31,576. And when he was able to walk about. When he had ceased to receive medical treatment?—Practically.

31,577. There must be other cases which are more difficult than that where the doctor would say, "This man clearly cannot do this particular job which has machinery in it, but he can act as a labourer." The Unity would not have said to him, "True you cannot work among machines for the next fortnight, but during that time you might work as a labourer and you cannot have sick pay."—At first he would probably get sickness benefit. The doctor would give him a certificate that he was unable to follow his usual occupation. If he went on drawing it, and the lodge saw that he was walking about the streets apparently well, the lodge official would go to the doctor and say, "What is really the matter with this man?" If the doctor said, "He cannot go back to his old job, but can do anything else," the lodge would intimate to the member that he must try to get some other work. In that way the lodge would, on its merits, decide every case that came before it.

31,578. Would it be accurate to say in the first onset that what you look to is inability to follow the ordinary occupation, but when it becomes apparent that that inability is going to last for ever or for an indefinite time, so that any reasonable man would go and get some other job, you require him to get another job, if he can do it?—Yes.

31,579. If he can do it, not if he can get it?—If he can do it. Practically it would probably work out at, "if he could get it," because there is that feeling of brother-



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hood that if they knew the man was genuinely trying to get work, they would not deprive him until he got some. Probably some would look out for him, and try to get him some, paying the benefit for the time. There was that kind of generous feeling amongst the members that they would not immediately shut off the sickness benefit directly the man was capable of doing some work, if he had difficulty in getting it. I am speaking now of the old feeling that prevailed in the lodges.

31,580. Apart from that feeling not being present, what do you think is the practical way to look at it now? It is obvious that we cannot say that a man is not to have sickness benefit unless he can only lie flat on his back unable to move hand or foot?—My own personal opinion is that the only way to administer a compulsory national insurance scheme properly is to insist upon absolute incapacity for work as a qualification.

31,581. What do you mean by absolute incapacity?—Incapable of doing any kind of work.

31,582. Supposing I have scarlet fever and am shut up in a hospital, not allowed to walk about, and that maybe if I did, I should catch a chill and die. Very likely as far as my actual occupations are concerned I could very well do it with scarlet fever as at any other time, the attack being a slight one?—But you are incapable because the law makes you incapable apart from your sickness.

31,583. You do not mean necessarily physically incapable?—No, practical incapacity.

31,584. Supposing I have aneurism of the heart, so that I might go on turning a handle for a year without anyone finding it out, and some day I might drop down dead, and then it is found that I had been subject to that particular illness. You say, practically speaking, as soon as it is found out, I should be incapable of work?—I should not say that you were incapable of work directly that was discovered.

31,585. It is an inaccurate expression. You would not send a man back to work at the very imminent risk of his life?—That is a medical question as to what kind of work he could do. If he could do any sort of work, I do not think that he should be entitled to State sickness benefit.

31,586. Supposing you found a stalwart navvy who was in the habit of wielding his pick—a fine big man—working in water, who became subject to chronic rheumatism, you would not say, “My dear man, you cannot read and write, but if you could only find a nice sedentary occupation with a fire in the room, you would be all right, go and be a clerk”?—That is a very extreme case. It is almost impossible to express an opinion on extreme cases of that kind, but it does not seem difficult to say whether a man is capable of doing any sort of work.

31,587. Give me instances to illustrate what you mean?—Take the instance you have given. There are other forms of labouring work which would not have the same ill effect upon the navvy possibly that navvying would, and he could take work of that kind.

31,588. I do think that there is really much between us, but I am rather inclined to think that you put it in words rather higher than I should be disposed to put it from the practical point of view. Incapacity in its literal sense means that a man cannot stir hand or foot, or else that his brain is in such a state that he cannot direct his limbs to do the things which are required?—If you are going to certify every man as incapable who runs some risk when he is working, you would have half the community on the sick funds.

31,589. Yes, and I want to find some medium; that is what I am afraid of. If we said it must be incapable of work, the doctors might strike some fantastic theory under which the whole human race would be incapable of work?—If you turn to the professional man who suffers from brain fag, it may be very dangerous for him to do any more brain work, but I suppose that the majority of men who work hard go on every day with a certain amount of risk of a breakdown. There is no practical difference between that and the navvy whose continued navvying would risk a breakdown.

31,590. I should have thought that there was a distinction in the case of the professional man. There are times when you know quite well that if you go on for another 24 hours, you are liable to breakdown and to go into a lunatic asylum, and there are other times when all you know is that you are a little worse than the day before, but there is no immediate fear of a breakdown. I should have thought that the doctor ought to be able to distinguish between those two states. Most of us by the beginning of August know that if August is extended much further we shall certainly die, but in March we hope to struggle on till August?—Yes.

31,591. And do you not think that that is just what you want the doctor for?—It brings us back to the old question, that so much must depend upon the doctor. It is absolutely impossible for a layman to decide a question of this kind. Societies have either to do as they did in the old days, that is very generously interpreting the rules; dealing with a man not merely as an insured person but as a member of a brotherhood such as friendly societies profess to be, or you have to depend entirely upon the medical opinion.

31,592. Let us take it that you are going to depend on medical opinion. It is only fair to tell the medical people what it is that you want them to tell you, and they ought to tell you, in as precise words as possible. The doctor sits in his surgery and can see various things about a man, and if such and such things happen, such other things will happen, and he has to ask himself another question—“What is it the society wants me to tell them? It wants me to tell them, whether this man is incapable of work,” and if they begin to raise fine distinctions, he says, “What does this mean? This man would be better for a month at the sea. Does that mean that he is incapable of work?”—It has always seemed to me, supposing the doctor has a private patient who is in a low condition of health—he may be suffering from some brain trouble—he will go thoroughly into the matter with the patient, and tell him exactly what he could do with safety, and what he could not do with safety in the way of physical exercise or mental exercise. Instead of that, I am afraid that the panel patient is simply dismissed.

31,593. That is another point. I want to take the academic point of view. Supposing I have to meet 150 doctors to-morrow and say to them, “Mr. Wright thinks that you are treating your panel patients badly.” They will say, “What do you want me to do as far as certificates are concerned?” I want to be able to give them an answer. We have to tell them rationally what it is that they ought to look at when certifying a man incapable of work?—I think the answer should be, “We want you to treat the panel patients exactly as you treat private patients; to tell them exactly what they can do with safety, and what they cannot do.” For instance, to the navvy the doctor would say, “You must not go and work in all sorts of weather on the road, knee deep in water, but there is plenty of work you can do with absolute safety. I cannot say that you are incapable of work, but you are incapable of that particular kind of work, and you must get something else.”

31,594. You could not say that if you thought that after four or five days stopping at home he would be as reasonably good a navvy as he was before. The doctor says to himself, “This man has a bad cold, and if he goes on working, he will get a worse cold and have pneumonia and die. You are quite bad enough, you had better go home to bed.” Surely he ought to certify him then, ought he not?—Yes, I think in that case that the doctor would be justified in saying that he was incapable of work, because it means in fact that work would be dangerous to him for that four or five days.

31,595. That work?—That work would be dangerous.

31,596. Not work by a warm fire knitting nets?—Now there is another extreme case.

31,597. You can only illustrate by illustrative cases. They are almost bound to be extreme in order to make the point sharp?—I am afraid that I must



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fall back on what I said, that you can only leave that to the common sense of the doctor telling him that incapacity for work is the qualification.

31,598. Coming to the figures which you have put in,\* you say that the amount paid in benefits to a member per week for men is 1·96d., and the actuarial

\* Analysis of State Benefits to October 12th, 1913, paid to Members in England.

	Men.		Women.		Total.	
	Actual.	Actuarial Estimate.†	Actual.	Actuarial Estimate.†	Actual.	Actuarial Estimate.
Total number of members at January 1913 -	624,757	—	153,636	—	778,393	—
Number of members upon which the following figures are based.	618,857	—	152,198	—	771,055	—
Number of persons in receipt of benefits during nine months:—						
Sickness benefit - - - - -	147,914	—	33,917	—	181,831	—
Maternity benefit - - - - -	31,148	—	606	—	31,754	—
Total - - - - -	179,062	—	34,523	—	213,585	—
Amount paid in benefits during nine months:—	£	£	£	£	£	£
Sickness benefit - - - - -	196,628	213,196	48,303	42,296	244,931	283,383
Maternity benefit - - - - -	46,711	62,350	905	1,237	47,616	70,576
Total - - - - -	243,339	275,546	49,208	43,533	292,547	353,959
Amount paid in benefits per member during nine months:—	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Sickness benefit - - - - -	6 4·25	6 10½	6 4·17	5 6½	6 4·24	7 4·21
Maternity benefit - - - - -	1 6·11	2 0	0 1·43	0 2	1 2·82	1 9·97
Total - - - - -	7 10·36	8 10½	6 5·60	5 8½	7 7·06	9 2·18
Amount paid in benefits per member per week:—	d.	d.	d.	d.	d.	d.
Sickness benefit - - - - -	1·96	2·12	1·95	1·55	1·95	2·26
Sickness benefit for four weeks after confinement -	—	—	—	·16	—	—
Maternity benefit - - - - -	·46	·62	·04	·05	·38	·56
Total - - - - -	2·42	2·74	1·99	1·76	2·33	2·82
	Days.		Days.		Days.	
Number of days' sickness during nine months, taking 10s. per week (women, 7s. 6d.) as the rate of weekly payment to each member in receipt of sickness benefit.	2,359,536		772,848		3,132,384	
Average number of days' sickness per member in receipt of sickness benefit.	15·95		22·79		17·23	
Average number of days' sickness in nine months per total membership.	3·81		5·08		4·06	
Average number of days' sickness in 12 months per total membership.	5·08		6·77		5·41	
Percentage of claims for sickness benefit in nine months -	23·90		22·28		23·58	
Percentage of claims for sickness benefit in 12 months -	31·87		29·71		31·44	

† The figures in these columns represent the actuarial expectation, on the assumption that the membership is normally distributed both as to age and marriage condition.

The Average Amount paid per Member (England) during Nine Months ended October 12th, 1913.

Northern.			Eastern.		
	s.	d.		s.	d.
Northumberland (Newcastle, 8s. 2d.) - - - - -	8	5	Norfolk (Norwich, 6s. 10d.) - - - - -	6	10
Durham (Sunderland, 9s. 2d.) - - - - -	9	11	Suffolk - - - - -	6	9
Westmorland - - - - -	6	0	Essex - - - - -	6	8
Cumberland - - - - -	7	4	Lincolnshire - - - - -	7	3
Lancashire (Blackburn, 9s. 6d.) - - - - -	8	11			
Yorkshire (Bradford, 7s. 3d.) - - - - -	8	5	Southern.		
			Kent - - - - -	6	9
Midlands.			Sussex - - - - -	6	5
Derbyshire (Derby, 8s. 7d.) - - - - -	8	10	Surrey - - - - -	5	11
Cheshire (Nantwich and Crewe, 8s. 6d.) - - - - -	8	2	Hampshire (Southampton, 6s. 3d.) - - - - -	5	11
Shropshire - - - - -	7	5	Devonshire (Plymouth, 7s. 1d.) - - - - -	7	1
Staffordshire - - - - -	8	0	Cornwall - - - - -	7	7
Nottinghamshire (Nottingham, 7s. 0d.) - - - - -	9	0	Somersetshire - - - - -	7	2
Leicestershire (Leicester, 7s. 4d.) - - - - -	8	5	Wiltshire - - - - -	7	9
Northamptonshire - - - - -	8	2	Hertfordshire - - - - -	7	0
Warwickshire (Birmingham, 7s. 2d.) - - - - -	7	7	Dorsetshire - - - - -	7	5
Worcestershire - - - - -	7	9	Middlesex (London, North, 5s. 9d.) - - - - -	6	6
Herefordshire - - - - -	7	3	Oxfordshire - - - - -	7	0
Bedfordshire - - - - -	7	2	Berkshire (Reading, 7s. 3d.) - - - - -	7	0
Cambridgeshire - - - - -	7	5	Buckinghamshire - - - - -	8	3
Gloucestershire (Bristol, 6s. 7d.) - - - - -	7	3			
Huntingdonshire - - - - -	6	2			
Rutlandshire - - - - -	7	3			

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estimate is 2.12*d.* As far as men are concerned you say that the whole of your men are within this speculative estimate such as it is?—Yes.

31,599. As far as women are concerned you are considerably outside it?—That is so.

31,600. The four weeks after confinement, that is sickness. Assuming a proper distribution, by which I mean an average distribution of the rate of marriage, 1.76*d.* is the proper figure, therefore on these figures you are .23*d.* out?—Yes.

31,601. All these things being so, it really comes to this, making all the assumptions which are involved in these figures, which perhaps I am justified in making, and perhaps assuming that your ages are probably rather higher than the general age of the insured population—,—I do not know why you should assume that, I do not think that it is so.

31,602. Your maternity benefit is so very low. Compare the result. It seems to point to a greater age?—It does point to that.

31,603. I should have expected to find in an old established society like yours a larger proportion of men who were of older ages than in a new society, because they are more likely to catch the young married men who were not previously insured. But it is a pure matter of speculation?—I was thinking that our average age cannot be very much in excess of other societies because we took in a large number of juveniles previously. Of course our age at entrance was 18 when the Act became law. Thousands of juveniles were transferred at 15 from our juvenile societies. They remained in the juvenile societies until they were 18 when they entered an adult lodge.

31,604. Two-thirds of your insured people, roughly speaking, are people who are insured on the other side and were old members?—Yes.

31,605. With all your people who were insured with you before, there would be a rather higher average age, would there not, than in the general labouring population?—Yes.

31,606. Therefore as to two-thirds of your membership there would be a rather higher average age. Perhaps your figures are a little better than they appear at first sight?—Of course it is purely speculative at present. We really do not know, but on the face of it, I could not see anything to show that our average age would be higher than any other friendly society.

31,607. Still, assuming the ages to be just the average, as far as the men are concerned, the figure result is fairly satisfactory?—Yes.

31,608. It is not very much more than that, is it, because one would hope that a society with your traditions and your long experience would be able to do better than other societies?—We ought to be very much better.

31,609. To what do you attribute the fact that you are not?—To various causes. I believe that there is a large number of unjustifiable claims made and allowed, and the causes I have set forth. They arise partly from the action of the insured, partly from the action of doctors, and partly from our administrative practice. I hope to demonstrate that by giving the evidence I have collated from districts.

31,610. You want to demonstrate these things by giving us the details?—I want to give you in the words of the district secretaries themselves, the

(Footnote—continued.)

*Number of Insured Persons in receipt of Sickness Benefit.*

	Men.	Women.
Quarter ended 13th April 1913 - - - - -	57,750	10,817
" " 13th July 1913 - - - - -	48,474	12,122
" " 12th October 1913 - - - - -	41,690	10,978
Total Nine Months - - - - -	147,914	33,917

*Amount paid in Sickness Benefit.*

	£	£
Quarter ended 13th April 1913 - - - - -	72,747	14,026
" " 13th July 1913 - - - - -	67,692	18,008
" " 12th October 1913 - - - - -	56,189	16,269
Total Nine Months - - - - -	196,628	48,303

*Amount paid per Member.*

	£ s. d.	£ s. d.
Quarter ended 13th April 1913 - - - - -	1 5 2.33	1 5 11.2
" " 13th July 1913 - - - - -	1 7 11.15	1 9 8.53
" " 12th October 1913 - - - - -	1 6 11.47	1 9 7.67
Total - - - - -	1 6 7.04	1 8 5.8

*Number of Days' Sickness (taking rate of Benefit 10*s.* per Week for Men, and 7*s.* 6*d.* per Week for Women).*

Quarter ended 13th April 1913 - - - - -	872,964	224,416
" " 13th July 1913 - - - - -	812,304	288,128
" " 12th October 1913 - - - - -	674,268	260,304
Total - - - - -	2,359,536	772,848

*Average Days' Sickness per Quarter per Member Sick.*

Quarter ended 13th April 1913 - - - - -	15.12	20.75
" " 13th July 1913 - - - - -	16.76	23.77
" " 12th October 1913 - - - - -	16.17	23.71
Total - - - - -	15.95	22.79



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experience of about 40 selected districts. I am not expressing my opinion. They are the actual opinions of the district secretaries sent to me in answer to questions.

31,611. You are going to tell us besides your own opinion on various points?—Certainly.

31,612. Before you do that there are three obvious groups of causes. There is the action of the insured, there is the action of the doctors, and there is the administrative action of the society which is very largely within the control of the members of the societies?—Yes.

31,613. Do you think that there are any improvements of machinery that you would be able to get your members to adopt?—I hope that there are a great many. One purely administrative matter is this, that undoubtedly the work would be done better if the administration of the National Insurance Act rested with districts than with lodges, if the administrative work was centralised in districts instead of lodges being left to please themselves.

31,614. You would not centralise the administrative work in the district, and leave the financial results to the lodges, would you?—No. When I say administrative work, I mean the administration of sickness benefit as well as all other matters of administration.

31,615. It seems to me that where the administration is, there ought to be the surpluses and deficiencies?—Yes.

31,616. We have heard a great many people describing systems which are the reverse of that, where the local areas administer, but the results of the administration reflect themselves in someone else's pocket?—That is about as vicious a system as we could very well have.

31,617. I agree, but I am not looking quite as far ahead as that. You think administration and the results of the administration ought to be in one place and that place the district?—Yes. I am thinking for the moment of proper administration of sickness benefit.

31,618. When you say "centralised in districts," what do you mean?—I mean that instead of lodges being left to administer sickness benefit, the checking of medical certificates, the sick visiting and the payment of benefits, it should be done by officials appointed by the district instead of officials appointed by the lodge.

31,619. What would you leave the lodge to do—anything?—I do not think I would.

31,620. We are all agreed, are we, that you would not pay the funds to the districts, and leave the lodges to do the work?—In certain districts where country lodges exist it might be necessary to employ the lodge secretary as an agent acting for the district.

31,621. Would it not result that the lodge secretary will look after the interest of the lodge members knowing well that the financial results of his slackness will be felt not only by the members but by someone else?—I am sorry to say that I do not think that there is anything in that in connection with State insurance.

31,622. It is a very bad thing. He says "it does not matter whether I overspend, because the whole district will bear it"?—The lodge secretary finds it very difficult indeed to administer strictly State sickness benefit.

31,623. Would not that make it more difficult for him?—He would have nothing to do with it except under the direction of the district.

31,624. You mean the real direction of the district?—Yes. I mean that the real control and the real responsibility should rest with the district and not with the lodges.

31,625. The district would have a permanent committee sitting?—A permanent committee meeting frequently. There exists in each district now a committee of management.

31,626. They are elected from the lodges?—Yes.

31,627. How often would they be removable?—By the district meeting every 12 months. In some districts the district committee of management would hold office for three years, a certain number retiring

every year, but it is quite a permanent committee in that sense.

31,628. Would it be turned out by any particular body of people who thought that they had a grievance?—I do not think so. One or two members might lose their seats now and again.

31,629. What about the secretaries?—They have very good security of tenure—our lodge and district secretaries.

31,630. Have you ever tried this particular plan of organisation before?—No, we never had occasion.

31,631. Have you ever had district funds?—Funeral funds, yes.

31,632. Sick funds?—There was only one case very many years ago. At present no district has any sickness fund.

31,633. I wonder if Mr. Collins remembers?—(Mr. Collins.) I think it was the west London district.

31,634. What was the result?—It was found that the sickness was rather heavy. There was not the supervision at the time that there should have been over the sickness claims. It is many years ago, 30 or 40 years.

31,635. We have not become more careful in the last 30 or 40 years, have we?—I think so. But with regard to Mr. Wright's views in regard to being centralised in districts, he holds that view because he thinks that the work would be performed by better qualified men.

31,636. It is more than that. You think also that it would be done by men less liable to local pressure?—(Mr. Wright.) Yes, that is another consideration.

31,637. You think that there is a great deal of local pressure?—Yes, the secretaries say so.

31,638. And incapacity to stand out against it?—Yes.

31,639. Do you think also that there is a great desire to recruit as many members as they can on account of the commission?—Yes.

31,640. Do you think that that really influences them?—Yes.

31,641. Consciously?—Yes.

31,642. Generally you have talked about the idea of members being united in a sort of club of friends. Do you think that the friendly society spirit is as active of late years as it used to be, or is a change already coming over the order?—As the society grew, and as we had larger lodges, the members had not that intimate acquaintance with each other that they used to have when the lodges were small. At the same time, whenever a case came before a lodge, and after all it is in its practical effects that you will have to judge it, whether it was a case made against a member or whether it was an appeal for a grant from the distress fund, I have never noticed that there has been any sort of falling off in the brotherly feeling which existed.

31,643. A brotherly feeling and a sort of responsibility for the whole thing. That is what we mean also by the friendly society spirit—extreme honesty?—Extreme honesty, yes. Of course, fewer members in proportion to the membership took an interest in it, but those who did take an interest, and attended their lodges regularly, I believe felt the same interest which was always felt by the active members.

31,644. The active members were getting very few, were they not?—Yes.

31,645. The ordinary spade work was done by a few enthusiasts in each place, was it not?—That was always so.

31,646. Was it not more so of late years?—I cannot say that it was. I can only say that I have heard my grandfather and my father, who were both old Odd-fellows, say that in their days there were the same sort of complaints made as we make nowadays, that very few members took an interest in it. But still the work has gone on. It is a very old complaint.

31,647. Was the social side as prominent as before?—No.

31,648. When did that begin?—I should say for 20 years the social side perhaps has been falling away.



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31,649. Has not that had an effect on the other side?—It has had an effect on the attendance at lodge meetings, naturally. There used to be a sing-song in the lodge room in a public house. Of course, many lodges have moved to unlicensed premises, and there has not been that same sort of social intercourse that there used to be, but I do not know that that has altogether had a bad effect. I think that among a proportion of members the same interest is taken as was always taken, but naturally as the membership has increased, and as the society has become larger, the number of members taking an interest is smaller in proportion to the membership.

31,650. Do the initiations and ceremonies and that sort of thing still go on?—They did until the introduction of National Insurance. That has undoubtedly made a further change. When the society decided to become an approved society, the matter was discussed at a special conference held in London as to whether or not State insured members should be allowed to take full part, and have a share and voice and vote in the affairs of the society, and it was decided that they could, if they liked, be initiated as ordinary members, and having been initiated they could attend any lodge meetings and have an equal voice and vote in all affairs which came before the lodge relating both to the State and the independent side, as the old independent member. It was urged at that time that all these State members would be induced to take an interest in the society apart from their State insurance, and would be induced to insure for additional benefits. That view has not been borne out by what has happened. We find that the State members are practically taking no interest whatever in the affairs of the society, and that lodges composed entirely of State insured members—and we have many lodges, of women particularly, composed of State insured members only—have to be conducted by independent members who are not members of the lodge at all. It has been an absolute failure in the Manchester Unity, the effort to get the State insured persons to take an interest in the affairs of the society.

31,651. Were any efforts made? Were they told that they could come if they liked?—Yes. Social gatherings had been organised and members had been invited to the meetings. In many districts very great efforts had been made to bring in the State insured members.

31,652. And they would not come?—No.

31,653. Do you think that you will ever get them to come?—No.

31,654. I should now like to turn to your detailed evidence?—I have pointed out that the evidence collected points to a considerable increase in the amount of independent benefit paid during 1913, as compared with 1912, an increase which cannot be accounted for by conditions of membership or considerations of age. The information that I have obtained points to the fact that the sickness experience on the independent side will be still heavier this year. Many districts write that although there was no considerable increase last year they are finding the sickness payments for the first three months of this year abnormally heavy. I have some six Lancashire districts starting with Ormskirk. Ormskirk reports an increase of sickness benefit. One lodge has increased the independent sickness benefit by 400 per cent. on 1912.

31,655. Is that men or women?—A male lodge. In the district two lodges showed a decrease of 65% whereas eight lodges showed an increase of 89%.

31,656. What is 89% in relation to the total?—I have not the total. With regard to certificates, this district secretary states that doctors should be compelled on both on and off-certificates to state the hour of issue.

31,657. Do you think that there is anything in that?—I simply give you that for what it is worth as the opinion of the secretary. With regard to the question as to whether sickness claims are admitted upon the production of a doctor's certificate, he says, "If any doubt exists in the minds of officials inquiries are instituted. Two cases have come to my notice. One member had his teeth drawn and

"was granted a certificate. The doctor seen in each case replied 'What can I do if a man says that he cannot work?'" In Oldham there was a slight increase scarcely worth noticing in the independent sickness benefit. The secretary says that with regard to the Oldham lodges the doctor's certificate is considered sufficient, and so far they have had no occasion to doubt any case except one. Blackburn has had an increase of 33 per cent. over 1912 of independent sickness benefits. Doctors' certificates are generally taken as evidence of sickness.

31,658. Did the Lancashire lodges have their doctors before the Act?—No. In Blackburn there was no medical benefit attached to the lodges at all.

31,659. So they always had to act on the certificates of people who were not their own doctors?—Yes.

31,660. Is that the same in Oldham?—In Oldham, generally speaking, the lodges had their medical officers.

31,661. The Blackburn sickness cost for the five years up to 1911 was, expected 14,018%, actual, 13,469%.?—Yes.

31,662. And the expected reduced pay was 4,922% against 4,163%.?—Yes. I have some figures with regard to Blackburn as to independent sickness benefits. On December 31st, 1912, the total membership was 5,679 and in 1913, 5,481. You will notice that there was a decreased membership of practically 200. The number of members sick in 1912 was 1,343, and in 1913, 1,599. The average sickness per member for the total membership of the district in 1912 was 16 days, and in 1913, 18 days. The amount paid for sickness in 1912 was 3,805% and in 1913, 4,946%. The average amount paid per member on the total membership of the district in 1912 was 13s. 9d., and in 1913, 17s 5d.

31,663. It is very odd in the Blackburn case. The Blackburn conditions are much more like the present conditions than most places. There is the same kind of doctor, and the same kind of freedom of choice as before?—I do not know. I think that the doctors in Blackburn felt their responsibility to the societies in those days.

31,664. Why should they have done? They were not the societies' servants any more than now—in fact less so?—But they were being paid by the societies after all is said and done.

31,665. How were they being paid by the societies?—They were being paid by the members of the societies individually. The point is that the doctors have no responsibility to anyone. They had some responsibility in those days because they knew in Blackburn, for instance, that the friendly societies were very strong, and the friendly societies at Blackburn could any day, if they were not satisfied with the doctors, have provided medical benefits. They could have set up a friendly society medical association. The doctors knew that. They have no such fear nowadays because the thing would be impossible.

31,666. That is the only kind of power the friendly societies had. All the members had their private doctors, over whom they had no control, and the doctors had the most direct interest in trying to please them, had they not?—That is so, but experience seems to point to the fact that it was a potent weapon after all.

31,667. It may point to something else. It may be all the wickedness of the doctors, but there may be other causes?—Yes.

31,668. Do you not think that it has other causes too?—There may be other causes besides.

31,669. Here you get Blackburn more or less isolated. There is not a comparison between the old friendly society tied doctor and the present arrangement. The present man has less freedom of choice than he had before. There are 5,314 members in Blackburn. At the period covered by this report on the ninth valuation there was a scheme under section 72. You find that only 463 out of 5,314 members took advantage of the scheme?—Yes.

31,670. The result of the whole thing is that as far as 4,900 of them are concerned, if they became State



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insured members they are insured for 10s. more a week than before?—That is so.

31,671. What were they insured for before?—10s. I think was the average in Blackburn.

31,672. As far as the great mass are concerned, they are now doubly insured?—Yes. But Blackburn was such a strong friendly society town, that I am very loth to admit that over-insurance can account for this altogether, though it is bound to have its effect.

31,673. It is rather a serious effect, is it not, in this particular case where you have this enormous mass of people whose incomings are doubled when they are sick—I mean as against what happened before?—Of course there are a great many districts where the secretaries frankly admit that over-insurance has had a very great influence on the excessive sickness claims, but speaking of Blackburn, I should not have judged Blackburn to be one of those towns, because the friendly society spirit has always manifested itself so strongly in Blackburn.

31,674. Most of these people would be in a trade union too, would they not?—Probably. Of course that is a deduction which can legitimately be drawn. The Blackburn secretary says that the question of sick visitors was under consideration last July at the district meeting and again in January this year, and it was decided to let the men's lodges deal with their sickness visiting. But as the women's section was not able to pay out of their funds for a whole-time visitor, it was resolved to pay one from the district, and she has been the means of some half-dozen declaring off, and in three cases being suspended. "It is no use having sick visitors who can only go at certain times of the day, especially in the case of women. We have tried it for 12 months and I have come to the conclusion that sick visiting at night is of practically little use."

31,675. He does not say in what circumstances they got off the funds?—No. I only had the letter yesterday. In Bolton again there is an increase in the independent sickness benefit. There the doctor's certificate is always accepted as a proper authority for the guidance of the lodge in all claims for sickness benefit. At Preston an increase of 25 per cent. in the independent sickness benefit is reported. The general practice is to accept the doctor's certificate. If there is any doubt as to the sickness, the secretary is to make an inquiry, but such is seldom done.

31,676. Preston was a very favourable place before, was it not? What are these people in Preston?—I think that the great majority of them are cotton operatives.

31,677. What has been the increase in Preston?—25 per cent. increase on the independent side.

31,678. There again I suppose that Preston people did not have their lodge surgeons?—I think that they did. I think Blackburn was the only town where there were no medical officers at all attached to the lodges. Blackburn and Accrington were the only two. It was not the universal practice to have a lodge surgeon and compel all members to go to him, but surgeons were attached to lodges.

31,679. How much surgeoning did they do for the lodges? How many people went to them?—I think the majority of the members.

31,680. What about Darwen? Surely there is no lodge surgeon business there. Or at Rossendale and Clitheroe?—I believe so.

31,681. I thought Darwen was a typical free practice town?—I should not like to commit myself to this, but it was the general practice in all districts to have medical officers, and consequently our particular attention has been directed to those districts where there have been no lodge surgeons, and the only ones that we have heard of where there was a complete absence of it are Blackburn and Accrington. I will not commit myself to that however. The Preston secretary says, "I believe in an independent medical service so that no pressure such as is experienced could happen, viz., the doctors will not tell patients they will sign them off for fear of the patient doing their ordinary practice harm."

31,682. What does he mean by independent service?—I do not know. I read it to show that he is not satisfied with the present system. I have some certificates from Preston. Debility, one week. Advanced pregnancy, which was paid. Dyspepsia, two weeks. Headache, 16 weeks—a girl.

31,683. Have they paid on these?—They have all been paid.

31,684. Without any inquiry?—Without any inquiry.

31,685. That is rather unfortunate is it not?—I am giving you the facts as I find them. Debility, six weeks. Debility, one week. Dyspepsia, four weeks. Dyspepsia, one week. Debility, six weeks. General debility, four weeks. Now I come to Lancaster. In Lancaster the experience of the lodges with regard to increased sickness benefits is very varied, and on the whole there appears to be no increase. In reply to the question "What is the general practice in your district in admitting sickness claims, for instance is a doctor's certificate considered sufficient authorisation?" he replies "Generally speaking, yes, unless we have cause for suspicion; then we notify the doctor. That, however, has not occurred since the passing of the Insurance Act, because I am afraid we should receive scant courtesy, having no control over them."

31,686. I do not know why he should be afraid that he should receive scant courtesy. Evidence that he had received scant courtesy would be worth going through?—All the other secretaries accept the doctor's certificate. "We accept the medical officers' certificate as sufficient authority, and sick forms to be initialled by medical officers weekly." I have separate answers from all the secretaries in the Lancaster district, and they accept the doctor's certificate without any question without exception. Then we come to Sheffield where there is generally a large increase of independent sickness benefit, and this is a district where particular attention has been paid to sick visitation. The corresponding secretary of the Sheffield district is a member of the board of directors of the Manchester Unity, and he has devoted a good deal of attention to it, but apparently without any very definite effect. The district is part city, part county, and part mining—not of course Sheffield itself, but it spreads into Derbyshire. The secretary says, "So far as my own views are concerned there should be whole-time sick visitors and special attention to members (a) whose sick pay is equal to, if not more than, their wage; (b) who would be out of work if not on sick; (c) who are known to be of intemperate or idle habits. A medical referee as a last resource who should be a State officer, whole time, and paid out of the medical benefit fund."

31,687. He does not complain of the doctors so much as that persons are of intemperate habits and others are deliberately swindling. What is he doing to stop them?—He set up a most efficient system of sick visitation. The lodges in the town have entered into a joint arrangement for sick visitation. There is a sort of clearing house to which the secretaries of lodges send weekly all the sickness claims, and these claims are divided out between visitors who are paid by the district, and these visitors instead of merely giving a verbal account of their visits are required to fill in, in respect of every sick person, a report stating exactly the condition in which he found them. These are the means which have been taken in Sheffield.

31,688. Did they take their district experience in the past on the independent side?—Yes.

31,689. The figures for Sheffield, all put together, on the independent side, for sickness in the last five years, are expected 7,658*l.*, actual 9,152*l.*?—Yes.

31,690. He had plenty of warning of what was going to come. He knew these intemperate persons who get sick pay before?—I want to point out that here again, even with that experience, throughout the Sheffield district the doctor's certificate is accepted without question. I have replies here from all secretaries.

31,691. I think that we might assume that that is so?—Here is a letter from a secretary addressed to the corresponding secretary, "We have had such a lot of



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"members who have been on the funds for a long time, and I am sorry to have to admit that they are members belonging to our lodge and State members also. One fault I think is that they receive too much while on the funds. The best thing for us to do is to suspend benefits for six months, or inform them that are on the funds that we have no money for them. That would do them more good than doctor's medicine." There certainly is an opinion in Sheffield that over-insurance has a lot to do with it. Another secretary says, "I cannot think of any improvement unless we pay less for sickness per week. Some members can do very well on 10s. from the lodge and 10s. from the State." Another secretary says, "There is no doubt but that the excessive sickness is caused by a certain section of members who have no conscience whatever, coupled with the indiscriminate manner in which members obtain doctors' certificates declaring them unfit for work. The action of the members named above will continue to impoverish the funds until they are compelled to be medically examined by a medical referee or until the Commissioners take active steps as to doctors' certificates. All the sick visiting at our disposal will not eliminate this un-English method of obtaining sick pay. I have one member who, knowing that his pay would be on the lower scale, only on Saturday last (of course he had drawn his last State pay) said: 'I shall go off on Saturday,' and he did." That means that he went off in order to have the necessary time off the independent fund to qualify again for full sickness benefit. This secretary continues, "If the various secretaries are supplied with some kind of form (official looking paper), blue, for instance, and were to send this to the suspicious cases stating that the member will be required to undergo an independent medical test by a strange doctor, and stating the date, there is no doubt but that these shirkers would not face the music. They would declare off the funds from sheer cowardice. They are sufficiently wide awake as to be at home during hours and cannot be caught napping." I have some particulars of the benefits paid on certificates in one lodge: Catarrh 4 weeks, catarrh 7 weeks, catarrh 7 weeks 4 days, catarrh 4 weeks, chill 3 weeks, debility following influenza 1 week 5 days, dyspepsia 3 weeks 4 days, dyspepsia 3 weeks 3 days, dyspepsia 2 weeks 4 days, neuralgia 3 weeks 1 day.

31,692. Is the general complaint that there are too many, or that they are being too long on the fund?—Both. The complaint is that minor ailments are certified for, and that the members remain on the funds a great deal longer than necessary. It is a very general complaint—the length of time that they remain on the funds. Now I come to Yorkshire. I have a report from Bradford. There appears to be no particular increase there in the independent sickness benefit. Sickness claims are paid upon the doctor's certificate, subject to subsequent supervision. Minor ailments were most frequent amongst miners and the women members. Doctors would not answer inquiries or give supplementary information whenever possible to avoid doing so. The secretary at Brighouse says: "In this district the doctors' certificates are taken as a sufficient authorisation for the payment of sickness benefit. It is felt that once a medical man has given such a certificate, which in all cases reads 'is unable to follow his or her employment for the following reason,' or words to the like effect," —

31,693. What does he mean by that? He has some special form of his own. This is the private side?—I do not know what this does mean. The Shropshire Insurance Committee issue some certificates worded "Unable to follow his usual employment or occupation." These were in use until recently, and I was informed that they had not all been used up yet. Possibly the same may obtain in this particular district. "For the following reason or words to the like effect, that interference is useless. The doctor would not be likely to stultify himself, and in all probability, at this juncture at any rate, he would regard any unprofessional meddling as a slight on his profes-

sional honour or integrity. In all cases, however, the certificates are renewed as required by the rules. There have been numerous cases in which doctors have furnished certificates for the following ailments: debility, headache, neuralgia, dyspepsia, indigestion, diarrhoea. One case is noted where the doctor gave a certificate in the professional language, and the member, a female, told the lodge secretary who asked for the symptoms that she thought it was blood poisoning in her arm. On looking further into the case, however, it was found that the term on the certificate indicated nettle-rash. This is presumably a slight itching, such as infants and young children suffer from. Doubtless some of the Latin names given on the certificates simply indicate minor or not serious complaints."

31,694. You do not find members buying medical dictionaries and worrying themselves over these names?—I am sure that they do not. There is some information here with regard to the reason complaints are not made to the insurance committees. He says, "No complaints have been made. Whilst there are hosts of general complaints as to the treatment of the doctors, it is impossible to get reliable cases to submit to the committee. Only last night a prominent member of the district alleged that the doctor had not given him proper attention, not having visited him whilst confined to the house, as he should have done, and not at all like two years ago, when he had a previous attack, but not so severe, and when of course he was a paying patient; but, when pressed for details and informed that this was just such a case as was wanted, he collapsed in his willingness to vindicate the position at once. This is typical of what is going on. Members will not give a concrete case of lack of attention. As stated, however, on all hands, you hear the medical profession severely trounced."

31,695. That is exactly what you do not hear; they never give anyone an opportunity of trouncing anybody?—No. The question was put to all these secretaries as to whether any fines have been inflicted, and the general result is that in some very few cases fines have been inflicted, and in some few cases benefits have been suspended, but they are so few that they are scarcely worth noticing. He sums up the matter by saying: "In my opinion, the first thing to do is to get control of the doctors. Failing this, I think the only thing is a national medical service. The doctors are aware that the more panel patients, the more cash. They do not want to lose one, and they have also the private side of their practice to consider. When speaking to a doctor a short time ago on this matter—and I was giving him something to go on with in a polite and unofficial manner—he remarked: 'How are we to tell if a man and woman comes to us and tells us that he or she has a pain here or there, that he or she has not? We can only be guided by what the patient says.' This is perhaps a real difficulty, but unless the doctor is entirely free from dependence on his patients in the matter of payment, it is hardly likely that he will offend them. There should be very careful investigation into suspected cases of imposing on the funds by some independent persons. You cannot get villagers to do this work to the detriment of their neighbours. There is the risk on investigation that the illness will be justified, and at present there is a very prevalent idea that the State funds are unlimited, and that nothing shall be lost. Over-insurance is also a thing to be specially guarded against. It is much easier to stop at home and get, say, 1*l.* per week, than to work for, say, 2*s.* One lodge is forming a committee to specially deal with excessive or supposed sickness, and this may have a good effect." I have certificates from this district: debility, 17 weeks 5 days; boils, 3 weeks 2 days; debility, 3 weeks 3 days; flatulent dyspepsia, 5 weeks 1 day; lumbago, 1 week and still drawing; general debility, 6 weeks 3 days; dyspepsia, 1 week 1 day; cough and vertigo, 3 weeks 1 day; influenza cold, 1 week 3 days; debility, 2 weeks 1 day. There is an extraordinary increase in the independent sick pay in this district on a decreased membership. On a decreased membership of 31 the sickness benefit has



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increased by 664*l.* 1*s.* 1*d.*, and the duration of sickness has increased by 1,470 weeks. The Potteries and Newcastle district, Staffordshire; I think in this case it is under. In every case the doctor's certificate is considered sufficient authorisation for the payment of sickness benefit. One secretary says: "Doctor's certificate is the sole passport to going on the funds. I speak to the doctor if I think that a member is trespassing, and it has a good effect sometimes; but as a rule it is left to the member to please himself when he goes off. Hence, in many cases a lot of malingering, and it is worse since the National Insurance Act came into operation. Something will have to be done to check malingering; it ought not to be left to the doctors nor to the secretaries. Every district ought to have an inspector who could be called upon to visit and see for himself any member imposing upon the funds of the lodge, and who could be called upon to go before the sub-committee and have justice done to him." Another secretary in the same district writes: "I am quite satisfied in my own mind that if sickness benefit is to be kept within reasonable limits the doctors will have to do their duty better or differently. I know of cases where members have gone for a bottle of medicine, and the doctors have persuaded them to go on the club for a week or two."

31,696. What do you think a statement like that means?—I suppose it means that the doctor said, "You are a bit run down, and a rest will do you good."

31,697. It might be that the man was really ill, and did not know it?—It might be that.

31,698. I cannot think of a malicious deliberate persuasion of people to go on the funds as a common thing. I do not quite understand how far the suggestion is to go?—It has been obviously impossible to follow up all these statements from these districts. It would have taken a long time.

31,699. You have presented the thing as you have received it?—Yes, of course, and what I assume is that the doctors simply say, "Oh well, you had better have a certificate and have a rest."

31,700. The Potteries was a very bad district before; it had an appalling amount of excessive sickness?—Yes, that is so.

31,701. Probably there is an enormous mass of over-insurance there?—Yes. I should just like to mention two things, although it is against my society. There is one answer to a question here. "Have you a whole-time sick visitor? How are female members visited and when?" The answer is "By lady sick visitors when convenient."

31,702. Convenient to whom?—I do not know. Another secretary is asked "Is there any medical referee in your district? If so, have you made any use of him, and what has been the result?" The answer is "Cannot say if there is a medical referee or not."

31,703. Is there no way, when you get a man who is taking no interest in his job, of dealing with him?—We did not know anything of this matter. I should not have known this, if I had not been sending out these inquiries for this Committee. As far as I am concerned, I shall use my best endeavours to get some of these facts known with a view to getting them remedied.

31,704. You must have some means of replacing incompetent and slack officials, and people who are not fit for the work?—I agree. Now we come to Kent, Dartford district. "The doctor's certificate is usually considered sufficient for the purpose. Secretaries seldom have to make further inquiries of the doctor. Sick members are visited once a week. The sick visitor pays benefit at the same time (Saturday afternoon and evening). We have no whole-time sick visitors. Complaints have been made of the time occupied, and the distance covered by these officers, and the remuneration has to be increased to retain their services. Female members are widely scattered in the district, and are dealt with by secretaries of the various lodges."

31,705. There again that is a thoroughly vicious system of sick visiting, is it not?—Quite so. That is the ordinary system in the society.

31,706. The visiting is on Saturdays only?—Friday nights and Saturday afternoon. This is from a lodge secretary in Gillingham, Kent. This is really a lodge in the South London district which extends a great way into Kent. A secretary there, knowing that I was a member of this Committee, wrote to me. He says: "The panel doctors here (strangers to the locality and without private practice)"—I understand that there was some special arrangement made by the Commissioners with regard to Gillingham; panel doctors were specially imported, I believe—"are most considerate to those who call, and I am frequently getting certificates to the effect 'needs change of air,' or 'would benefit by a change.' Thus to attempt to accuse members of malingering places the unthankful task of cruelty to a brother as against the kind-hearted panel doctor. We do not attempt it."

31,707. I cannot quite make out what he means?—Then with regard to the question of any members being fined, suspended or expelled, he says, "We certainly have not troubled, as we believe that the panel doctor's evidence would always be accepted against us."

31,708. By whom does he think that it would be accepted?—By the insurance committee.

31,709. Why should he suppose such a thing? I cannot understand why secretaries generally think that necessarily nobody will believe what they say and everybody will believe what somebody else says?—I suppose that it is because the doctors have got the best of it up to now.

31,710. It is not very difficult to get the best of people who are afraid to face you?—Tonbridge district, Kent: "The general practice is to accept the doctor's certificate as sufficient authorisation for the payment of sickness benefit. When the doctors were under the direct control of the lodges, this system was largely found to work satisfactorily, but, since the advent of the Act, I am of opinion that it would be advisable for secretaries of lodges to refuse to accept certificates as authority in any case of minor ailment until they had interviewed the doctor upon the matter (provided, of course, the doctor would see them)." I mention that because it is quite a new idea to this secretary, who is a very excellent man, that he should ever question a doctor's certificate. He says: "The whole question of excessive sickness claims is of very serious import to lodges throughout the Unity, but figures given in answer to No. 1"—they show an increase of independent sickness benefit—"plainly indicate this so far as this district is concerned. Of course, it is well nigh impossible to say definitely, or rather to prove, that malingering exists, but there is no doubt that it does exist, and I fear to a considerable extent. There are two great factors which, in my opinion, contribute to malingering. One, the attitude of the doctors. Unfortunately many of the doctors are far too busy to give anything approaching adequate attention to individual cases, and they accept the easier course of giving the member a certificate to go on to the sick fund, rather than devote the necessary time to properly examining each case. It is more often the practice for the sick member to decide when he will declare off than for the doctor to say when he is well enough to do so. The fact that a member is very often better off financially when on the sick funds of both voluntary and State sections of the lodge than when he is at work in most cases, especially in agricultural districts, where pay is only about 1*s.* or 1*6s.* a week, and work in the winter months is slack—members who pay to both sections (and sometimes also to a slate club) can draw as much as 3*0s.* a week during sickness—is a great temptation to remain on the funds longer than is necessary. Personally, I should like to see it made impossible for any State-insured person to be able to receive in sickness benefit from all sources more than, say, four-fifths of his or her average weekly earnings." Poole,



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Dorset This is a very large district in the Manchester Unity. "The medical certificate is considered sufficient evidence to warrant the payment of sickness benefit. In the case of minor ailments the sick visitor is usually on the alert. I am afraid that there is a weakness in female visiting. Females are appointed, but very few seem to realise the reason of their appointment." Plymouth, another very large district: "The doctor's certificate is accepted as sufficient. The weakness in the administration is with the doctors. I am told that 30 or 40 may be waiting to see a doctor, and that all may be gone well within an hour. This is clear evidence of loose work. Longer time should be allowed for persons who call at a surgery, and there ought to be a reasonable limit on the number on a doctor's list."

31,711. Here are people who are conscious that there is something wrong. It is quite clear that they are paying out more than they ought, and there are three sorts of agencies to which they may attribute it. There are their own members, there are the lodge officials, and there are the doctors, and for the most part they lump it on to the doctor, but they do not seem to produce any real evidence, though they make very general statements about them?—That points to the fact that they never have considered it their duty to go behind the certificate; they have always looked upon the doctor as the sole authority.

31,712. When they find there is something wrong, they infer that it must be this agency?—That is so.

31,713-4. (Mr. Davies.) Could Mr. Wright give us the wording of the question which he addressed to his secretaries?—Certainly. "What is the general practice in your district in admitting sickness claims? For instance, is the doctor's certificate considered sufficient authorisation for the payment of sickness benefit, or do your secretaries in the case of sickness for minor ailments make further inquiries of the doctor?"

31,715-6. (Chairman.) Will you please go on?—I am only speaking for my own society. I cannot speak for any other society. Bristol: "I am afraid no inquiries are made except in very exceptional circumstances. Certificates have been given for cold and cough. One certificate stated the person wants 14 days' rest."

31,717. Was that paid on without any more bother?—Yes, apparently. This provincial corresponding secretary for Bristol says, "Seriously, I think the branch system for State purposes is quite inadequate and out of date. Visiting is an absolute farce, and there is no check on what a branch does, or how it is done, by the district until it is too late to check any irregularities." He goes on to point out the very few cases in Bristol which were referred to the medical referee, and he says, "It is quite safe to assume that had the whole of the work been done under the district, we should have sent 70 or more to Dr. Rogers."

31,718. Who did send them—the branches?—Yes.

31,719. How many did they send?—I think the total number of cases was nine. It appeared in the evidence of the clerk to the Bristol Insurance Committee.

31,720. Do you know why they did not send more?—The benefit is administered by the lodges, and the district secretary's opinion evidently is that the lodges do not trouble about it; they simply pay.

31,721. He says, "I think the branch system or lodge system as applied to State insurance purposes has broken down or is hopelessly unsuitable," or something of that sort. I do not understand why it is more unsuitable for State purposes than for other purposes. Why does he make that distinction?—I suppose it would not be any more suited to the independent system, supposing it were of such magnitude as the State system is now. Under the independent system, before a man was admitted to a lodge he had to be vouched for by two of the members. He had to undergo a medical examination; he had to go to the lodge and be initiated, and, in some way or another, he became known to a considerable number of

the members, and certainly to all the active members of the lodge, those who regularly attended the lodge. Consequently, there was more opportunity to look after him.

31,722. Is that going to be so in the future on the private side?—No, I am sorry to say that it is not.

31,723. Are you going to abandon all the vouching and the medical examination?—A member insured for independent benefit should undergo the ceremony of initiation, but he is practically admitted by the secretary. He goes and says to him, "I want to join." He fills in the application form, no medical examination is required, and the secretary reports at the next lodge night, "So-and-so has applied for admission," and there is a proposition that he should be accepted.

31,724. I do not understand why that should be so. I can understand that you were overwhelmed in the early days with people crowding in to do State business, but I cannot understand why that has affected your private side, so that you have to let people in without any of these checks?—I think that it is because of the competition set up between societies. Officials are afraid that if they put intending members to any large amount of trouble they will lose them. They do not like to say, "The lodge will not meet again for a month. You must get a member to propose you, and another member to second you. Your proposition will go before the lodge in a month's time, and then I will let you know." They are afraid that he will say, "I am going somewhere else, where I can get in straight away." The contributions are, therefore, often accepted before the name is before the lodge.

31,725. When he says that it is unsuitable to State business, does he mean that it is now unsuitable to both sides?—That would be so except for this. We find that our membership on the independent side is very greatly decreasing. We shall show a tremendous decrease in the returns for 1913, and probably a larger decrease in the return for 1914. There is evidence on every hand that the independent members are leaving us, particularly those who insure for independent benefit.

31,726. You had a very large increase in 1912 on the private side?—Very large.

31,727. Is not your decrease in 1913 merely a reaction?—Partly so.

31,728. Everybody got excited about the idea of insurance in 1912?—Yes.

31,729. And they came in?—Yes.

31,730. And now they are going out again?—We are losing the vast majority of those who came in in that rush.

31,731. Are you losing your other members, too?—In certain districts, yes.

31,732. There was suddenly an enormous leap up. Is the decline going to be steeper than the original climb up?—Yes.

31,733. Why?—I find that they are losing a number of members previously insured for 10s. They now become State-insured; their contributions are reduced by 3d. or 3½d. or 4d., but, of course, all they get for the contribution they pay to the private side is the payment for the first three days of sickness, the funeral benefit, and the assurance that the sickness benefit will continue after 70 years of age, if they were admitted prior to July 1912. They do not worry very much about the funeral benefit; they do not worry very much about what is going to happen to them after 70 years of age, and they do not think the sickness benefit for the first three days worth the contribution. Consequently, one is continually meeting with men who say that they are not going to pay anything to the independent side, because they do not think it is worth it.

31,734. They are the people who come under section 72 of the Act, and they are a very small minority?—Yes, but still they all count, and they are a factor in the matter. Mr. Collins reminds me that it is reported to him that a large number who made up their minds to pay for the total benefit now find that they cannot afford it, and they are dropping out.

31,735. That is what you would expect?—Yes.



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31,736. It is healthy, is it not?—Yes.

31,737. There has been an over-insurance in relation to their means in both respects?—I am not suggesting that it is a bad thing financially, but the fact remains that all these things go to make up the decrease on the private side.

31,738. Quite so, but it is not a morbid sign; it is a healthy sign?—It is a morbid sign from one point of view.

31,739. Does that apply to everything?—They are sacrificing what they have paid in, naturally.

31,740. Are they also sacrificing death benefits?—Yes, they leave everything in; they take nothing.

31,741. I cannot understand their point of view. They were offered an opportunity of coming in to preserve just those things which the Act did not preserve?—Quite so.

31,742. They refused to take advantage of that, but insisted on paying for what the Act provided and for 10s. per week besides?—Yes.

31,743. Now they are giving up far more than they might originally have given up under the section 72 scheme?—That is inevitable.

31,744. Because they have lost their option?—Yes.

31,745. It really means that they did not sufficiently apprehend in 1912 what the new situation really was?—That is so. I think that very few understood it.

31,746. How long was the option open?—Until 31st December 1913.

31,747. Do you not think, having regard to what you have said, that if you could possibly extend the option, you might do so, because it seems a very serious thing? Really, it was a misapprehension as to what was their financial position?—I do not think that any good purpose would be served by extending the option now, because I think that whatever mischief may result has been done.

31,748. You think that the drain has come to an end?—Yes, men have found out whether they can afford to pay or not.

31,749. I have always been so afraid of what would happen if we had bad trade. I think these people who have been carrying on the old contribution for double benefits would be inclined to be done with the old contribution first of all. Do you not think that that danger would exist? Then you would have a further falling off and people would lose these benefits for which they have been subscribing?—I think that that would be so.

31,750. Do you not think that you could educate them and extend their option a little bit more?—The extraordinary thing has been this. An option was offered up to 31st December, but the only way in which members availed themselves of that particular option was to increase their contribution and not to decrease it.

31,751. If I may say so, they were rather foolish persons. They did not really apprehend the situation, and their action since, or the action of people in other cases, shows that they did not apprehend it?—I do not think that you follow me. An option could be exercised either way. On the one hand, there were the members who had decreased their contributions in accordance with the scheme under section 72. On the other, there were those who were continuing to pay the old rate of contribution for the double benefits. The people who exercised the option were those who had made up their minds to reduce their contributions. There were not many members who exercised any option the other way.

31,752. There was not an option the other way?—Yes, there was an option.

31,753. It was only the other side of the first option, unless I misunderstand you?—They made a choice to start with. They either chose to reduce their contribution or to continue to pay the old rate of contribution. Those who continued to pay the old rate could have exercised an option to reduce. On the other hand, those who paid the reduced contribution could have exercised an option to revert.

31,754. I did not know that that was so?—Yes, and those were the options that were exercised, the option to revert.

31,755. That is a very curious thing. To what do you attribute that?—They wanted as much benefit as they could get when they were sick. They found it did not make all the difference in the world, the few extra pence per week, and they made up their minds to get the full benefits if they possibly could.

31,756. That is inconsistent with what you said a little time ago. That would have rather led one to believe that you look forward with anxiety to a great dropping off of members of the society, who would find their wants provided for under the Insurance Act, and would let the other benefits go?—That is bound to happen always, and I simply give that as one of the causes of the decrease. I am reminded that there is another cause, and that not only have we had a large number of individual secessions, but that lodges are showing a disposition in all parts of the country to secede.

31,757. Have any actually seceded?—Yes. We have had probably more lodges secede during the past two years than have ever seceded in such a period in the history of the Unity.

31,758. Have they got the consent of the Insurance Commissioners?—It has not been cleared up. We are making arrangements for the transfer of the State engagements.

31,759. To whom?—In some cases we are trying to carry on the lodge, and in some other cases we shall transfer to another lodge in the same town.

31,760. Are you going to let them take away their State business and their private business altogether?—Not if we can help it.

31,761. Can you help it? When the lodge has gone, that actual thing is dissipated?—That is a matter which has never been cleared up by the Commission.

31,762. They are members of a lodge—a distinct entity?—The Commissioners look upon them as members of a society, do they not?

31,763. They can only be members of the Manchester Unity by reason of being members of a lodge somewhere or other?—That is so.

31,764. You cannot be a member of the Unity at large, except in the circumstances specially pointed out where you get a derelict lodge, whose members have been thrown up on the shore as it were. Somebody has to look after them. Those are the only people in the Manchester Unity who are not members of lodges?—I cannot say “yes” to that. If you ask me under the rules, I should say yes, you are quite right.

31,765. You cannot actually let them go until the formalities required by section 28 of the Act are fulfilled: “No branch of an approved society having insured persons among its members shall be entitled to secede or withdraw from the society without the consent of the Insurance Commission, but such consent shall not be given unless the seceding or withdrawing branch complies with the conditions of approval requisite in the case of approved societies, and, on any such consent being given, the branch shall be subject in all respects to the provisions and requirements of this part of the Act relating to approved societies.”—Exactly what has happened is this. The lodge holds a meeting in accordance with our rules, a vote is taken on the subject of secession, and the lodge decides by the required majority in favour of secession. The actuary then proceeds to make his award, and, upon his award being received at Manchester, the secretary to the society, Mr. Collins, issues a certificate of secession. Then he at once communicates with the Insurance Commission, who write back to know what arrangements are being made with regard to the liabilities in connection with State insurance. The reply the Commission have received is that the society are making arrangements to transfer the State engagements of the members to some other lodge, and that they will be informed in due course. I have a case in mind. I have to go to Market Harborough next week to make arrangements on the spot.

31,766. What makes them want to secede?—They have an idea that they are going to lose all their



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money. They have an idea that Mr. Lloyd George, as they put it, having brought in National Insurance, is going to proceed to take all the independent funds. I have no fears of it being done, because you would have to take the liabilities.

31,767-8. And they think that Mr. Wright is going to help him, and that if they can get away from under his claws it will be all right?—They think that it is safer to divide it up whilst they have a chance.

31,769. I thought that you meant independent existence elsewhere?—No. In the majority of cases it means dividing up. It costs a lodge a good deal to do it. This particular lodge has a capital of about 7,000*l.* and between two and three hundred members. Before they can secede, they have got to meet certain liabilities to the district funeral fund and certain liabilities to the Unity. The actuaries' award showed that this particular lodge would have to pay 1,700*l.* before the certificate for secession could be issued. They paid the 1,700*l.* and went out. Of course, included in that 1,700*l.* was provision for those members who remain loyal. Any member who votes in favour of remaining with the Unity is provided for. Sufficient money is taken to continue him in his present position.

31,770. What is he a member of?—He will probably be attached to some other lodge in the district.

31,771-2. It is not really true secession? I thought you meant splitting itself off and setting up again as a separate entity?—No, in the majority of cases, that is not so. Generally it means dividing up the funds. Occasionally a lodge does that. We have had lodges that have done it, and have carried on an independent existence. Some of them have done very well indeed, and others have done very badly. That accounts, of course, for a decrease in the membership. The large number of secessions we have had take place in the Unity is another factor. I was speaking of Bristol. You were asking me whether the view was held that the independent side should also be centralised in the district. I think not, because if the independent side were carried on separately, it would be carried on more in accordance with old lines and old traditions.

31,773. You would still really have to pay on the same certificate?—Yes.

31,774. It is inconceivable, is it not, that a man would get benefit on one side, and not on the other?—Yes, it is.

31,775. So that really if the district exercised the superior power and decided whether a claim was to be paid or not on the State side, it would, in fact, decide it on the private side too?—Yes.

31,776. Alternatively, if the power rested with the lodge, it would decide?—Yes, there is that construction, of course.

31,777. Do you think that there would be some risk that it would rest with the lodge in spite of all?—No. I do not think that there would be the least risk of that. Supposing the State benefits were administered by the district, the lodge would probably pay on the certificate of the district on which the State benefit was being paid, and the lodge might be very helpful to the district in the matter of unofficial supervision.

31,778. Does your secretary report to you what view he had formed of Dr. Rogers' activities?—He wrote me this letter immediately after the clerk to the Bristol Committee had been up. He happens to be the chairman of the medical benefit sub-committee. He says: "I read the evidence of our clerk. Did you want to get him to agree that owing to our system of visitation, medical advisers were unnecessary? My opinion is that only when you have an effective system of sick visitation is the want of these officials discovered." No, I think it is more to do with the administration of our society, with the internal affairs of our society, than with the matter of refereeing. At Stafford there is an increase in the independent sickness benefits of 15 per cent., but there things seem to be going on very well, and our secretary points out that the doctors have agreed to co-operate with the approved societies. He goes on to say: "We have no medical referees. We are not in favour of the system. The unanimous opinion in this district is that if sick visitors are appointed who possess a reasonable

"amount of common sense and know how to use it" and are remunerated for their services, greater satisfaction could be obtained by friendly interviews between the lodge officers and the doctors concerning cases that require investigation. You will glean from copy of letter enclosed that the panel doctors in the Stafford district are desirous of assisting the societies in dealing with cases of imposition."

31,779. What do you think was moving in his mind? Do you know him personally?—Yes. I think that he is of opinion that some arrangement should be made whereby sick visitors could devote a good deal more time to the work than the average sick visitor can.

31,780. I wonder why he does not want a referee?—I think that that is on account of the fact that the local medical committee at their last meeting adopted the following resolution, which was circulated to all doctors on the panel in the county: "That in the provision of certificates entitling persons to sick benefit, medical men would be glad to co-operate with sick visitors and secretaries of approved societies in order to secure the exposure of bogus claims."

31,781. He depends upon that?—I think he is depending upon that, and thinks that that resolution of the doctors, coupled with efficient sickness supervision, would meet the requirements of the case.

31,782. There has been a good deal of trouble in the county of Stafford about medical benefit?—I do not know that. The next one I come to is Burton-on-Trent, which is on the borders of Stafford and Derby, and there things seem to be satisfactory. They have practically no complaint to make. The secretary says: "Practically the whole of the Burton doctors were lodge surgeons before the existence of the Act, and are practically working on the old lines. They give us every encouragement to consult them, should we doubt as to any case of malingering." I have a report from Leicester, but the only thing there is that they say that, as a rule, it is their practice to admit the doctor's certificate as the authorisation for the payment of sickness benefit.

31,783. Is that Leicester town?—Yes, and neighbourhood.

31,784. There is a district here, No. 5, with 27 lodges and 1,150 members?—This is the district. Worcester: again, "the doctor's certificate is accepted as complete authority." I have a certificate from Worcester certifying a girl to be suffering from decayed teeth. It is written in pencil, and I find that sickness benefit was paid this girl five weeks and one day, State benefit at 5*s.* a week, and lodge benefit at 4*s.* a week, making 9*s.* a week for five weeks.

31,785. Do you tell me that the lodge secretary sat quiet all the time and paid out this 9*s.* per week?—Yes, I have seen the lodge secretary and inquired. She simply told me that she thought she was obliged to pay on the certificate. It never occurred to her that she could question it. Worcester: "Yes, doctor's certificate is considered sufficient, but, if we find any cases calling for attention, we at once get into touch with the medical officer, and request him to give the member special attention."

31,786. That looks as if they did recognise some sort of duty?—Yes, and this is readily done. Brighton: "The doctor's certificate is considered sufficient." One secretary says: "When spoken to on the subject the doctor informed me that they knew when a member was fit for work better than the members of the lodge, and he must therefore abide by their certificates."

31,787. Of course, you know the secretaries and members of the Manchester Unity better than I do, but I suppose that they are, more or less, like the ordinary population; they are not a different kind of men?—Not at all.

31,788. One would expect to find them rather more intelligent than the ordinary population, but otherwise they do not differ?—I think not.

31,789. Why do they allow doctors to talk such nonsense to them without protest?—I am afraid that you do not appreciate the position exactly. I know it



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must be very difficult. The secretary looks upon the doctor as something quite apart from himself, and he did believe in him implicitly. A secretary never thought of questioning a doctor or having any dispute with him about his certificate. The secretary would go to the doctor, and say perhaps that he had his suspicions about John Smith, and would the doctor look at him specially next time he called.

31,790. I quite understand that, but I cannot understand how people would stand such a thing as that you have mentioned?—Is it very unreasonable to expect a statement from the doctor that he knows better than a layman does whether a person is fit for work or not?

31,791. If a doctor makes such an observation to me with regard to a trade with which I was connected in that tone of voice, I should take care that he had no opportunity of expressing any further opinion. One would not object to a professional man saying that possibly he knew better than oneself, but what the man is complaining of there is that the doctor practically said, "You are a silly fool, and do not know anything about it." That is what it comes to?—Here is another secretary from the same district: "The societies at present seem to be entirely in the hands of the medical men, who themselves are interested in retaining people on their panels, as their fee so largely depends upon it. While it is desirable that all just claims should be met, it is also of the utmost importance that the society's funds should be protected. My own view is that heavy penalties should be imposed on members imposing on the fund. This will educate them in their duties, and probably save them from a reduction of future benefits. My second suggestion is that there should be an appeal to an entirely independent medical man, and that, to avoid the chance of prejudice on either side, he should be appointed by the Government and receive a fixed income sufficient to free him from all possibility of corruption."

31,792. It is very curious. There were two parties before the Act, the doctors and the friendly society people. They each seemed to have conceived of the other a very curious picture. The story of the doctors is that they were continually liable to be dropped upon, and that they went about their work in fear of the lodges, whereas the story of the friendly society people is that the doctor was a person whom they humbly approached and of whom they were afraid. I should have said that probably neither was accurate?—The case may not be exactly as you put it, but it is unquestionable that the societies did believe in the doctors and did trust them.

31,793. Supposing the societies did believe in the doctors, it was probably because they found, by experience, that they were really, on the whole, doing their work well. Do you not think so?—Yes, I think that the doctors did their work well.

31,794. That being the case up to January 1913, on that date the doctors suddenly threw away all the opinion they had previously created and at once became persons who would not listen to what friendly society officials had to say, who would not deal fairly with them, and who were generally unreasonable and arrogant?—The evidence shows that the changed attitude is on the part of the doctors. Take one fact, a fact continually emphasised in the Committee before to-day. A large number of certificates which are being issued by doctors certify persons to be suffering from debility. It is true that in the old days we did have certificates for debility, but they were certificates handed to us by old members who perhaps had had their full sick pay and their second rate of sick pay and were on reduced sick pay, and who, as a matter of fact, were suffering from nothing—and we knew it—but old age. We understood the term debility in that sense, and we paid sickness benefit, well knowing that we were practically paying old age pensions under the guise of sick pay. Our attention was repeatedly drawn to that by the actuaries, but the lodges went on doing it out of the goodness of their hearts. We never saw a certificate from a doctor certifying a young girl or a youth to be suffering from debility, and we never saw

toothache, earache, and headache until the Act commenced operations.

31,795. Did you get certificates at all and look at them? You say that you trusted the doctors implicitly, and that in a great many cases the disease was not put on the certificate?—Yes, always. Our rules specified that the complaint should always be on the certificate.

31,796. You always did have it?—Always.

31,797. If you got certificates before, you must have attached some meaning to the name of the thing?—The complaint was inserted because the rules said that the specific complaint should be inserted.

31,798. If he had put in "sickness" or "illness," would they have accepted that?—Speaking for myself, I only recollect seeing such a certificate once. I never recollect the question having arisen.

31,799. You say this morning that "illness" or "sickness" would have been accepted, because it would not have occurred to them to challenge the doctor's opinion?—That is so.

31,800. It seems to me that if, before the Act, they never challenged the doctor's opinion, and if the doctor stated that the person was incapable, it would not matter what was put on the certificate. Therefore, you might have had any number of cases of debility without knowing it?—That is not my point. It is perfectly true that we should pay upon the doctor's certificate, and we did pay. If a doctor had certified "illness" or "sickness," I believe that in 999 cases out of 1,000 they would have paid in the old days without question, but what I am contending is, that the question never arose. We never had such certificates. It is only since the Insurance Act that we have seen these certificates.

31,801. That is not everybody's experience, is it? We have had questions before this Committee, especially with regard to women, and, as one witness said, "debility, anæmia and gastric catarrh have always been the lions in our path"?—Yes; but, of course, I am unable to say very much about what happened in the women's lodges before the inception of the Act.

31,802. You have not told us the sexes of the people with regard to whom those certificates are produced. I wonder whether, as a matter of fact, it is not largely owing to the influx of women? I do not say that they are right in any way, but would you not expect to see more anæmia in the case of young women engaged in factory work than in the kind of man you had in the old friendly society?—Yes; still, we have a great many debility certificates in respect of the youngest women. At Brighton there is a State member, a married woman under 21 years of age, who has been receiving sickness benefit since July 3rd, 1913, when she produced a certificate stating that she was suffering from anæmia and septic teeth. On August 16th she produced a certificate, "Confinement"; on September 16th, "Anæmia and debility"; on December 7th, "Owing to teeth extraction"; on January 12th, 1914, "Still unfit for work"; on February 26th, 1914, "Teeth extraction and debility"; and she is still on the funds, being paid.

31,803. She is not on the funds now, surely?—Yes, she was a week ago.

31,804. What is your secretary doing then? She has been on since July?—She has not had the 26 weeks.

31,805. Are these separate illnesses, then, or was the woman on continuously since last July?—Possibly separate illnesses.

31,806. She must have come on several times?—I think that must be the explanation.

31,807. You do not know how many weeks she has been on in all, do you? It is getting on for 39 weeks since she first went on, is it not?—I do not seem to have any further information about that case. I put that as an extraordinary certificate. I have a note here of my own, "Still on." In this particular lodge the secretary says that a doctor's certificate is required to be produced every four weeks. This is a female lodge.

31,808. That points to the desirability, I should think, of some alteration in the habits of that lodge?



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—Quite so; and that is why I mentioned it. Another secretary at Hove says: "We cannot do otherwise than accept the doctor's certificate." Another secretary says: "Certificate sufficient"; and another secretary writes: "My suggestion is that the inspectors should deal with all complaints of members imposing on the funds."

31,809. What inspector does he mean—the Commissioners' inspector?—Yes; and he goes on to say: "that the Commissioners should in all cases take proceedings. It is unfair that societies should be compelled to institute proceedings. They cannot afford the expense entailed; and, moreover, it is a very bad advertisement for any society to institute proceedings and, consequently, they are very reluctant to do so. If the Commissioners were to expose all cases of malingering or imposition, it will soon stop it; but if left to individual societies nothing will be done."

31,810. What is that gentleman drawing per head per member?—He is corresponding secretary of the Brighton district.

31,811. What does he think he is paid for—for the inspector to do his work for him, or what?—Well, he is a lawyer. Then he goes on to say: "What I want to know is, what are the inspectors for?"

31,812. What I want to know is, what are the secretaries for?—Yes. "They seem to have nothing to do. Make them investigate any case of suspicion reported to them from a society, and instruct them to prosecute. This would put an end to the abuses now existing. An official would have far more weight than a mere sick visitor."

31,813. It would also put an end to the societies in a very short space of time, would it not?—Perhaps.

31,814-5. I mean, self-government may have its privileges, but it also has its perils?—I quite agree, and I think, perhaps, it would not be a bad thing. That letter is quite unsolicited, I may say. It bears out something I have said about secretaries not caring to take action. I think that there is something in that. The provincial corresponding secretary of the Isle of Wight district says that the outstanding evil of the whole business is the medical question: "I am convinced that the medical service as it exists to-day is more unsatisfactory and less efficient than that of ante-insurance days. Then, if a medical man did not act fairly by a member, the lodge had an opportunity of quiet but effective remonstrance. Now, we have no influence over the doctors, and the members would not care to take the serious step of impeaching a medical man before the insurance committee." He goes on to say: "A clerk in my office has recently been ill, and, without knowing what his experience had been, I, out of curiosity, inquired of him. He told me that on the occasion of his first call, though he was the first to be seen, he was kept 45 minutes after the proper time; on the second occasion, 30 minutes; on the third, half an hour, when, there being no sign of the doctor, he left disgusted, and never troubled the doctor again. This is a typical case of the general experience, and the financial effect on the independent side, as well as on the State side, is likely to be disastrous, as the funds must be prejudicially affected in consequence. The double benefit is an evil, especially in the case of women patients." There is a very large increase in the independent sick pay there, on a reduced membership. I have some certificates here which I will give you in order. The first is: general debility, four weeks and one day; the second, debility, seven weeks and two days; the third, general debility, five days; the fourth, general weakness, six weeks and four days; the fifth, chill, two weeks. Those were women. Then a man, chill, two weeks; another man, diarrhoea, one week; a woman, catarrh, twelve weeks and two days; and then a case of ringworm lasting for one week and five days; but I do not know whether that is a man or a woman.

31,816. I do not quite understand your point about the very short illnesses there?—These are minor ailments.

31,817. Take the chill; it is quite reasonable that a man might have a chill which lasted a week, is it not? I am not saying that that particular man had?—I am not making any special point of those. I asked the secretaries for certificates of cases which in their judgment should not have been paid on, and those are what they sent me. Then there is nothing that I need refer to in respect of Newcastle-on-Tyne. In the Seaham Harbour district the doctor's certificate is considered sufficient evidence of incapacity, "but it is beyond doubt that such are given for slighter ailments than previously, or that members do not try to work any ailments off as they used to do."

31,818. But Seaham Harbour is rather peculiar. To start with, this is another case where in the old days these people would have been attended by the colliery doctor, is it not?—In some lodges, yes, but in others, no.

31,819. Among these six lodges with 1,294 members composing the Seaham district, I imagine a fair proportion, at any rate, would have been attended by the colliery doctor, would they not?—I suppose they would. I should have said perhaps in regard to three of the lodges that it would have been so in this particular locality, and in three it would not.

31,820. Seaham is a district with a most disastrous sickness experience?—Certainly.

31,821. An excess of claims of nearly 100 per cent. for the five years of this valuation?—There are three lodges at Seaham Harbour, where I think the members would not be colliers altogether.

31,822. Look at page 59 of the "Report upon the Ninth Valuation," where it analyses the lodges. Take the "J. J. Brown Lodge": it has an appalling sickness experience?—Yes.

31,823. Sickness cost of last five years, expected 669*l.* full pay, actual 1,652*l.* full pay. It is so dreadful that it looks as if they were merely suffering from the effect of existing in the county of Durham more than anything else?—Yes.

31,824. And only four people out of 209 members of the lodge reduced their contributions?—Yes.

31,825. A fair proportion of these people would be colliery people, I take it?—Yes. The secretary says something about this, which I will give you. He says: "I have cases where a member wished to start work, but the doctor told him that he would be better with another week. I cannot see how it would be of any use to go to the doctor, as he would not go against his own certificate. In my lodge I have had certificates for debility, neuralgia, dyspepsia, and boils. In one case a member has been on three weeks with debility and had nine weeks' sick pay altogether; another has had eight weeks in twice, and another nine weeks with dyspepsia in three times."

31,826. What I meant was that here is a lodge with a very dreadful history, but is it any worse than it was before the passing of the Act?—The secretary says: "I do not think that I can add much to the answers already given, except that I am of the opinion that members are over-insured and when out of sorts or off colour there is an inducement to have the 20*s.* per week, or more in many cases, rather than trying to work it off, and when they do come on, they are certainly longer in going off again than formerly. I cannot see how any officer of the lodge can go and tell a member that he is fit for work, or tell a doctor that a member is fit for work. I am of the same opinion as yourself that the only remedy is State doctors, or that the panel doctors should put the welfare of the friendly societies first and their own second."

31,827. That is a gentleman who, to use a common expression, does not care to rag the doctors?—It may be. Now I come to Chesterfield. In answer to our second question, the secretary says: "A doctor's certificate is required, but a sick visitor is supposed to report on each case at the lodge meeting following the notification of sickness." In view of the position of the Chesterfield district I think that these are very interesting remarks, and I should like to give them to you. The secretary says: "In my opinion



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"there is no gross malingering in the Chesterfield district. That there are excessive sickness claims I admit, but these are largely due to the fact that men in very poor circumstances, badly nourished for years, and generally unfit for continuous employment, were received into insurance and are fully entitled under the Act to the sickness benefits they receive. The same remark very largely applies to women who have been factory or pottery girls for from six to ten years before marriage, and who, in many instances, through the general conditions of their lives, and the arduous nature of their work, have had their constitutions impaired." So you can see how opinions vary in the different districts. From the Baslow district the district secretary says: "From some secretaries I have at times received complaint (and this is chiefly in the case of female members) that the ailment seems of a very minor degree (say a cough), and I have in some instances mentioned this fact to our medical officer at Tideswell; he agreed that the insured females were most difficult to deal with; he mentioned instances where the mothers of some girls complained that their daughters are run down and require a week or two's rest, and became very abusive if the doctors would not give a certificate of illness. We find that the doctors are inclined to allow the patient to stay on the funds longer than they used to do, when the societies were directly responsible for the medical control." There is a lot more there about the doctors, which I need not read. The secretary at Wisbech says that a doctor's certificate is universally considered a sufficient authorisation. In exceptional cases the sick visitor makes further inquiries. "I am afraid the double benefits will be a fruitful cause for malingering in an agricultural district like this. When a member is only earning 14s. or 15s. a week, and perhaps not that, when the weather is such that he cannot work, there is a good inducement to go on the funds with rheumatism or some similar complaint. Our old lodge rules made it necessary for a member to be earning 20 per cent. above what he was insured for. Something of that sort is still necessary."

31,828. That is a very curious thing, because, so far as I see, the number of people who took advantage of the scheme under section 72 in Wisbech was 2,091 people out of 5,218, which is an enormous proportion compared with other figures. It even has a pre-eminence over Reading, where you get only 2,062 out of 7,384?—Yes. In regard to Reading the district secretary says: "The printed wording of the certificate, 'are thereby rendered incapable of work,' is taken as sufficient. As far as I know, no further inquiries are made." I have a certificate here of a woman who, in the doctor's opinion was suffering from "Run down," and she was paid benefit for five weeks.

31,828a. Do you know what she was?—She was a domestic servant.

31,829. Is this your own lodge or not?—No. I have some figures here with regard to certificates paid on in Reading: "Domestic servant, unemployed, cold, 6 weeks 1 day; domestic servant, unemployed when she was receiving benefit, complaint toothache, 3 weeks; domestic servant, unemployed, dyspepsia, 14 weeks; biscuit factory hand, married, headache, 5 weeks 2 days; shop assistant, sore throat, 4 weeks; another shop assistant, unemployed, debility, 12 weeks; domestic servant, unemployed, debility, 11 weeks; printer's assistant, debility, 5 weeks; domestic servant, unemployed, cough, 13 weeks; domestic servant, unemployed, debility, 16 weeks; domestic servant, chill, 5 weeks 5 days; domestic servant, unemployed, dyspepsia, 4 weeks; and factory hand, dental caries and debility, 4 weeks 3 days." I should like to mention the fact that sickness benefit has been drawn by persons who were not really eligible for it under the Insurance Act. I have a case in support of this statement. "E. W. is a married woman and claimed that she was entitled to be an insured person inasmuch as she was employed by her son to go to his shop daily to look after same. After she had been insured just 26 weeks and paid 26

weekly contributions, the doctor certified her to be suffering from gastritis. Sickness benefit was duly paid to her for 17 weeks, but she was eventually suspended from benefit owing to the fact that, although she had twice been warned about being out after hours, and so breaking the rules of the society, she was seen out by the secretary, on the night the result of the Reading election was declared, at 11.35 p.m. Opportunity was afforded to the member of appealing against the decision of the lodge *re* her suspension, but she did not avail herself of same, and a week or so after her husband wrote saying that she would not be attending her son's shop in future and, therefore, was no longer an insured person."

31,830. That is a case of pure fraud. What is your suggestion in regard to that case?—It was fraud which would be very difficult to detect.

31,831. Of course, but it is the sort of fraud that you get in any system?—*Prima facie* the woman was employed when she became an insured person.

31,832. She was not really employed; it was a colourable thing; is not that your suggestion?—Yes, certainly, I agree it was a fraud, but I say that it was difficult of detection by the secretary.

31,833. You could not follow it up?—No.

31,834. Did you expel that person?—As a matter of fact she was not expelled; she was suspended and she simply has gone out of benefit. We have not expelled her by resolution.

31,835. In regard to those colourable things it is rather difficult; but supposing you had discovered two or three years hence that she was not a person normally employed, what would happen then?—It would be very difficult. We should not be justified in expelling her because she was out late at night.

31,836. No, but you would be quite justified in expelling her on account of fraud?—That may be so, but the difficulty would be in getting evidence. A son would not be likely to give evidence against his mother, and the thing wants proof. Then Prescott, in Lancashire. This is the case of Mrs. P., a married woman, and the secretary says: "This person's husband is a timekeeper at a works here employing a large number of hands, amongst whom are a number of females. These latter required a female timekeeper, and Mrs. P., from what evidence I can obtain, being a delicate person and too delicate to do all her household work, was employed as assistant to her husband at 'low wage' rate. She became State-insured at the commencement of the Act, and between February 3rd, 1913, and November 12th, 1913, she had received her 26 weeks' sickness benefit. Some time in October 1913 she informed me that her situation had been filled up, and that she would not be going back to employment when better, in consequence of which I told her she would cease to be insured. Her husband has followed the matter up with the insurance committee, and an inspector has now instructed me that I am bound to continue her membership. Mrs. P. is now aged 50; her complaints have been rheumatism, anæmia, and debility, and in July next it is possible she will come in for disablement benefit and remain on the funds continually."

31,837. What inspector instructed him?—The insurance inspector.

31,838. Do you mean the Commissioners' inspector?—Yes. According to this letter the insurance inspector waited on him and instructed him.

31,839. It is not the function of inspectors to wait upon people to instruct them?—I think that secretaries very frequently go to them for advice.

31,840. Yes, advice is one thing and instruction another?—"This will mean a serious drain on the funds, as you will quite understand." I know of a third case in my own town where a man quite unjustifiably became a voluntary contributor under the Act. As a matter of fact he had retired from business at the time he became a voluntary contributor, but he drew sickness benefit for some time until the matter was discovered by the secretary, and in that case he was



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called upon to refund, and did refund the money he had received.

31,841-2. I trust that he was expelled?—He was not expelled; there was no need to expel him. There was a serious difficulty in this case because this particular man was a very old member on the independent side, and was in receipt of sickness benefit. Being an approved society we could not expel him from one side without expelling him from the other.

31,843-4. Yes, but he did after all perpetrate some sort of fraud calling for action of some kind?—I am not sure whether there might not possibly be a considerable number of persons who are drawing benefit, who should not be insured persons at all. Now I come to the Wrinehill district, near Crewe. This is a district which has given the Manchester Unity a great deal of trouble. The secretary says: "The general practice is to consider a medical certificate a sufficient authorisation for payment of sickness benefit. We do not go near the doctor, seeing that we have no control over him."

31,845. It calls for some remark when it is put like that, does it not?—I make no comment upon it.

31,846. You know so much more about the circumstances than I do, and you can judge much better than I can; but does it not mean that the secretary was used to having control in the old days, and now that he cannot control the doctor, he thinks that it is no use bothering; he is really out of temper with the thing?—Yes, that is a very dangerous thing.

31,847. There is no blame attaching to the doctor?—I am not putting it in as against the doctor at all, and I hope it will not be thought that I am putting these things against doctors, necessarily. I thought that it would be useful to have the opinion of all these officials in their own words. So I got their opinions. But, taking the case of an official who, simply out of pique, will not call on the doctor, I think that is a very dangerous thing.

31,848. Most dangerous?—Then, from Beeston Castle, Cheshire, I have this from the secretary: "We are fortunate in this district with regard to panel doctors, who although very awkward at first have tumbled into line, and are now doing their best to safeguard the funds of societies and prevent malingering."

31,849. That is a purely agricultural district, is it not?—Yes.

31,850. I see that there more than a third of the members have reduced their contributions?—Yes. Now, in regard to Colchester and Maldon in Essex, the secretary says: "The doctors explain that they cannot help it if a man comes to them and says he has pains here and there or other complaints; they cannot deny him. At the Essex Committee a doctor reported that he had a case, a man called on the funds with a bad corn, and wanted some medicine to do it good. I believe they are aware of the trivial reasons given by some and feel they are really questionable, but the doctors say, 'You see our position; what are we to do?'" Another secretary of a lodge in that district says: "I would suggest that a doctor should be forced to see his patient when his paper is signed as still being incapable of work. It has come to my knowledge that patients can send their children to the doctors and get their papers signed. In fact, I have seen it done while waiting in a surgery and keeping my eyes open. When asked about it, the doctor admitted to me that they were so signed, but with his sanction. They were not even signed by himself. I can prove it."

31,851. If he can prove it, I wish he would. There is a clear case of a definite statement of malpractice and nothing has been done. Cannot you get that man to go on with it? You know the General Medical Council have expressed very strong opinions on that subject. It seems to me that that is the kind of thing which, if it exists, can only be stopped by terror?—I will see what can be done about it. With regard to the Nantwich and Crewe district, where the members are very largely railway workers, there is a very extraordinary increase in the sickness benefit. There

is an increase in Crewe itself, but no increase in the agricultural neighbourhood surrounding Crewe.

31,852. There are ten lodges?—Yes.

31,853. How many of those are railway lodges?—In the whole district the sickness benefit paid in 1912 was 2,973*l.*; in 1913 it was 3,188*l.* In Crewe itself in 1912 the sickness benefit amounted to 1,717*l.* and in 1913 to 2,052*l.* Outside Crewe the sickness benefit in 1912 was 1,255*l.* and in 1913, 1,135*l.*; so that there is an actual decrease in the agricultural district surrounding Crewe, and an increase of over 300*l.* in Crewe itself.

31,854. Do you happen to know offhand where the lodges are actually situated?—The lodges in Crewe are the Crewe Lodge, the Strangers' Home, the Pride of the Valley, the Pride of Crewe and the Coppenhall Perseverance.

31,855. Is the Coppenhall Perseverance included still in Crewe?—Yes. I have several other districts, but there is nothing material in them, I think. I should like to come to some statistics with regard to the women, if I may. I sent a series of questions to nearly 100 women's lodges in the Unity and I have the replies here. The total number of members dealt with in this return is 32,301, of whom 3,372 are married and 28,929 single. The total amount of sickness benefit paid to them was 13,791*l.* 11*s.* 5*d.* The total number of members claiming sickness benefit is 6,702, of whom 1,137 are married and 5,565 unmarried. The percentage of married women claiming in proportion to the married women's membership is 33·7 and of single women claiming in proportion to single women's membership, 19·2.

31,856. What have you done with the widows? Have you put them with the single women or the married?—With the single women. That is just the point I wanted to make in regard to those.

31,857. Do not forget this point so far as the married women are concerned? How many out of the 1,137 claiming have been confined?—I do not know that.

31,858. Each insured married woman in effect is entitled to four weeks' sickness benefit *eo nomine*, which is really maternity benefit, and that has to come out of the 33·7, has it not, if you want to institute a fair comparison?—Yes.

31,859. Then out of 33·7 per cent., what you have taken here is not actual individuals, but persons coming on the funds?—This is sickness benefit, not maternity benefit.

31,860. But before the 1913 Act came into operation each married woman, when she had a baby, was entitled to four weeks during confinement almost automatically?—Yes.

31,861. So that in a sort of sense was in the estimate for her against what is in the estimate for single women. If you look at the actuarial figures you will see that?—I quite see that.

31,862. It is part of what is also provided for in reserve value. I do not say that this figure is the right figure, but it requires some correction to get the actual figure. They may be both right or wrong for all I know?—Yes. The principal occupations claiming are domestics and charwomen.

31,863. Does that surprise you very much?—Well it would have done twelve months ago, but I do not think that it does now.

31,864. I do not know whether you know anything about any of the women's lodges?—Yes.

31,865. What class of domestic servant is it that makes these claims?—The small householder's general servant.

31,866. When she wants a rest?—Yes, and when she does not want a rest, but gets out of a place.

31,867. I do not mean when she requires a rest, but when she wants a rest?—Yes, I do not think that she always deliberately goes home; but she has a row and gets notice to leave, or she does not like the place, so she goes to the doctor and asks for a certificate, and usually gets one.

31,868. I suppose you would say that their experience is due to the class of servants that they have got in the lodge?—I should say so.



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31,869. Are they of the same class as the Domestic Servants' Society or the Prudential Domestic Servants; it certainly is very remarkable, is it not?—I have classified these districts, and district after district has put it down to the domestic servants, and all the forms I have got are the same in regard to that.

31,870. Do you know at all what the percentages of occupations of the members are?—I do not know the percentage, but I know the main occupations in all cases.

31,871. Can you tell us roughly what relation they bear to one another?—I cannot tell you that.

31,872. Supposing 50 per cent. of the women in a society are domestic servants, and supposing 50 per cent. of the domestic servants claim?—We cannot get our women secretaries to go into such figures as those, but they have domestic servants, and they say charwomen are the biggest sinners.

31,873. What other classes of women have you in the lodges?—The secretary at Bradford says "Mill hands while short of work." Colchester says, "Domestics and tailoresses." Tonbridge says, "Paper mill hands." Blackburn is cotton operatives, Stockport textile workers, and Glossop cotton workers.

31,874. These are the people who claim?—Yes.

31,875. In all cases do these workers form the bulk of the lodge? In Stockport it would be textile people, I suppose, and in Blackburn cotton operatives?—That is natural. In Cambridge it is married women outworkers, and in the lodge at Stockwell brewery workers.

31,876. But the domestic servants cannot be responsible for the married women's claims to a large extent, can they?—I do not think that that argument applies in all cases. Take Brighouse, for instance, where the principal occupations of the members are cotton, silk, and domestic servants. In reply to the question, "Have you found that sickness benefit has been claimed by any particular occupation or group of members," charwomen are given, but domestic servants are not mentioned. Then, in Halifax, the principal occupation of the members is factory workers, particularly carpet workers and underclothing machinists. They are factory workers, but there is a particular section of factory workers evidently. I wanted to mention, in regard to pregnancy, that the great majority of our secretaries, particularly the women secretaries, seem to be strongly opposed to any payment at all on certificates for simple pregnancy.

31,877. Are they paying these people in some cases, and are they opposed to paying them in others?—Yes.

31,878. Why are they opposed to payment?—In Brighouse: "Have you received any certificates for pregnancy? If so, do you pay on such certificates, or do you only pay in cases where pregnancy is complicated by some other ailment?" (Answer.) "No, we have paid two claims where illness has arisen in those cases such as you mention." Where it is complicated they pay, and where it is simple pregnancy they do not. In reply to our question, "In your opinion, should sickness benefit be paid in cases of simple pregnancy, if so, at what period?" The secretary says, "I do not think so at all; the married women are best off in regard to the Act, and abuse it the most."

31,879. Is that a male or a female secretary?—It is a female secretary. Halifax says: "Yes, we do pay on them, because we were given to understand that we had to." In reply to the question about household work, the secretary says: "No, certainly not, because I think a woman is better for doing a little light work up to confinement." Bradford says: "No, I do not think we ought to pay for pregnancy, as members are thrown on and drawing for 26 weeks, thus making the sickness claims very heavy."

31,880. The reasoning is not very strong?—Brighouse replies to the question, "Have you received any certificates for pregnancy?" by saying, "Yes, two; one, married, was paid, and the other, unmarried, was not paid."

31,881. Do you think it was the lodge that took that view?—I should think it was the secretary.

31,882. Is the secretary a woman or a man?—A woman. In Bootle, in reply to the question, "Have you received any certificates for pregnancy?" they say, "None, but we had one case in which a member on two separate occasions was certified ill, and left work afterwards because of her condition. No doubt the illnesses were both caused by pregnancy, but were not certified so. We did not take any action. If I received a certificate for pregnancy from an unmarried woman, I should not pay on it, and should class it as misconduct." That is her view.

31,883. But that should rest with the lodge, should it not?—Yes, it should rest with the lodge.

31,884. What sort of women are these secretaries? Are they old lodge members, or people now put into the position for the first time?—Some of them are people put into the position for the first time, but they are also members, generally speaking.

31,885. Where did you get them?—In many cases we took the wives and daughters of male members.

31,886. Who had had some experience, from living in their fathers' houses and seeing how work was done?—Yes, a great many of them.

31,887. Do they handle the certificates themselves, and not go to the men at all?—In the cases where we have female secretaries, yes. Of course we have a very large number of female lodges with male secretaries. I am sorry to say. And we also have a very large number of mixed lodges, where the affairs are entirely managed by male secretaries.

31,888. It is really a serious matter that some complaints of women should be put upon certificates and handed to a man—who may be personally acquainted with the women—as it were, across the counter. What do you think about that?—I entirely agree.

31,889. How do you get over that difficulty?—It is very difficult to find fault with the doctors for putting on an ambiguous name when they know that the certificate is going to be handed to a male secretary.

31,890. Yes, but if we admitted laxity of that kind, it would shake the foundations, it seems to me?—The remedy is the insistence on women's benefit being administered by women.

31,891. Do you think that that is possible?—Yes, I think it would be possible to do it.

31,892. In some respects you are in a more fortunate position than some other people who have not such a fine organisation as yours?—I should welcome anything which brought about that state of things, personally.

31,893. Do any of these women tell you that there has been any difficulty in regard to women's complaints?—No, I have not heard personally of any complaint of that kind in regard to the male secretaries. The lodges I have in my mind have female secretaries.

31,894. Where medical dictionaries have to be searched to explain the long names given to women's complaints, it is unsuitable for men to deal with such matters?—Quite so.

31,895. Do you think that it would be possible in your mixed lodges that the certificates should be dealt with by women in some way, and not be seen by the men except afterwards?—Of course, I think that it would be better if we could group the women members of the mixed lodges into separate female lodges. I think mixed lodges are very objectionable, because if you have them the certificates are bound to pass through the hands of the secretary, who is invariably a man; and in that case it would not be got over by the appointment of women to administer the women's benefits.

31,896. I suppose there were mixed lodges in actual existence before the Act was passed?—Two or three only.

31,897. But a suggestion was made to us, you will remember, by a witness, that regulations should prescribe that women's affairs should be administered by women and by women only. What view do you take of that?—I agree.

31,898. Is it possible, do you think?—Yes.

31,899. Are there enough women qualified for the purpose?—Yes, I should say so. Of course it might be impossible to form the women's lodges in the same sense as the ordinary lodges are now formed. There



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are not in some districts sufficient women to form a lodge to hold regular meetings; but I do not think that that would present any practical difficulty, because you have larger centralised societies sending their sickness benefits through the post.

31,900. Yes, and we also have allegations that in the case of the large centralised societies it results—whether it is so or not, I cannot say—in the agent on the spot cross-questioning the woman about her complaint. The societies attempt to justify it by saying that there are no women available for the job?—I do not think that at all. I think that it would be quite possible, and, if a regulation were made, we should have to carry it into effect. Giving my own personal opinion about it, I should welcome a regulation of that kind.

31,901. It would be to the effect that the certificates should be dealt with by women in the first place; although later on, of course, they would be seen by men, and that does not matter so long as they are not in actual touch with the particular women?—The point is that the official coming into contact with a member should be of the same sex as that member.

31,902. Yes, for all questions?—For all cases in regard to which there is personal contact; apart from personal contact, it does not matter, as you say.

31,903. Except, perhaps, it is advisable, in order to give confidence, that women should be associated at the central office with these sort of things?—Yes. Then East Dereham says: “No, I should certainly not pay “ on certificates for pregnancy, unless the member was “ wholly incapacitated by other ailments.” Then in reply to the question: “Should sickness benefit be “ paid for simple pregnancy?” the secretary says: “No, certainly not; if married, the husband would “ keep her; if unmarried, it is a case of misconduct, “ and the man responsible should provide for her.”

31,904. This is somebody writing from Norfolk, where circumstances are not the same as they are over the rest of the country?—Yes; but the great volume of opinion is against it.

31,905. Do you find, in regard to this subject, any trouble arising about concealing the name of a disease, especially in the case of venereal disease?—It is a very extraordinary thing, which shows, perhaps, what little care in this respect our secretaries exercise in regard to scrutinising certificates, that although this question has been sent out to these 100 lodges: “Have you had “ any cases of illness caused by misconduct, if so, what “ have you done in respect of them?” the answer in every case has been “No.”

31,906. You have not had any?—I have not had one single case of the sort reported. I only know of one, and that I discovered at Shrewsbury the other day, because of a conversation I had with the sick visitor. It is inconceivable to me that we can have these 100 lodges, with 32,000 women members, and that there should be no suspicious cases in that large number.

31,907. Yes, and what about the men's lodges?—There is no information whatever; but we never have heard of it very much in the society.

31,908. What has been the practice in the past?—I can only give you my personal experience, and I have never known of any case of misconduct having been dealt with.

31,909. Does it mean that they have not claimed, or that they have not asked for certificates, or that they have asked and the certificates have been refused, or that the doctor has certified some other complaint?—I think it means all those things.

31,910. Under the old system they were not entitled to medical benefit, were they?—They were not entitled to benefit at all.

31,911. Neither medical benefit nor any other? You think that they knew that, and did not take advantage?—Yes.

31,912. You think that that fact still actuates them?—That may be some explanation of it, but I think it is that the certificates have not been challenged.

31,913. You think that the doctors have put something else on the certificate?—Yes, I should think so, and the certificates have not been challenged. There is one rather ingenious argument used here by the

female secretary of an Ipswich lodge. This is in reply to the question: “In your opinion should sickness “ benefit be paid in cases of simple pregnancy?” and the answer is: “No, unless a member is rendered quite “ incapable of work, when each case must be judged on “ its merits. Personally, I have no trouble in this way; “ but in my opinion there is a great temptation for “ single women to claim on the funds for this cause, “ and it is encouraging immorality in that, if the girl “ marries and gives up employment, her benefits cease, “ or she receives a lower benefit in Class H. (if over “ 21 years of age) than when single, namely, 5s. instead “ of 7s. 6d. a week, and in Class H. this is not payable “ for two weeks before and two weeks after confine- “ ment.”

31,914. But this is the greatest encouragement for morality, if morality means marriage, because of the double benefit being given?—I think that that argument is rather an ingenious one. I do not think that there are any more replies I need read.

31,915. After going through all that and thinking about it, what is your conclusion on the whole matter?—I am in a little bit of a difficulty about expressing a personal opinion on it. I collected the evidence in this way because I wanted to give the Committee as near as I possibly could an idea of how this Act was being administered in individual lodges and districts. My own opinion is that sickness claims are not being properly scrutinised; and no matter what the figures may show, although we are below the actuarial expectation, if the work was properly and efficiently done we should be a good deal more below it than we are.

31,916. Do you attribute any of that to the organisation of the society? You think it might be grouped into districts instead of into lodges for the purpose of sickness benefit?—Yes.

31,917. Having that opinion, what about the medical service, not as a medical service in itself, but in relation to sickness benefit?—It is absolutely essential that there should be some closer contact between those who administer sickness benefit and those who administer medical benefit; and in the last resort that judgment must remain with the doctor; it is not a proper duty to impose upon any lay individual or any lay body to scrutinise or to criticise medical certificates.

31,918. If that be the case, what is there left for the society to do except merely keep books?—Nothing.

31,919. The Act, I suppose, was based on the idea that you have here a body of people associated for the purpose of this work, and by that means it would succeed in getting things right, and in checking the doctors to some extent. We have a mass of evidence, for what it is worth, which establishes this, that in some cases some of the doctors rather recklessly put people on the funds, and that some means must be devised to prevent it. You say the secretaries cannot do it?—I feel confident that the societies will never be able to prevent that.

31,920. What is to prevent it?—A responsible medical service.

31,921. Responsible to whom?—Responsible to those who are responsible for the administration of the National Insurance fund.

31,922. And who are they?—The Commissioners.

31,923. You see that that means, does it not, universal service everywhere of people who take their orders, as it were, from the Commissioners, and are responsible to them?—It seems to me that they must.

31,924. Do you think that that would result to a great extent in putting all the momentum against the fund, all the bias against it? We have a fund managed by unelected officials, who are associated with the central bureau, and are part of it; do you think any central office could deal with the infinitely numerous questions of detail?—I have been thinking about putting the whole momentum against the fund, and I do not think I quite agree with you there, because that is exactly the position now. The doctor, whether rightly or wrongly, does as he likes; he pleases himself whether he declares a person capable or incapable of work, and we know full well that, in deciding the question of incapacity, he takes into consideration other things. We have heard that he considers



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whether a man can get work, and so on; so it seems that the present condition of momentum is all against the fund, and it would correct that condition of things if doctors were made responsible, and were made to understand that they are responsible to somebody for their actions.

31,925. As it is at present, when a doctor puts people on the fund there is a certain resistance. There is somebody in every case who, from long habit in handling the fund and being responsible for the success of the society, has a sort of desire to keep people off the funds. When the particular claim comes up, although you feel that you want the members to be paid what they have to be paid, yet you have to safeguard the fund in the interests of all the other members; that is your point of view?—Quite so.

31,926. You throw it simply on the doctor or the Commissioners, and the Commissioners have to protect the fund?—That responsibility always has been thrown on the doctor in the past. The society has never recognised its responsibility, and I do not think it would be got to recognise it, and if it did, I do not think that the officials are competent to deal with it.

31,927. Here is your society, and for some reason or other you have got a lower sickness rate than any general society we have yet met, have you not?—Yes, I should think so.

31,928. A sickness rate well within the actuarial expectation?—Yes.

31,929. And yet you say that you have not done your best. To what causes do you attribute the fact that you are so well inside? Must it not be that there must be some resisting power, and that your organisation, although faulty, must have something in it?—I think it is due to the fact that a very large number of our members have a friendly society training and have been trained to keep off the funds as long as they could; but they are a diminishing quantity.

31,930. Why? Because they were in some little way actively engaged in running the show, and they felt a kind of duty to keep off the funds as much as possible?—Yes.

31,931. If you shift all that away to Buckingham Gate, do you not think that they would lose this feeling very quickly?—Yes. The fact of the matter is that the State-insured person does not take any interest in the affairs of the society at all, and the independent insured person is getting tired of troubling very much about the State member and the State funds. I do not think that we are going to continue to have the same favourable experience that we are showing now.

31,932. You think that it will be worse?—I think it will be worse, and I am sorry to say that there is a very great disposition to go on the funds on the part even of our old members, who kept off the funds because they had some regard to the fact that it was a mutual organisation, but they are thinking now "Other people are going on, why should not I?" and they are going on. Some of our secretaries tell me that men are going on the fund and drawing sick pay who have never been on in their lives before.

31,933. They think that they will get the best they can out of the organisation?—Yes.

31,934. There still is all the show of local independence; there is the lodge secretary and the lodge funds, and there is a tendency to check extravagance. If you shift that to Buckingham Gate, will it not necessarily disappear? It is almost inconceivable, is it not, that the Commissioners should be the first and last judges of the matter, and that they should not have to bear the result of the deficiency?—Well, with regard to bearing the result of the deficiency, I am convinced, whoever bears it, it will not be the societies.

31,935. Put it like this, then: Supposing at present some of the societies are having a fairly favourable experience, and some are having a very bad experience?—Yes.

31,936. It is very possible to retort to the society who is having a bad experience: "You might have done better; look at so-and-so"?—Yes.

31,937. When all administration is from headquarters, that retort goes, and they will say: "It is your doctor who is responsible"?—Yes.

31,938. And every group of men in every village will try to get what they can?—Yes.

31,939. Have you also thought what the effect would be? There would be no particular object then, if the doctors are really to have full responsibility and to be responsible to the Commissioners, and they alone, in keeping up all the bookkeeping work of the societies?—Not at all.

31,940. It would be very much better to pool people in the area?—I attach no importance whatever to the question of self-government in the matter of insurance. In the first place, I attach no importance to it because the insured people in this country are not self-governed; in point of fact, they are governed by officials and controlled by officials, and they have no interest whatever in the society they belong to. There is no difference whatever between an extension of the Prudential system or the National Amalgamated system and one administered by the Commissioners through its own officials.

31,941. Is there not this in regard to these societies which are not self-governed—might not people be taught to take an interest in them, and so they would gradually become self-governed? Is it not rather a serious problem that there is all this enormous mass of detail to be dealt with which has been done in the past locally, and has brought about all this local spirit of administration? Why should we throw away all that, and try to run the thing direct from headquarters?—If we could range over the whole subject of the administration of the National Insurance Act, I think I could justify my position. But we are just now only talking about administration of sickness benefits, and of keeping within reasonable dimensions the sickness claims. I have come to the conclusion that societies such as the Manchester Unity and the Foresters, which have been used to the old voluntary system of insurance, have utterly failed to grasp the idea of compulsory State insurance, and they have failed to grasp it because there is nothing at all in common between the old friendly society ideal of voluntary thrift and compulsory State insurance. The members do not feel, and never will be taught to feel, that they have the same interest in any sort of State fund as in the funds they have accumulated themselves by paying their pence week by week.

31,942. I quite follow that. But let us look at it from the other point of view. Supposing when the State framed this measure they had not found any societies in existence at all, do you not think that they would have had to try to create some local bodies to deal with the matter? They could not have run the thing from headquarters, could they?—They probably would have done what they always seem to do—make a ghastly failure by setting up some sort of local committee or council to run the thing. It might have been done by some such organisation as was set up when the labour exchanges were established.

31,943. Run from Whitehall?—Yes, if you are ever going to get the population of this country to take any interest in the matter of insurance. At present you are educating the mass of the population to get all they can out of the State. There is no doubt that that is the feeling at the present moment. If that feeling is not to be perpetuated, the hope of the future lies in the voluntary thrift movement. My idea is that compulsory insurance and the control actually exercised by the Commissioners over the approved societies is entirely killing the voluntary side of the work, and presently there will be no voluntary side.

31,944. That I follow?—Our secretaries are simply being converted into State officials, who pay a great deal more attention to the State work than to the independent work, firstly, because it is paid better, and, secondly, because they find they are obliged to do it. So I believe that the voluntary side will gradually die out, if the societies continue to be approved societies. The hope of increasing the voluntary thrift movement lies in a very strict administration of compulsory national insurance by State officials.

31,945. I suppose that if you got the whole of the population completely drilled, so that they always did



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what officials told them to do, and always accepted what the officials told them, and I sat in a room giving orders which were invariably properly executed, no doubt the thing would be very well done?—I agree.

31,946. But as that cannot be, let us make up our minds to deal with the thing as it is. You cannot get any really efficient system run in this country by officials purely from headquarters, can you?—You say run entirely from headquarters; but it is a mere matter of detail as to whether there was some kind of local administration or not. My argument was for taking it out of the hands of the societies.

31,947. Not in order to put it into the hands of some other unit of local self-government, was it? You said that the doctor must take his orders from one central authority?—I think that is bound to be so.

31,948. Can you point out any instance in modern English history which induces you to think that that would be a successful experiment?—No, I cannot, because I cannot point to anything in recent or ancient English history that has ever compelled a man to spend his own money upon himself in the way the State directs. We are up against a new state of things altogether.

31,949. That being so, we have to look at the machinery for doing it, have we not? Smith comes to the doctor and says that he is feeling rather seedy; and the doctor refuses him a certificate. Smith thereupon applies to his trade union or local trades council, or whatever it is, and that union, council, or association sends writing to the local member of Parliament, and the following day there is a question in the House: "Why is it that Mr. John Smith, who applied for a sickness certificate, has not been allowed to have it?" The Minister says, in reply: "The doctor did not give him a certificate, and that is all." Do you think that Parliament would be satisfied with that?—That is happening now every day in Parliament in regard to other departments as to all sorts of grievances of people. They do not hurt anybody, and people soon get tired of it.

31,950. Do they not? Do you not think that they enormously deflect the course of administration?—I should not have thought so to that extent.

31,951. Do you not think that Parliament, through the medium of the departments, really does deflect the current of administration?—It all bears on the importance of the question of some high matter of policy deflecting some administrative body, but I cannot imagine a question of very little importance having any considerable influence.

31,952. Is this a question of no importance? "I am entitled to sickness benefit and cannot get it because this doctor takes this particular view; have him out." Do you not think after that the position of the doctor would be impossible? There would be no local people to say, "We must back up the doctor"?—You are putting the societies entirely in a new light to me. It never struck me that the societies would be useful to the Commissioners in this particular way, as a sort of stalking horse.

31,953. Not as a sort of stalking horse at all, but just as guardians of their own funds against the rapacious insured persons?—The answer in Parliament sounds very nice when it is said that the funds have been administered by self-governing societies, but then we know as a matter of fact that they are not self-governing.

31,954. Even then, probably quite a large proportion of the electors do not understand the issues they vote on at Parliamentary elections?—That is so.

31,955. On the whole it is a good thing, even if they do not appreciate the issue they are voting on, that they should vote?—Quite so.

31,956. And in time they will be able to tell you broadly what the issues are?—Yes.

31,957. Do you not think it is very much the same in regard to insurance, that they may not appreciate the points at the time, but that they will do so?—I still say that the system is bad, and that the system is wrong. You have compulsory contributions with voluntary benefits.

31,958. I do not know what you mean by "voluntary benefits"?—I mean to say that the benefits are administered by voluntary organisations according to the will of the people composing those voluntary organisations.

31,959. The will controlled by law?—Yes; it is held that it is the society which has to decide whether or not the member is entitled to his sickness benefit.

31,960. That is a question of fact?—Yes.

31,961. If the facts are satisfactory, they have to pay; if they are not satisfactory, they have not to pay. That is only the theory of the thing, but that is the theory, is it not?—Yes.

31,962. You think that you would have no society, but you would have a universal system of medical officers in the service of the State?—Yes.

31,963. Arranged in some hierarchy, and at the top of the pyramid the Commissioners?—Yes.

31,964. Where are you going to get the doctors?—I have heard a lot about the shortage of doctors, but I do not anticipate that, if there is any idea of the introduction of a State medical service, there will be any shortage of candidates. I suppose that others would come into the profession; there would be a large influx into the profession when they knew there were good jobs going under Government.

31,965. Do you know how long it takes to make a doctor?—Three or four years.

31,966. If you look at all things, the ordinary education of a doctor averages seven years?—But you would not establish a State medical service in a day or in twelve months; there would be good notice of it, if it is coming on.

31,967. And we are to go on entirely as we are at present until there are enough medical people?—No, if there are enough to do the work now, there would be enough to do the State medical service.

31,968. You have to take the people on the ground into the thing?—Yes.

31,969-70. Do you think that that would be a very easy task?—Yes.

31,971-2. I do not mean to organise a State medical service in one town, but to get a full State medical service to deal with sickness claims throughout the country?—I think that it is quite possible.

31,973. You have had to deal with these people for a great many years, and you find that they still want to go their own way. They are not likely to change their past practice and all the rest of it?—I do not know that. I am not alleging anything against the doctors.

31,974. I am not alleging anything?—I am not alleging that it is out of pure cussedness that they want to do just as they like. I am rather sorry for them. They are bound to some extent now, and cannot do what they want, because they are bound by the conditions of employment under the Insurance Act.

31,975. Is it not due to the kind of thing a doctor is? He is brought up, from the earliest time he begins to be a professional man, to be responsible to his own conscience, for what he calls the best interests of his patient. He is accountable to no one. In the ordinary conduct of his profession he is his own master, and he attaches the utmost importance to it. Do you not think that he does?—I should like to answer that by saying that I do not accept that entirely, because I cannot help remembering that there are a very large number of doctors employed in the poor law service. Where can you find more stringent regulations than those issued by the Local Government Board in regard to poor law practice. And there are also medical officers of health.

31,976. You may find the most stringent regulations, but do you think that they are particularly binding. Do you think that the Poor Law service is on the whole a model service for our purpose?—I cannot hold it out as a model, but if doctors can be found to seek appointments under the Poor Law, I think that you would find that doctors would be still more anxious to take service in a State medical service.

31,977. I have no doubt there will be difficulties, because when they have taken office they will remain



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just the same kind of people that they are now?—Yes, quite so.

31,978. You must assume, I think, with regard to the Poor Law people that they are not quite like the other doctors. They do not represent the sort of free and independent doctor that we know. It is a very unpopular service also with the people who have to do the work. But do you not think, when they have accepted these appointments, that they still will think in some way that they are right in knowing about a thing and not letting the layman know it?—But the Poor Law doctor does not lose all his humanity and all sympathy when he becomes a Poor Law doctor. He might very often think that he would like to give certain instructions with regard to his patients which he knows the Poor Law regulations forbid him to give.

31,979. You really think that that is so?—I think it must be so.

31,980. You think that it would still remain so? Practically all the doctors would enter the service of a department?—I do not believe that it will come in five months, of course, but supposing you set up, even if you had not a whole time State medical service, a particular number of part-time doctors, you could get some sort of standard, and I believe the doctors would conscientiously do whatever was determined upon by those in whose employ they were, and whose money they were accepting. But you will never get any sort of standardisation so long as you have as disconnected a medical service as you have at present.

31,981. That might be got over by the superposition of persons rather like medical referees, and by getting to a much more close understanding between ourselves and the doctors as to what was meant by those various phrases. It has struck me in the course of this discussion how very much we all of us were inclined to take refuge behind phrases of various kinds. Medical witnesses are always talking about professional confidence and so forth. Do you not think that when we get to realities we shall get the doctors more into line? We shall never get a perfect system, but we might get nearer to it than at present?—I sympathise very much with the medical profession. I think that it is inadvisable sometimes to let a patient know, or even a third party know, what a patient is suffering from. You would get over all those difficulties if you had a whole-time service, or a service responsible to the Commission; for this reason, that I think the certificate of a doctor simply stating that an insured person was incapable of working, or whatever other phrase you like to employ, should be sufficient without setting forth any specific disease whatever. I should like to see the service doctors trusted to such extent that if they gave a certificate saying that a person was incapable of work, that certificate should be accepted without question.

31,982. You would want angels and archangels for such a system, not doctors?—I do not know so much about that. I am assuming that you would have doctor-inspectors to supervise. I am not suggesting that they should keep no record, but that it should be a private one. So far, however, as the actual piece of paper is concerned, I think a doctor should be able to give a certificate saying that a man is incapable, and that, on the production of that certificate, the person should be entitled to sickness benefit.

31,983. Surely any proper system would not only employ doctors but would have a proper system of sick visiting?—Yes.

31,984. When sick visiting is properly done, doctors say that it is of great assistance to them?—Yes.

31,985. They say that they are taken in, like other men, so do you think that the system would work, generally speaking, in ordinary circumstances?—It all depends whether you mean a mere detective or a sort of nursing sick visitor.

31,986. I am thinking at the moment of a sick visitor on whom the detective side of the work should

fall?—If you have a mere detective he would see that certain rules in regard to behaviour during sickness were carried out.

31,987-8. Supposing he finds a man who is supposed to be suffering from lumbago dancing gaily about his kitchen—I suppose that is the kind of thing he does at present. But if he does not know what a particular man is suffering from he cannot fulfil that duty, can he?—There are certain general rules of behaviour during sickness that would be common to any illness.

31,989. To some extent these rules are deterrent rules, are they not? It is not only in the interest of the patient that he is asked to be indoors after a certain time, but it is to make it unpleasant for him as well?—That is so, of course. I mean to say that there are such rules as to not going into public-houses, for instance, and to abstain from drinking while sick.

31,990. There is no particular harm in his drinking, except to make it unpleasant by forbidding it; extreme temperance people say that it is always harmful. But leaving that aside?—I do not see what the ordinary detective sickness visitor could do, even if he knew the complaint.

31,991. He is performing pretty efficient work at present when he does it properly. He would not know what to look for if he did not know what was the matter with the man. That has been the old friendly society idea, has it not?—They have generally known what the member was suffering from, they have known whether it was a cold or lumbago; but I have never attached any importance to it. It is a new idea to me that a sick visitor should know that in order that he should more efficiently sick visit.

31,992. A man might have a disease with no external mark at all; he might be suffering from anything?—Quite so.

31,993. You have had a long experience, have you not, and the experience of your society is that the thing should be tightened up instead of loosened?—Yes.

31,994. It is rather a reversal of one's idea, because we look to you as our tutors?—I rather think that you misjudge my views. I am all in favour of the strongest possible supervision of State-insured people. I would tighten it up in every way, but it seems to me that the doctor is bound to be the arbiter; he always was, and it seems to me that he is always bound to be. We never questioned the doctor's certificate. We tried to get the most efficient sickness supervision we could and took means to tighten it up, but we always depended on the doctor.

31,995. If there is nothing on the certificate at all, there is no need to put a man on to make inquiries, and unless the doctor sends the matter to the referee, he never will go and there is no check on the doctor. Do you not think that you must have someone who is able to check the doctor in turn, and say: "This person had better go to the referee"? We know quite well that in the medical profession there are some people who are as careful and righteous as in other professions; but such matters as fraud and collusion may happen?—Yes.

31,996. I tremble to think of doctors putting people on the funds and being responsible to officials 300 miles away in Whitehall?—After all, when he has a private patient he is responsible to nobody at all.

31,997. Yes, that is quite true—between himself and a private patient. But when he comes to certify the private patient for money, then there is another relationship. The doctor who certifies a private patient who is in Government employment as unable to go to work is always liable to have that man sent to a medical referee?—Under a State medical service very few doctors would be working single-handed. There would be an insurance surgery, and the doctors would be a check upon each other.

The witness resumed his seat as a member of the Committee



## FORTY-FOURTH DAY.

Thursday, 19th March 1914.

At Winchester House, 21, St. James's Square, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Mr. WALTER DAVIES.  
Miss M. H. FRANCES IVENS.  
Miss MARY MACARTHUR.  
Mr. WILLIAM MOSSES.  
Dr. LAURISTON SHAW.  
Mr. A. C. THOMPSON.

Mr. A. H. WARREN.  
Mr. A. W. WATSON.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON  
Mr. WALTER P. WRIGHT.

Mr. ALEXANDER GRAY (*Secretary*).

Mr. WALTER P. WRIGHT, accompanied by Mr. W. COLLINS and Mr. MATSON, further examined.

31,998. (*Chairman*.) Is there anything which you wish to add to what you told me yesterday?—There are two or three things which I stated yesterday afternoon when we were led into a discussion, and on thinking them over, I have felt that perhaps on these points I may have given a wrong impression. Therefore in a few words I want to summarise my opinions. In the first place, what I set out to show, and what I claim that the evidence did show, was that there is a lack of uniformity in the administration of the benefit by societies and by my own society in particular, and that if unjustifiable claims are to be prevented, there must be uniformity. In the second place, that uniformity cannot be obtained unless the sickness benefit and the medical benefit are administered by the same authority. Third, that a medical man must, in the last resort, be the sole judge as to an insured person's incapacity; and lastly, that society officials are not competent to scrutinise medical certificates, and, even if they were competent, that it is a duty and responsibility which they are unwilling to undertake.

31,999. When you say that they ought to be administered by the same authority, you might be interpreted as meaning that you wanted to return to the old system which prevailed before the Act. Is that what you mean?—No. I look upon that at the moment as outside the range of practical politics entirely.

32,000-1. What one authority would you suggest?—I would suggest the Commission.

32,002. That is really what it means?—That is really what it means. When you refer to the unquestionable certificates, I do not suggest for one moment that that would be practicable under present administration. Only under State administration would that be practicable.

32,003. Do you not think that it would be practicable, if you had in addition to the present arrangement, a universal system of referees responsible to the Commission?—No.

32,004. Do you think that that would be an improvement on the present system or not?—No, I think that it will simply complicate matters and add to the difficulties and to the friction.

32,005. So you do not see any half-way house?—The only half-way house which I see is the system of local centralised administration for the time being under the control of the Commissioners.

32,006. Administering the sickness and medical benefit?—Yes.

32,007. Do you regard that as in any way in immediate practical politics?—Entirely.

32,008. (*Mr. Mosses*.) You are what is termed a society with branches?—Yes.

32,009. In addition to your position as the head of the order, the grand master, do you hold any official position in the Manchester Unity?—I am trustee of the Reading district, and two or three lodges, but apart from that I hold no position.

32,010. You are not concerned in the administration of the society or of the State section?—Not directly.

32,011. According to your evidence and to the statistical tables which you have furnished us with, you have 778,000 State members of whom 153,000 are women?—Yes.

32,012. How many are members of both voluntary and State sections?—The number who are insured for both State and independent benefits is 872,808, but that is for all countries. I have not the figures for England alone.

32,013. But the total 778,000 is for England alone?—Yes. Those are our State insurance members, irrespective of whether or not they are insured on the independent side.

32,014. How did you obtain this huge number of members for State purposes?—We had a nucleus in our own members who were compelled under the Act to become insured. Then nearly every lodge in the country opened its doors practically to everyone who applied for admission. Medical examination was abolished, and in fact the usual safeguards which formerly obtained were, for the time being, suspended.

32,015. Before the passing of the Act, you had some 5,000 women members. That has grown now to nearly 150,000 women members in England?—Yes.

32,016. Did you pay any procuration fee?—None whatever.

32,017. It was all voluntarily undertaken by members of the order?—Yes.

32,018. Were all members of the Manchester Unity medically examined before the passing of the Act?—Yes.

32,019. Did you make any inquiries with regard to over insurance before the Act came into operation?—Yes. In a great many cases members were required on their declaration to state that their average earnings amounted to one-fourth per week more than the sum for which they wished to insure. That was not the universal practice, but it was the practice in a very large number of lodges to require some declaration of that sort, and in any case enquiries were made of the proposer, when a member was proposed, as to what were the occupation and salary of the proposed member.

32,020. Did you make any inquiries as to the number of other societies in which he was insured?—Yes. One question is "Are you a member of any other society which dispenses relief in sickness?"

32,021. And you also made certain enquiries with regard to wages and occupation?—Yes.

32,022. Broadly speaking, do you complain of excessive sickness since the adoption of the Act?—I complain of the fact that a very great many unjustifiable claims were made and allowed.

32,023. But had you not the same complaint to make before the Act came into operation?—No.



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32,024. Do you mean to say that all the sickness benefit dispensed by the Manchester Unity was deserved?—No. Undoubtedly we had a certain proportion of malingerers—every society has to experience that—but I have no reason to think that there was any very large amount of that; I think that it was very limited in its extent.

32,025. According to the table with which you have furnished us, you make out that you have a sure surplus over the actuarial estimate of 61,000l.?—That would be so.

32,026. Your contributions from the society refer to nine months only and we should put one-third more on to the figures with which you have furnished us as showing the yearly responsibility?—Yes.

32,027. I take it that the actuarial estimate is for one year?—No. The actuarial estimate here is for nine months.

32,028. Then you really have a surplus of some 61,000l.?—Yes.

32,029. To what extent has the operation of the Act increased your ordinary sickness benefit? Can you give us any exact data on that point?—According to the returns which we have received the amount expended upon independent sickness benefit from the 1st January to 30th June 1912 was 287,553l., and the amount expended on independent sickness benefit from the 1st January to the 30th June 1913 was 301,467l. This return is from 3,000 lodges. It is from the same return as that from which I quoted yesterday afternoon.

32,030. There is an increase of some 24,000l.?—Yes.

32,031. Which of course would be correspondingly greater if the whole of the branches had made returns?—Yes. I may draw your attention to the fact that this is for six months only.

32,032. So that there has been a very serious increase in your sickness claims?—Yes.

32,033. I suppose we may say that your membership is roughly divided into two classes, those for State purposes who have no interest or pride whatever in the order and simply regard it as a kind of vehicle by which they obtain certain State benefits?—I am afraid that that is so.

32,034. Then of course there are the original members of the order who take a real living interest in it, or did do so?—There are some who do, and some who do not. I am afraid that I cannot say that all the members on the independent side have taken that real living interest in its affairs.

32,035. Do you find that the association of these new entrants into insurance has a very demoralising effect upon the old members, or conversely, are the old members the leaven which is leavening the lump of the State insured members?—I am afraid that the former is the case. The advent of State insurance is having a demoralising effect upon the old independent members, and they are not so careful and concerned as to the funds as they used to be.

32,036. They are getting disheartened perhaps?—I think that that is so.

32,037. How often do your branches meet as a rule?—Every lodge must meet at least once a month. Very many lodges, the majority probably, meet fortnightly and some lodges meet weekly.

32,038. In all cases where meetings are held, do they meet to transact business or simply to receive contributions?—To transact business. I may say that nowadays it is difficult in some lodges to get the necessary quorum. There must be a quorum of five officers before a lodge can be opened, but once you get that quorum the lodge is properly opened, and the door is tiled and no one is admitted unless he is a member, and then they conduct the ordinary business.

32,039. Do you find that in practice they exercise any real supervision over sickness claims?—In days gone by the only supervision was that the sickness visitor was careful to see that the member was observing the rules for the government of members while in receipt of sickness benefit, but there was this amount of sickness supervision, that the sick visitor did on every lodge night give an account of the members who were in receipt of sickness benefit. The sick visitor brought up a book or list and read out the

names and reported in what condition each member was, and whether he was getting better or worse. That is done now in regard to independent members, but in the great majority of our lodges, although we are an approved society, our officials seem absolutely incapable of grasping the fact that the State members are really members of the society, and it is no uncommon thing to hear them distinguish between Oddfellows and State members. They do not call the State members Oddfellows, and consequently they do not trouble to give any report with regard to the State members. I have been in many lodges lately, and I have never yet heard a sick visitor give any report as to State members beyond this, that after reading through a list of independent members he would say "and we have so many State members on the fund."

32,040. There is a general slacking off, so far as supervision is concerned?—Yes.

32,041. Have you not to rely on the secretary, the sick stewards and the officers to see that the rules are being observed?—Yes.

32,042. The general body of members take very little interest with regard to sickness claims?—I am afraid that I must make that admission.

32,043. Do you say that no claims are challenged on the State side?—I have never heard of any.

32,044. Is it often that claims are challenged on the independent side?—You hear members say, "What is really the matter with him?" or if they know anything about him they will suggest that perhaps he cannot get work, or does not want work or something of the kind, and in that way these claims are challenged, never on medical grounds but on grounds of the member's previous history or his character or behaviour.

32,045. Turning to the question of medical certificates, you said yesterday that you only paid on the voluntary side when a member was incapable of work?—I do not think that I said that. In the old days our certificates were not worded in that way. Our certificates read "Unable to follow his usual occupation."

32,046. You may have a number of lodges close together and the members of one lodge may know those in another in a great many cases. Do you find any interference by one lodge with regard to the members of another lodge?—Not at all.

32,047. If the members of one lodge were convinced that any member of another lodge was getting sickness benefit illegally or unjustifiably, would they, under their rules, have any right to appeal?—They would have no right at all in a case like that.

32,048. You do not think it possible to standardise certification?—Not under present conditions.

32,049. Each case must really be considered on its merits?—Yes.

32,050. You stated yesterday that you had thrown open your lodges to State members, and they now have equal facilities for admission to the lodge as the other members. You find that they do not take advantage of that privilege?—Yes.

32,051. Your idea was that they should take an interest in the affairs of the society?—Yes.

32,052. And inferentially that a little propagandist work could be done among them, and probably they might be induced to join the order?—That was the idea.

32,053. You were referring to certain lodges seceding from the main body. Was that usual before the Act came into operation?—It was very exceptional.

32,054. And it has become more common now?—It has.

32,055. Then the idea I suppose among members is that if they see, I will not say financial bankruptcy, staring them in the face, but at all events see that funds are going to be depleted, they want to have them divided while something is left?—Yes. They think that in one way or other the funds are going to mangle, or that if that is not going to happen, then in some way or another the State is going to annex the funds. I tell them that there is no fear of it, but what is happening now is that in many lodges this year they have seen their sick and funeral funds



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decreased. Previously each year in the balance sheet they have had a line showing "saved in the year." Members have been very proud of that. They always looked to the amount which the lodges had saved in the year. But now the balance sheets for 1913, instead of showing that, have, in many lodges, where they never had a loss before, shown that they lost something in the year, that they spent more than they saved in contributions and interest; and that not unnaturally frightens them.

32,056. While there is still something left, they want to have their share of it?—Yes.

32,057. You said yesterday that your relations with the doctors were very happy before the passing of the Act, and they have not been of quite such a happy character since then?—We have had nothing to do with the doctors since.

32,058. Before the passing of the Act, the doctor was always willing to help you in every way he could?—Generally speaking, the doctor was very helpful.

32,059. And more careful in granting certificates; and he regarded not only his duty to the patient, but his duty to the lodge?—In the majority of cases, our lodge surgeons regarded themselves to a certain extent as the custodians of the lodge funds. We have a great deal of cause to be thankful for what the doctors did in years gone by. They did safeguard the funds, and they served the society well.

32,060. They are not doing so now?—They are not.

32,061. You mean to say that if you approach a doctor, he will refuse to see you now?—In many cases the secretaries say that they have approached doctors and have been treated very discourteously. In some cases, when they wrote to doctors they got no reply at all, and if they get a reply it is a very curt reply. For instance, I have a letter here. A doctor certified a woman as suffering from "cough." The secretary wrote and told the doctor that she could not pay on that certificate, and would like some further information. The doctor simply scribbled across the letter that she had written, "bronchial catarrh." He put it in an envelope, and sent it back to her. That is the kind of communication which we get from doctor nowadays.

32,062. Your complaint is very often in regard to doctors with whom you were formerly associated in the order?—Not in every case.

32,063. But in some cases?—In some cases it is so.

32,064. These doctors have been, as it were, demoralised by the Act?—That is the surprising thing. The doctors who were very glad indeed to serve the lodges, and who sought appointments when there was any vacancy in connection with lodges, are, we find in very many cases, the doctors who are the worst offenders in the matter of treating us with very little courtesy and consideration.

32,065. I think that you indicated yesterday that you were in favour of such an alteration in the law as would make the Act entirely administered by the Commissioners?—Yes.

32,066. That would mean the abolition of the approved societies?—Yes.

32,067. Does that mean that the State guarantee of the minimum benefits would follow?—Yes.

32,068. You are in favour of that?—Yes.

32,069. Were you always of that opinion?—I was. I always considered it most inequitable that mere luck or chance should take a man into a society, and that he should find himself after three years saddled with a debt which he has taken no part in incurring.

32,070. I believe that, before this Act came into operation, you were one of the appointed lecturers?—Yes.

32,071. You travelled a great deal, and delivered lectures which were, I believe, a great success?—I hope so.

32,072. And you were responsible to a great extent for popularising the Act?—No, I do not admit that. My instructions were to say nothing good, bad, or indifferent about the Act, but simply to expound it. I

certainly never made any attempt to popularise the Act.

32,073. You quite recognise that you could give a tone to your lectures which would mean that you were favourable to the principle of compulsory State insurance?—I always scrupulously avoided giving any sort of tone to my lectures.

32,074. Did you in the course of your peregrinations, as some did, hold that the friendly societies should have a virtual monopoly of administering this Act?—Not in my lectures, certainly not.

32,075. Have you done it in any other way?—I have said that in my opinion it is not proper work for trade unions but work for friendly societies; that they had some experience and trade unions had not the necessary experience, and that where they had experimented in sickness insurance, the experiment had generally been disastrous.

32,076. And you held these ideas while at the same time at the back of your head you were hoping that the whole thing would be State administered?—That was not so. I had not that idea at all in those days. I want to say that I have been converted to that idea since I have been a member of this Committee, and since I have learned how the Act is really being administered. Before I was a member of this Committee, I never suggested absolute State administration.

32,077. Yesterday you held up the labour exchanges and Part II of the Act as a model that might well be followed in respect of Part I?—I do not know that I held it up as a model. I do not know enough about it. What I suggested was that it would be quite possible to administer the National Insurance Act through institutions in each town similar to the labour exchanges. Very likely they can be utilised; but with regard to administration I do not want it to be understood that I said that administration should be on the same lines, because I am not competent to say. I know nothing about labour exchanges or about Part II of the Act.

32,078. You know that Part II of the Act is limited in its operation to certain specified trades, and at present it only covers about two and a half millions of working people?—Yes.

32,079. Have you formed any opinion as to what would be the effect of State administration upon the community at large? Take your own order and take the witnesses who have been here from time to time. They have safeguards on every hand. They have sick visitors; they have branch secretaries and lodges and every possible machinery to keep down excessive claims. If we had an absolutely State administered service, that would all disappear?—Of course at the moment I cannot generalise or arrive at any opinion upon other evidence that has come before the Committee. I can only say with regard to my own society, and the evidence which I gave yesterday I claim goes to show, that the sick visitor is entirely inefficient and ineffective.

32,080. I agree with that. But the sick visitor is not the only deterrent to excessive claims?—I know of no other.

32,081. You have said this morning that you rely principally upon your branch officials and your branch secretaries?—Quite so, but I have also pointed out that the average secretary in my society does nothing at all in the way of scrutinising medical certificates.

32,082. At the same time every claim has to be brought up at the lodge meeting?—No. I thought that I made it clear that the sick visitor gives his report with reference to members who are drawing benefit from the independent funds and not from the State funds. The administration of State benefit rests entirely with the secretary, and the lodge in the great majority of cases knows very little about it and cares less.

32,083. The same certificate entitles the insured person in your society to both society benefit and State benefit?—That is so.

32,084. Very much the same formulæ have to be gone through with regard to both sides. The same sick visitor pays both society and State benefit?—Yes.



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32,085. He visits the one man and pays both benefits and exercises nominal supervision over the members?—Yes.

32,086. Altogether the machinery of your order is used for the purpose of keeping down these excessive claims, or it is supposed to be so used?—It is supposed to be.

32,087. And for seeing that none but a person who is genuinely sick should get any money?—That is so.

32,088. If you had an absolute State service all these safeguards would be removed, and the State would have to pay for the supervision?—That is so.

32,089. Have you thought of the effect of that?—Yes. I have thought that officials appointed by the State or by the administering body would be able to appoint competent officials, and that the cost would be less than it is now. The trouble is now with regard to the administration of these societies—and this refers not only to my own society but to others—that the administration allowance is to a large extent wasted. For instance, we have towns where we have a membership of 2,000 or 3,000. Those members may be spread over nine lodges. There will be probably two sick visitors appointed for each lodge—that is, 18 sick visitors for 2,000 members. Each of them is paid a very small sum, 2*l.* or 3*l.* a year. None of them are paid sufficient to do this work well. All of them simply do it on Friday evening or Saturday afternoon, rushing round in their spare time, and doing very little more than paying the sickness benefit and taking receipts. Now if the money paid to all the sick visitors in the country for supervising were expended on the employment of whole-time visitors, there would be quite sufficient money to pay for supervising the sick properly. We have made efforts in some towns to remedy that state of things, to bring about some arrangement between the lodges, whereby they could combine to appoint a whole-time sick visitor, but the attempts have been failures because of the little vested interests which have been created by the appointment of these men at salaries of a few pounds a year.

32,090. That scarcely answers my question. At present there is a certain amount of supervision, nominal or otherwise, exercised by the members over sickness claims. If we had a State service, that supervision would cease. Do you not think that it would debauch the whole community if you were to remove that even nominal supervision, which might not be as nominal in all cases as apparently it is in yours, and substitute a State service which, of course, everyone would try to evade?—I am not suggesting that you should remove the present safeguards, inefficient as they are, without substituting something, and I am arguing that it would be quite possible to set up thoroughly efficient safeguards and at no more cost than that of the present inefficient sickness supervision.

32,091. But putting aside the question of cost with which I am not concerned so much as with the question of malingering and of excessive and unjustifiable claims; at present there are some safeguards by approved societies against unjustifiable claims. If you were to have a State service, these safeguards would be removed and something else substituted which might or might not be as good as the old order of things?—My reply to that would be that in my opinion men and women inspectors, for the purpose of supervising sickness benefit administration, appointed by a central authority, would do the work far more efficiently, and the work would prove a greater safeguard than the present system.

32,092. You have referred to sick visitors several times in the course of your evidence. You do not think very much of the present class of sick visitors?—I do not think that they have either the time or the opportunity or the knowledge to exercise such supervision as is required under present conditions.

32,093. Perhaps you might add—or inclination?—I do not say inclination. I believe that our sick visitors, on the whole, are thoroughly honest men, and honest workers for the lodge. They are men who have generally served us well.

32,094. Are you in favour of a State medical service?—Yes.

32,095. Are you in favour of a State appointed referee or a referee appointed by the insurance committee?—No. I do not think that there should be any necessity for referees as such. I mean by that that I do not think that there should be any necessity for referees as a sort of appeal court from the doctor. If you have efficient doctors then the doctor's judgment ought to be reliable.

32,096. But if you have not efficient doctors or conscientious doctors, or if you have too complaisant doctors, what are you going to do?—If you had a State medical service you would have surely inspectors or superintendents who would satisfy themselves that the doctors attached to that service were doing their duty; and when you come to a medical referee, after all there is very little difference. If some of the systems which have been advocated were carried into effect, such as appointing some medical man in the locality or setting up a small panel of referees, it simply comes back to what I maintained this morning that the doctor in the last resort decides whether an insured person is capable or incapable of work.

32,097. Your idea is a State medical service plus professional sick visiting?—Certainly.

32,098. The net result of your experience of the National Insurance Act, so far as your society is concerned, is that it has meant a very great increase in expenditure and a decrease in membership, and a secession among the branches or a threatened secession?—Yes.

32,099. And that the consequences in time to come will certainly be somewhat disastrous to the friendly society movement?—Yes. It has meant all those things to us.

32,100. (*Mr. Davies.*) Are your lodges self contained, is it the fact that they control their own finance?—Yes.

32,101. And that your district supervision is only in connection with the funeral benefit?—So far as finance is concerned, except of course that the tables of contributions and benefits must be sanctioned by the district and included in the district rules.

32,102. But I meant with regard to the State side. Those tables of benefits and contributions are set up by law?—With regard to the State side the district is merely the medium of communication between the lodge and the central office.

32,103. The lodge is responsible to itself for the conduct of that business?—Entirely.

32,104. You said that where the branches had not sufficient members to have an aggregate of 5,000 members you grouped them together?—Yes.

32,105. Have you no means by which one of these branches, which may be conducted exceedingly well, and finds another branch conducted carelessly, may apply some disciplinary pressure, that would help to maintain the standard and produce a surplus instead of a loss?—At present we have no machinery, nor would the rules justify the interference on the part of a district with a lodge or of one district in a group with another district in the group. Whether any sort of financial control will be set up I am unable to say. Of course I should be in favour of it.

32,106. May not the looseness of the system of districts be one of the reasons of the careless administration to which you refer in connection with sick visiting?—No, certainly not. There is no connection between the two things, because in the first place these groups are not yet set up at all. We are only proceeding to group districts. At the present moment they are quite unaware of the proposals for grouping them. They do not know with what districts it is proposed to group them, and so I think that it has no effect whatever.

32,107. I was under the impression that you had already grouped them, and that there was a general understanding as to which should stand or fall together?—No.

32,108. Is it general for the sick visitors not to give a report with regard to the State members, as against the members insured on the private side?—I believe that it is fairly general. Of course I cannot speak for every lodge, or for every district in the order. I can only speak as to my general experience, and as



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to what I have gathered from conversations with officers in the various districts which I have visited, and the impression borne in on me is that there is a general disposition to draw a line between those who are insured for independent benefits and those who are insured for State benefits only. The one section is described as Oddfellows and the other section is described as State members, and the lodge officers generally feel very little interest in them.

32,109. I understood that the Unity through its directors and others had impressed on the societies the desirability of making no difference?—That is so.

32,110. Yet the overtures of these various authorities have no effect?—That is so. Our society is so constituted that each lodge is self-governed, and I know of districts and lodges where the rules have been disregarded and instructions have been disregarded to such an extent, that they are not admitting State members to ordinary lodges, and although we are an approved society these particular lodges hold separate meetings just for the transaction of State business. They do not want State members to come into the lodges, and they hold these separate meetings in order that the National Insurance Act should not be mentioned in an Oddfellows lodge. The members dislike the very name of it.

32,111. That may be a reason why the conclusion has been arrived at that a State system is absolutely necessary because of the careless administration?—Do you mean that I formed my ideas because of the careless administration?

32,112. Yes?—Certainly it is. As a citizen I feel very deeply concerned about careless administration, quite apart from my interest in friendly societies.

32,113. Would it be fair to ask whether that opinion is entertained generally in the Unity as the prevailing opinion, or is it the opinion of the Grand Master?—It is my private opinion entirely, but I am not hesitating to voice it in the speeches which I am making as Grand Master.

32,114. Does that feeling find an echo in the hearts of the members generally in the country?—I have spoken at a great many meetings advocating this course, and there has been no protest of any kind anywhere.

32,115. Is the general impression in your order that no matter what the cost, if there is a deficit, that deficit must be made up by the Government, and that no Government dare allow the deficit to remain?—I think that that is the opinion of all sensible people.

32,116. May not that be one of the reasons keener interest has manifested itself in the ordinary business of the Unity as against the lax methods of dealing with the State business?—No. I do not think that it entered into the calculations of members or of Oddfellows to any great extent. The fact is that, except to the secretary and the official who is actually doing the work, State insurance is a very long way off the average member, for this reason. He does not pay his contributions. There is no money coming into the lodge funds. All he does is to deposit his card with his employer and at the end of the quarter get the card and hand it to the secretary, and that makes the thing unreal to him. He does not realise that he has any real financial interest in the concern beyond the fact that he has 4d. deducted from his wages, and that in certain eventualities he is entitled to certain benefits, and he does not realise his interest in the same way as the independent member who makes his contribution direct.

32,117. So the whole matter resolves itself into this, that the member has no tangible interest in the concern, and therefore does not take the same deep interest in the order's welfare on the State side?—That is so.

32,118. On the question of continuation certificates: on the ordinary side you insist upon weekly certificates?—Generally.

32,119. Your rule is that one should be received within a month?—Yes, every four weeks at least.

32,120. I take it that that is the outside limit, and that the general practice is, as with most societies, to

have a weekly continuation certificate?—Yes, we take that as the general practice.

32,121. May I ask if that is the practice on the State side, where your divisions may meet once a month?—Yes, I should think so, but I should like to qualify that by pointing out that we used really to have a continuation certificate before the introduction of State insurance. When State insurance came about, I suppose in order to save the doctors trouble, because of the confusion they were making, we did not, as a matter of fact, get a continuation certificate at all. All we get is a form whereon the member signs his name. The doctor just initials the form.

32,122. Is not that properly carried out, a continuation certificate?—It is a continuation certificate, but I suggest that it is a very loose sort of operation. The member goes into the doctor's surgery and says, "I want you to sign this form." The doctor simply puts his initials on, and gives it back to the member, and the member takes it to the secretary.

32,123. What difference is there between that and the doctor tearing a certificate out of his book, and giving it to the man?—If the doctor were required, as he used to be required, to fill in a certificate with the member's name, and to take more care over the matter, I think that he would be more careful to satisfy himself that the member really was incapable of work. Generally speaking, the evidence which I have here goes to show that the members stay on as long as they like. It is not a general practice now for a doctor to say, "Well, now you are well enough to go to work, I am going to declare you off." The man waits until he feels inclined to go to work, or until he has got work, and then he goes to the doctor and asks him to sign him off, and he does it. I have plenty of evidence here bearing on that point from district after district.

32,124. Does not your statement suggest that it does not matter what kind of form or paper is put before him, because the man decides, and not the doctor?—Yes, I think so, because the system of obtaining what are called continuing certificates, which really means the initial of the doctor weekly, is such a loose and careless system, and the doctor is a particularly irresponsible being; he is responsible to nobody.

32,125. How does that agree with the reply you gave this morning—that in the last case the doctor is the man to decide?—You are confusing the two issues. I was saying that the doctor, as a medical man, must necessarily in the last resort decide whether a man is, or is not, capable of work. That is what should be. That is the ideal thing.

32,126. You mean on appeal?—I mean that the doctor should, in the first instance, but even if you go to appeal, by which you suggest a medical referee, I suppose that he is a medical man, and he has to decide it.

32,127. Is there not another method with friendly societies? Does not the secretary very often on the report of a sick visitor say, "We will not pay this man any more? We have evidence from working men and others and we consider this man is fit for work. We will take the risk, he must go off"?—No, I have not evidence to that effect. It is all the other way—that the doctor's certificate was always accepted as sufficient authorisation for the payment of sickness benefit.

32,128. Am I not right in suggesting that such is done in friendly society practice?—I have had no experience of it whatever, and I cannot call to mind any case in which the society has questioned the *bona fides* of a doctor's certificate; of course, there have been cases, because of a man's previous history in the lodge, or because of some infringement of rule, where the lodge have said, "You have got a medical certificate, but we know more about you, about your character and about your history, than the doctor does, and therefore we shall refuse to pay you." Certainly, under those circumstances, the lodge has refused to pay, but I have never known a lodge say, "The doctor says you are ill, but we do not believe the doctor's word or that you are ill, and therefore, we are not going to pay you."



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32,129. How does your statement to-day fit in with the statement you made yesterday, that a member may have been ill, that he may have been out of work, but that they shut the other eye to the fact that the man is looking for work, honestly looking for work as you said, and when he got work they let him declare off? Does not that show that the society does take into account the man's position, and ignores the doctor's statement?—I was replying to the Chairman with regard to the interpretation of the expression "incapable of work." He asked me the old friendly society practice, and I pointed out that the wording of the certificate was "unable to follow his usual employment." The Chairman then said, "Well, would you then go on "paying a man, notwithstanding the fact that he was "quite able to do some other work, though he could "not follow the exact occupation which he had been "following previous to his illness?" My reply was that the lodge would take the case upon its merits. I instanced the case of a man who had lost his arm. Supposing that man was able to work at something else, he would be expected to get work at something else as soon as he could. The Chairman then said, "Would "you at once stop his sick pay the moment he could "go and work at something else?" I said that in the goodness of their hearts the lodge would probably give the man a little license, and, as long as they were satisfied that he was honestly trying to get work, they would pay him, but they would have to satisfy themselves that he was making an honest effort to get work. I was simply pointing that out as an illustration of the brotherhood existing in friendly societies.

32,130. Has the wording of the certificate made any difference in friendly society procedure, or are the notes now throughout the friendly society movement treated on the same lines as previous to the Act?—That is a very difficult question to answer. My answer can only be this. I am giving such evidence as I have collected from my own society, and the evidence I have collected goes to show that in the main the lodges pay sickness benefit whenever a doctor's certificate is produced to them, and so long as it is produced.

32,131. That is what they did previously?—And that is what they did previously.

32,132. Then there is no difference in practice?—Not so far as the society is concerned. The interpretation does not rest with the society, but with the doctor.

32,133. Here they put an interpretation upon the doctor's certificate in the case of the man you suggested, and the interpretation was: "We know he is "fit to work if he had work, but we will let him "consider himself ill, and pay him out of the goodness "of our hearts"?—I hope that we are not going to confuse those two things. I want to make it perfectly clear again that I was simply talking of the independent side of the work in ante-State insurance days and was giving that, not as a general practice, but as an illustration of what would probably happen in a case of that kind and as an illustration of the brotherhood of the society and not as what ought to happen, or as what was proper.

32,134. I want to find out whether the previous method of friendly societies and the present method as regards the State are not practically the same; that what the best conducted societies did in the past they do in the present, and that there is practically no difference in the administration of those societies?—I do not know whether I may class my society as one of the best conducted societies, but my reply is that there is every difference in the administration of State benefit and the administration of independent benefit.

32,135. If you say that, I cannot press it any further?—But I want to point out to you, in the first place, that the whole system of dealing with the doctor is different. In the old days, when the society had any doubt about a man, they went to the doctor, and they talked over the matter with him in a friendly manner. Now the societies feel that the doctors refuse to have anything to do with them, and in very many cases they treat them very discourteously, and

they communicate the view to the societies that they have no responsibility whatever towards approved societies. Therefore that has altered the whole system. The societies, in a hopeless sort of way, say: "We "have to take the doctor's certificate, and we pay on "it and it is no use worrying."

32,136. Does that obtain at the present moment to any degree?—Yes, undoubtedly.

32,137. Did it not apply to the first beginnings of the Act when everybody was at cross purposes?—Yes.

32,138. And is it not generally admitted, eliminating exceptional cases, that the doctors are more reasonable and are coming round very quickly to the exact position which they occupied before the Act?—I have given the cases of Leicester, Stafford, and Burton-on-Trent. Those were the only districts among those I wrote to who were able to report that the relations with the doctor were anything like satisfactory.

32,139. Do you think that the replies given in the other cases had been estimated from the present position or from the fact that the experience had been had earlier?—These replies have all been received within the last fortnight, and the secretaries, I think, were certainly sensible enough to understand that what was required was some opinion as to the actual condition of affairs at the present time.

32,140. You did not ask them that?—Naturally I did not put it in those words, because I considered that the corresponding secretaries in the Manchester Unity were sensible men. I told them for what the evidence was required.

32,141. Do you not think, generally speaking, that if you asked a general question of a man, dealing with a subject relating to the last six or nine months, an interpretation of the answer with regard to the doctor's conduct would fit in with that general opinion as covering a period like that?—I could keep this Committee all day if I chose to read simply the opinions I have before me on this table with regard to doctors. I have here letter after letter written within the last fortnight complaining of the conduct and attitude of the doctors, and, so far as I know, there is throughout my society a universal complaint that the doctors are behaving very badly indeed, and that there has been very little improvement in their attitude towards the societies.

32,142. With regard to the statement you made as to the decrease in your independent members, may I ask if you have any knowledge whether that has affected the other great orders in the same way?—I have no knowledge whatever.

32,143. Do you think that it has affected those societies generally?—I think from what I have heard in the course of conversation with officials of other societies that it is pretty general.

32,144. May I suggest that there are some societies who have already intimated that their members have considerably increased?—I accept your statement that that is so, but I do not know it.

32,145. Did you mean by State service, yesterday, that the entire thing should be conducted from a supreme authority in London?—I did not go into details, but I believe that there should be uniformity in administration of the National Insurance Act, and that uniformity could only be brought about if the sickness benefit and the medical benefit were administered by one and the same authority. I think that authority should be a central authority. When the Chairman asked me if there was any half-way house, I said that I thought a half-way house might be found in some local centralisation under the control of the central authority, who should be the Commissioners.

32,146. I take it that you did not rule out the kind of authority such as the town council, who should have control of a certain area and give a kind of return to a central authority who could tabulate these returns?—I did not rule out anything.

32,147. (*Mr. Thompson.*) Do I understand that there has been a decrease in the membership of your lodges since the passing of the Act?—Yes.

32,148. Was that a new experience altogether?—Not altogether. We have, of course, had years when the membership has decreased before.



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32,149. I was trying to ascertain whether the introduction of the Act caused any change in that respect. Were the numbers increasing or decreasing a short time before?—For a few years preceding the introduction of the Act the membership was very largely increasing. Some ten years ago all the friendly societies experienced a slump in membership. They all had a few bad years, but so far as my own society is concerned, we commenced to increase in about 1908 or 1909 and I think we showed a steady increase up to the time National Insurance was introduced. Of course we showed a very big increase the year before last because of the influx of members who came in to pay for additional benefits. Many of those are leaving.

32,150. I gather that you regard the society system as it now exists as unsatisfactory?—Only for the administration of a compulsory State insurance scheme. It is eminently satisfactory from the point of view of voluntary insurance.

32,151. Do you draw any distinction there between the larger and the smaller societies, or do you criticise all in that way?—Speaking for my own society, the experience is that the larger branches show better results than the smaller branches.

32,152. Would you regard it as a misfortune to the public that the Manchester Unity should retire from the administration of the Act?—No. I should not regard it as a misfortune.

32,153. You think that the experience that they have gained in the past, and which has been so valuable to many, could be taken away without any ill effect resulting to the public?—They have never had any experience of compulsory insurance. It was a voluntary organisation, which I maintain is a very different thing.

32,154. Have you considered at all whether it is possible to alter or adapt the organisation of the Manchester Unity, so that they could deal effectively with compulsory insurance?—I do not think that it would be a good thing to alter the constitution of the Manchester Unity for the purpose of administering National Insurance. The present constitution of the Manchester Unity is admirably adapted for the purpose for which the Unity was instituted, that of voluntary insurance against sickness and death. I have no desire to see the Manchester Unity turned into a mere agency for the administration of compulsory insurance.

32,155. You took it up, and I think suggested that you should have a monopoly of it?—The society took it up.

32,156. When I say "you" I mean the society. I understand you are giving evidence on behalf of the society?—Friendly societies, not merely the Manchester Unity, did suggest and claim that, if the National Insurance Act were going to be administered on this society system, it should be administered through well regulated and well managed societies such as the Manchester Unity, the Foresters, the Hearts of Oak, and so on, but when that claim was made, we had very little conception as to what the administration of State insurance meant. We thought, for instance, that National Insurance could be run very much in the same way as voluntary insurance. We never dreamed—I am not making any reflection on the regulations—that we should be so governed by regulations. We had no idea that the Treasury grant would be bound up in so much red tape as it is. We were very unsophisticated innocent people, knowing nothing whatever about State departments. We had an idea that all these people would come in through us, that we should receive the stamped cards and convert them into money, that the societies would be self-governed, that the members would conserve their funds and look after them just as they do on the voluntary side, and that we should pay out benefits according to our own rules. I believe that if the friendly societies had really known what it meant and entailed, they would never have made any such claim, but that they would, in fact, have asked the State, in the first instance, to take the thing and administer it themselves. It was undoubtedly owing

to a misconception of what State insurance meant that the friendly societies put forward that claim.

32,157. I gather that you think that it was wise on the part of the State not to recognise the claim for a monopoly on the part of the friendly societies?—It was unwise of the State to attempt to administer compulsory insurance through voluntary organisations of any sort or kind.

32,158. Would you say that the administration of the Act under the society system has tended to improve or to get less satisfactory?—I should not like to express an opinion, except that I see no very great signs of improvement.

32,159. Of course, you realise that it is a great thing, and that the Act has not been running for very long?—Quite so.

32,160. You think, I believe, that the inclusion of State benefits with those on the voluntary side have in some societies tended to increase the sickness experience?—Undoubtedly.

32,161. Do you think that if the administration were undertaken entirely by the State, that experience would remain the same?—No. I think that we could have a far better experience, because our officials would be able to devote themselves entirely to the interests of the independent side, whereas now, I am afraid, they find themselves obliged to give up more time to doing the State work. On the other hand, I believe that the independent members would take greater interest than they are taking in the matter now. There is so much talk about national insurance, and so very little talk about independent insurance.

32,162. You think that the State members under a State scheme would also take more interest in the affairs of their sickness insurance?—Yes. I think they would.

32,163. Being divorced entirely from the voluntary side?—They would not join the society unless they felt some interest and some concern in it. I believe that our membership, of course, would be much smaller than it is, but I think that we should be infinitely sounder and infinitely stronger from a financial and moral point of view.

32,164. Now, leaving your voluntary side altogether, supposing the State formed their own administration, do you think that the members of State insurance would take more interest in their insurance under State administration than they do now?—I do not think that they take the slightest interest in it now.

32,165. Do you think that they would under the State take any more interest in the future?—No, I do not think that they would take any interest in it beyond the same sort of interest that they have now, and that is drawing their benefit whenever they find that they can get it. I think that that is the only interest the average State-insured person feels in State insurance.

32,166. We will take it that in the Manchester Unity the State-insured person is brought into contact with an elevating influence at the present time?—He would be if he came to the meetings, but he does not.

32,167. In some cases not?—Speaking generally, the State-insured members take no interest whatever in the affairs of the society.

32,168. Have you made any special efforts to alter them?—Yes, every effort has been made in very many lodges.

32,169. And it has failed?—Yes.

32,170. You do not think that if they were removed altogether from the influence of voluntary work, they would feel then that there was no restraining influence on them, but all that they had to do was to get as much as they could out of the State?—I do not think that there is any restraining influence in that way now. I think, if I may say so, that your own society is the best example of that. Your society is as close an example of State administration as one could possibly find. Of course, we are all agreed that there is very little self-government in societies like the Prudential and National Amalgamated, and, so far as one can judge, the members have shown no disposition or desire for any sort of self-government. They are perfectly content to have their benefit administered by your officials, and I should be surprised to hear that



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you had had any complaint from your own members that they were not allowed to attend meetings. It is very pitiable from our point of view, but I believe it is so, and the fact that the State benefit is administered so satisfactorily by your society and other societies of similar constitution strengthens me in my belief that State administration would be the best thing, leaving the voluntary societies to do their own work.

32,171. I do not want specially to discuss matters of other societies than the Manchester Unity. You tell us that the Manchester Unity's State members do not attend the meetings?—I thought you were asking whether they had the same right.

32,172. It is the same in effect?—I entirely agree; the effect is the same. Our members take just about as much interest in State insurance as yours do.

32,173. And you have no feeling that leaving it entirely to the State would tend to withdraw whatever reluctance a member may have to claim on slender grounds?—No. I do not think that the disposition of the member enters into it. Of course, there would have to be proper safeguards.

32,174. Would it become more a case of people anxious to get all they could and more like a police force on the other side to stop them from getting what they ought not to have?—Yes, that probably would be the effect.

32,175. And you would not regard that as a disadvantage?—No, because I think that it exists now.

32,176. Do you say that it would exist to a greater extent?—I do not think that it would exist to a greater extent. People who are rapacious and want benefits we shall always have with us. We shall also have the better class of people who are not anxious to get everything they can at the expense of other people.

32,177. (Mr. Watson.) The Manchester Unity does its best work very largely under the influence of its board of directors and leading members, does it not?—Yes, I hope so.

32,178. I did not gather from your evidence yesterday to what extent the leading members of the Unity are endeavouring to deal with the difficulties, the existence of which your documents prove, and to what extent they are endeavouring to guide the opinions of officers of lodges in such a way as to ensure the satisfactory working of the Act. Can you give us any information?—Take, first of all, the most important thing, the scrutinising of medical certificates. That idea was as new to the board of directors as it was to any of our local officials; we had never given any instructions to any of our secretaries or officials that it was any part of their duty to scrutinise medical certificates, and some of my colleagues on the board hold the opinion very strongly that it is not a duty and responsibility which should be thrown upon the societies. The administration of the medical benefit should be such that the societies should be able to depend, without question, upon the doctor's judgment as shown in his certificate.

32,179. Do the members of the board of directors and other prominent officials feel, and advise the members, that the national insurance side of the society is as much the personal concern of every member of the society as their own voluntary side?—To be quite truthful, I should have to answer with a "yes" and a "no." Some do. Some try to impress upon members, as you say, that the financial aspect of the State side is just as important as that of the independent side, but others say, "Never mind about the State side." We do not mind what you get out of "that so long as our independent side is properly protected."

32,180. That is hardly a fair attitude towards the Act to be taken by people who have deliberately undertaken the duty of working the Act?—I admit that. I am not justifying it; I am merely answering your questions, because I do not want to shirk anything.

32,181. Everybody who is concerned with the administration of the Act must naturally look to those societies which have generations of experience behind them to produce successful results, if anybody can produce successful results?—I agree entirely.

32,182. If any section of the older societies is cherishing resentment, or anything of that kind, against the Act, either because of the mere fact that national insurance has been instituted, or because national insurance has modified their previous arrangements, that is likely, is it not, to damage the working of the Act, so far as that society is concerned?—I agree.

32,183. And therefore the interest of the members concerned?—Quite so.

32,184. Am I correct in assuming that up to the present time the board of directors have not instituted any system of supervision of the work of individual branches, so far as the working of the Act is concerned?—That is so. There is no kind of systematic supervision.

32,185. Is there any systematic supervision contemplated by the board of directors?—Nothing at all has been proposed. It is felt very strongly that the self-government of lodges should not be interfered with.

32,186. The self-government of the lodges on the voluntary side has been interfered with, very considerably, has it not, during the past 20 years in cases where a valuation has shown a deficiency?—Yes, but only in those cases.

32,187. And on the voluntary side, except for certain mutual obligations, which were not financially oppressive on any lodge, the branches were absolutely self-contained in their finance?—That is so.

32,188. If a lodge was in a state of deficiency, it was entitled to a certain measure of relief, but that was always conditional on doing a great deal for itself?—Yes.

32,189. So that, broadly speaking, they were responsible for the effects of their own management?—Yes.

32,190. In order to protect the members of lodges from having hereafter to suffer great reduction in benefits in consequence of neglected deficiencies, the board of directors under the instructions of their A.M.C. in recent years have cut across the self-government of the branches, and have interfered in the administration of their affairs, where there were deficiencies?—As you say, the lodge could please itself whether it accepted the relief; but, if it did, it had to accept the consequent supervision and interference.

32,191. The board have full authority and have exercised that authority to interfere in all cases of deficiency, whether a lodge has chosen to take the relief or not?—Quite so, where there was a danger of deficiency.

32,192. But, save to the very limited extent of relief, there was no mutual financial obligation between the lodges?—No.

32,193. Now, under the provisions of the Act, every lodge is interested in the financial condition of every other lodge through the sections relating to pooling?—Yes. I think that if we are to continue to administer the Act we should set up some system, not only of supervision, but also of control from the centre.

32,194. Do you not think that if such a system were set up, a great deal of what you complain of would be obviated?—It all depends what system of supervision was set up. If it merely meant an occasional visit by a director, or by a deputation sent from the board, I am afraid that it would not have very much effect, but if it came to the employment of inspectors to visit various districts and lodges, and to follow their visits up by inquiries and by subsequent supervision, I believe then that a good deal could be done.

32,195. The necessity of some system of that kind has, I suppose, been present to the mind of other members of the board than yourself?—It has never been discussed on any definite proposal by the board, but other directors have thought of it, though the directors realise that a suggestion of that kind would be very strongly resented by the majority of the districts and by the majority of the lodges. Some time ago there was a proposal, before State insurance days, to appoint an officer whose duty it should be to travel round and inspect the books and accounts and the general manage-



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ment of the lodges, and that was rejected by one of the annual conferences by a very large majority, although on the last occasion that it was before the conference it came up as a definite recommendation from the directors. Even then it was rejected. I think it was the Bradford A.M.C. 1909, if I recollect rightly.

32,196. There was at that time, and there still is, on the voluntary side, no close association in the nature of partnership in circumstances of deficiency?—No, there was no partnership at all.

32,197. Under the Act there is such a thing?—Yes

32,198. That constitutes a new circumstance, justifying a reconsideration of the whole subject?—Yes, my own view is that probably those groups will elect some sort of finance committee, each district comprising the group electing so many representatives—that was my own idea—whose business it should be to watch the administration of the Act within the group.

32,199. That, of course, might be a substitute for supervision from the centre. How far has the formation of groups proceeded?—The board have made suggestions as to grouping throughout the kingdom. Those suggestions have now been embodied in a circular, and are being sent out to the districts for consideration. The districts are to be allowed until the last day of October in this year to make any suggestions or representations to the board upon the system suggested by the board. The board will then consider those suggestions and finally decide upon the groups at the November board meeting.

32,200. Those groups will not be formally constituted until after the A.M.C. of 1916?—Yes. We came to the conclusion that it could not be discussed at the A.M.C. very well, and the rule gives, I think, the central body the right to settle the grouping, and we propose to exercise that right, realising that it will be almost impossible to discuss the position of four or five hundred districts at an A.M.C. The rule says: "The board of directors shall group the districts or "branches in different geographical areas."

32,201. Therefore, until those groups have been established, there is not likely to be set up any system of supervision of the branches?—I am afraid not.

32,202. But, as the matter is one of principle, is it likely that the board of directors will take some measures to bring before the A.M.C. the necessity of some supervision?—There is nothing on the agenda for the forthcoming A.M.C., which is now being made up, but that would not prevent the board reporting on the matter.

32,203. What troubles me is the statement you have made that over-insurance is prevalent, and that the medical certificates produced indicate that improper claims have been made and allowed. If that is still going on, it would seem, seeing that all the lodges are, through the grouping provisions of the Act, in financial partnership, a primary necessity of the situation that the central body should take some steps to control them?—Yes, but the Commission are a little to blame in this matter. Nothing, so far as I know, has ever been circulated by the Commission to suggest that it is any part of the duty of society officials to scrutinise medical certificates. I must confess that I heard nothing at all about it until I became a member of the Committee, and my colleagues on the directorate were very surprised indeed when we suggested that our secretaries should be instructed to scrutinise medical certificates. Before we can issue any definite instructions to our lodges, we must be fortified by some sort of instruction from the Commission.

32,204. Is not that rather apart from the question of medical certificates? You have in every lodge rules for behaviour during sickness. Supposing all the certificates were given with the utmost rectitude and propriety by the doctors, there would still remain the question of the conduct of the member, as to which the branches or lodges are primarily responsible?—That is so, but I think the crux of the whole matter is the medical certificate. For instance, I produced yesterday a very large number of medical

certificates where sickness benefit had been paid for quite long periods for minor ailments, and upon certificates which did not specify the disease from which the insured person was suffering. Those persons may all have been strictly adhering to the rules which should govern them whilst in receipt of sickness benefit, but the fact remains that the lodges paid sickness benefit upon the production of those certificates without any further question, and that all of them considered it their duty to do so, adopting the ordinary precautions to see that the members were obeying the rules as to being indoors at certain hours, and so on.

32,205. I take it, from what you say, that the board has no knowledge that the lodges are performing that duty properly?—We have never asked, because our rules provide for the appointment of sickness visitors, and the Manual of Instructions to Officers sets forth the duties of those visitors, and we are justified in assuming that they are doing their duty in the same way as they always did. I maintain, however, that that old system is not sufficient now we have taken in a lot of State-insured persons whom nobody in the lodge knows and whose habits, history, and character are unknown. We want something more effective.

32,206. You showed yesterday that in a large number of cases the claims of 1913 had gone up by 20, 30, and 40 per cent. as compared with 1912. That cannot be entirely due to the doctor. If money is being paid out improperly in those circumstances, there are clearly two parties to, I will not call it a fraud, upon the society, but to the laying upon the societies an unnecessary burden, the member and the doctor?—Quite so.

32,207. Can it be taken for granted that where the members, as a body, are drawing 20 or 30 per cent. more than they did last year, the lodge is properly looking after them?—There is no evidence and no suggestion anywhere that these members are not obeying the rules which govern their conduct while in receipt of sickness benefit, and, beyond that, the officials have never considered it necessary to go. It comes back to this—these old members are probably getting certificates now which they would not have got under the old conditions, and they are claiming now in circumstances in which they would not have claimed under the old condition, because in some cases they are getting more money and it pays them to claim, and because in other cases they are losing that interest which they used to have in conserving the funds. I think that all those reasons go to make up the excessive experience.

32,208. Does not that point at least to the necessity of a very strong effort on the part of the leaders of the society to educate public opinion among the members?—I agree entirely that it should.

32,209. You and the representatives of other societies complain very strongly of the doctors, and the doctors, on their part, complain very strongly of the alleged laxity of the societies in supervision. It becomes necessary in those circumstances to ask oneself whether the people who guide opinion in the Manchester Unity, for example, are doing everything they possibly can to bring home to the members the fact that the money they have contributed under the Act is their money just as much as it is on the voluntary side?—I am not here to maintain that the fault is entirely with the doctors. I believe that a great deal of the fault must be laid at the doors of the approved societies, but I want to point out that, so far as the Manchester Unity is concerned, its constitution was not adapted for work of this kind. If we had done, as I desired, and had set up a separate section, I believe we could, through that separate section, and by utilising some of our present officials, have administered the Act far more efficiently than we are able to do at the present time, but, instead, we became an approved society, and every one of our district secretaries claimed that he must be the district secretary—and, in fact, he became so without any resolution—for the administration of State benefits. Every one of our lodge secretaries and sick visitors made a similar claim. A large number of vested interests were thus created, and the



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difficulty now in bringing about any reorganisation is that the moment it is suggested, you have every one of these men up against you. They say, "What about me? What about my State-insurance money? I am not going to give that up." It will be readily understood by this Committee that we have a large number of secretaries, thoroughly competent to perform the work on the voluntary side, and who have done that work thoroughly well, but who are yet absolutely incompetent so far as the State work is concerned. Then, the sick visitors in some of our lodges have been doing their work extremely well. They knew the members, and they looked in and had a friendly chat with sick members. They knew their previous history, and there was effective supervision. Now, the membership is so much increased that the sick visitor has not the time he used to have. He cannot give the same amount of time to individual cases. The result is that he rushes round on Friday night or Saturday, hands the money in, says, "How is Mrs. So-and-so" or "Brother So-and-so," takes a receipt for the benefit, and goes. If we employed whole-time visitors it would mean displacing these men, who are not willing to be displaced. That is the plain truth of the matter, and that is our difficulty.

32,210. Do you suggest that the Manchester Unity was so already loaded up with work that it was not in a position to undertake new responsibilities?—I will not put it that way. It was not loaded up with work to that extent. We had very few whole-time officials. We only had them in very large districts. Our officials were doing their work in their spare time. They did not make it their business; they made it their hobby more than their business. Now it has become a business; they find that they cannot do it in their spare time. If we could reorganise our lodges and group the State-insured members in sufficient numbers to pay the officials adequately for doing the work, then I have no doubt that we could work the Act efficiently, but at this present moment we are up against the same difficulty as any Government would be up against if they tried to alter the administration. We are up against all these vested interests. Fresh vested interests are being created every week, and the longer we go on, the greater will be the difficulty in that respect.

32,211. I should like to have your opinion on one or two points arising on section 72. The excessive claims that are now arising in many lodges are depleting both the voluntary and the State funds?—Quite so.

32,212. You seem to think that, so far as the State funds are concerned, at any rate, a large number of the members view the situation without much apprehension?—I am afraid that they do.

32,213. But they cannot be equally indifferent to their voluntary funds?—No.

32,214. Is it likely that the society will take any more definite action under section 72?—You know the position under section 72. We gave our members an option of reducing their contributions. A considerable number elected to reduce, and after they had done so complained that they did not understand the matter, and they wanted to revert to their former position. We gave them an opportunity of doing so up to the last day of last year. At the present moment we have no figures to show how many actually have reverted, but I should think that probably only about 10 per cent. of our members have availed themselves of the option to reduce their contributions.

32,215. The situation being as it is, is not the society going to make some effort to make a compulsory reduction of contributions?—I do not think so for a moment.

32,216. We here are only concerned with the voluntary side, in so far as it reflects on the State side, but, as the thing stood, there were already large deficiencies, were there not?—There were.

32,217. And those deficiencies must be increasing very dangerously indeed?—I am afraid that they are.

32,218. What line of policy is the Unity likely to adopt?—I really do not know. I believe any proposal to bring about compulsory reduction in a scheme under

section 72 would be overwhelmingly defeated by an annual conference. It may be within your knowledge that we amended our rule dealing with workmen's compensation so as to make the position of an independent member who was initiated after the introduction of State insurance the same as a State member is in under section 11 of the Act. We carried that with considerable difficulty, and there are several proposals now to come before the next A.M.C. to delete that rule and to give even those members full benefit in compensation cases. Knowing that that is the general feeling, or appears to be the general feeling in the society, I have very little hope of anything being done unless something further is disclosed on valuation.

32,219. It would be necessary apparently for this Committee to look at the matter from the point of view of limiting the State benefits in such case. You remember that there was in the original Bill (clause 27(a)) a provision that the State benefits should not be paid in cases where members were already insured up to the amount of their wages or that only such part should be paid as to bring the total benefits up to the amount of the wages?—That is optional with the societies now, is it not?

32,220. If there were a proposal for the reintroduction of such a clause, what attitude do you think the Manchester Unity would take up?—I think that the Manchester Unity would strongly oppose it as a most unwarrantable interference with the liberty of the subject.

32,221. You know that that clause was rather keenly debated in the A.M.C., and that the Manchester Unity at that time endorsed the clause and refused to put forward a proposition to water it down?—Yes.

32,222. In the light of their subsequent disastrous experience of double insurance, would the Manchester Unity now take the contrary view?—I think that it would, because the trend of thought since the Brighton A.M.C. seems to have altered entirely. You recollect that the Brighton A.M.C. really knew very little about the Bill, and I think it was your powerful advocacy which led to certain decisions which we arrived at there.

32,223. If the Manchester Unity will not reduce its benefits on its private side, and will not contemplate a reduction on the State side, what will the Society agree to, seeing that its funds are being depleted so that surpluses are disappearing and deficiencies increasing?—I cannot say what they will or will not do, but, knowing the views of some of my colleagues, and some of the leading members of the Unity, I am of opinion that any suggestion to compel members to reduce their contributions in accordance with a scheme under section 72 would be very strongly resented. I think that it is an impossible thing to advocate in the Manchester Unity at the present time. On the other hand, if there were a proposal on the part of the Government to insert that clause in an amending Act, I think that it would be strongly opposed, not only by the Manchester Unity but by other friendly societies. My own opinion is, that history will repeat itself, and that in due course the Manchester Unity will ascertain its true position, and will then make every endeavour to put things right. But I do not think that the moment is now.

32,224. (Miss Wilson.) Can you give us any idea as to how the rule with regard to housework is administered generally? You spoke of one separate women's branch, and of their coming down on a woman who was doing some housework. Is that general, or is that a particular case?—I think that it is general, if a woman is found doing her housework.

32,225. Do they discriminate between the kinds of housework, or do they simply report housework?—I should say that in the majority of cases they would report housework, but I doubt if any report would be made unless the woman was found scrubbing or sweeping. If she were dusting, I do not think that an ordinary official of a women's lodge would make any complaint, but if she were found scrubbing the floor, washing, or sweeping, she would probably be reported.

32,226. They do not say what she is doing, and you cannot really tell how the rule is being administered?—I can only give you a general impression



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because there is nothing in the rule to determine what shall be considered housework and what shall not, and the sick visitors are not required to give any written report. It therefore becomes a matter in which each sick visitor uses her own judgment as to whether what the woman is doing does constitute a breach of the rule.

32,227. Do you think that a satisfactory way of doing things, or have you made any suggestions of any kind?—I have no suggestions. The whole thing seems to me to be so beset with difficulties. In certain of these lodges this question was asked of the secretaries: "Are you particular in guarding, "as far as possible, against your members doing "any kind of housework or domestic work whilst "in receipt of sickness benefit?" I will take the first reply I see. "As far as possible, but it is the "most difficult case we are having with married "women." Another says: "Yes, very particular." Another says: "Yes." Here is one from Ulverston in Lancashire. The secretary says: "Yes, but we "decided that occasionally light dusting or crochet "work helps recovery, but members must apply "through the sick visitor for permission to do the "same."

32,228. Is that common, do you think?—That is the only case I have had where there is any suggestion that permission is asked of the officials to do light work.

32,229. Do you think that it is a reasonable plan, or do you think it is better to have a very strong deterrent rule or a weak deterrent rule?—I think that it is necessary to have a very strong deterrent rule.

32,230. You would not allow any way out, such as letting the sick visitor give leave in special cases where the doctor thought it necessary?—Yes, I certainly would allow that.

32,231. You think that the Ulverston way of dealing with it is reasonable?—I think that it is quite a reasonable way of dealing with it, but I think that the rule should be strictly insisted upon and that nothing should be done until permission were asked, and that permission should only be given where the doctor said it was necessary for the welfare of the patient.

32,232. You think that it is necessary to do it in that way, and not to do it the other way round?—I think that they should be given to understand that they should ask for permission in each case.

32,233. If any readjustment were made of the pregnancy claim question, would you still want a strong deterrent rule for pregnant women, or would you think it desirable that they should be treated in a different way?—If it were decided to make a definite payment of pregnancy benefits for a specified period, in that case I would only apply the ordinary rules with regard to being indoors at specified hours. I would make it a definite payment for benefit, and have no rule prohibiting a person doing any work indoors.

32,234. I suppose you would want a rule as to obeying doctors' orders?—Yes, and as to being in the house in the evening, and so on.

32,235. And, of course, not doing any remunerative employment?—Yes, certainly.

32,236. Your experience of women's sickness appears to be considerably better or less bad than that we have heard of in the case of a good many other societies. Is that so?—It is not quite so bad as some figures we have had, but I think, on the whole, we can call it "not quite good."

32,237. Still, it is better than a good many others, though you do not consider sick visiting very satisfactory?—It is better than some, undoubtedly.

32,238. To what do you attribute that?—I am afraid I must say mere luck.

32,239. It is not because the women who have come in are related to your old members? Do you think that you have got quite the same kind of women as are in other societies, or have you reason to think that you have got the pick of them?—I do not think that we have got the pick at all, because we opened our doors very widely indeed. Practically, in most districts, any woman who came up and signed an applica-

tion form was admitted to the lodge. The fact that a good many women members are relatives of members of men's lodges may have some effect.

32,240. But you did not exclude outworkers?—We have not excluded any class at all. There is no limitation of occupation or anything else.

32,241. Do you expect your experience to be as bad next year as regards women, or are you hoping for any kind of improvement?—Naturally we are hoping, as our secretaries get to understand their responsibilities, that things will improve, but it is very difficult to say whether there will be any improvement.

32,242. You are not personally very hopeful about it?—I am not.

32,243. Have you had any appeals against your decisions in the matter of sickness benefit?—No. I have not heard of a single case of appeal. There have been some cases of fining and suspension, but there have been no appeals against that to a summoned lodge, or beyond that to a district or to the board.

32,244. (Mr. Warren.) I presume the Committee would be correct in taking it that the information you have placed before them has only been tabulated within the last few weeks or months?—That is so.

32,245. And that therefore it has never come before the board of directors of the Manchester Unity?—Not this particular information.

32,246. But that it will be placed before them, with a view to their, if so desiring, taking action in respect of the particular points to which you called attention?—Quite so.

32,247. You were taken somewhat through the procedure of the Manchester Unity in respect of its lodges and districts, and the powers that were exercisable in respect of the same, and whilst it is quite true that the branches have a very large element of self-government, it would be right for this Committee also to know that under the general rules districts have considerable powers of stepping in when lodges are not complying with the general rules of the Unity?—Yes, that is so.

32,248. But under general rule 84, paragraph 103, the district officers, when discovering that a lodge is not complying with or is violating any rule, may bring it before the district meeting, and if any lodge should refuse or fail to comply with any resolution passed at a district meeting, it can be penalised, and in cases of gross mismanagement or misappropriation of the funds, or other properties of the lodge by the officers, the district officer may take temporary possession of the books and conduct the branch pending some arrangement being made?—Yes. That is non-compliance with the rules or violating the general rules.

32,249. Or misappropriation of funds, and so on, for instance, in section 9 of rule 84 "by a trustee, treasurer, secretary or any other person." They may call a special meeting and they have power to take temporary possession of the matters in the keeping of any one of these particular officers until some other arrangement is made?—Yes.

32,250. So that in that respect there is considerable supervision exercised by districts in respect of the lodges comprising those districts?—Yes.

32,251. Yesterday, on the matter of initiation, was I correct in taking it that you meant to inform the Chairman that since the advent of national insurance persons have been admitted to the independent benefits of the Manchester Unity, generally speaking, without initiation?—In very many cases, yes.

32,252. Still, it would only be right to say that in very many the old initiation has been insisted upon?—Certainly.

32,253. It is not right for the Committee to infer that we have relaxed that old initiation in respect of the larger number of persons on the independent side?—I was speaking of this time last July twelve-months when we were getting a very large number of members coming for State benefit, and when they signed the State application form they were invariably asked whether or not they would pay for additional benefits. In this instance, if they agreed to pay, they simply signed the application form and that was accepted by the lodge,



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and some of these members have never been near a lodge meeting.

32,254. Is it unfair to say that some of the branches of the Manchester Unity insisted upon an initiation form and also upon a medical examination?—Very few upon medical examination.

32,255. But there were parts of the Unity that made that a condition?—Yes. You recollect that the special London conference advised lodges specifically not to insist upon medical examination.

32,256. Prior to the advent of national insurance the Manchester Unity had, in connection with its branches, roughly some 6,000 to 7,000 medical men?—That would be about the figure.

32,257. And, notwithstanding what has been said to the contrary, with a few exceptions the connection was mutually satisfactory?—Perfectly.

32,258. Am I right in saying that it has generally been accepted by friendly society men that the two factors in building up a successful branch have been the secretary and the medical officer?—No. I am afraid I cannot accept that. In my opinion the prosperity of the Manchester Unity, although due to a very large extent to the work of the secretaries, is more largely due to the fact that we have had in every lodge a number of voluntary workers, who have been prepared to give their time, in some cases their money, and their service to the lodge without any monetary return of any sort or kind. While the secretaries, of course, have contributed to the success, I am inclined to put the success of the movement, first to the voluntary workers, secondly to the doctor, and thirdly to the secretaries.

32,259. Still, may we take it that the medical officer has played a very important part in the financial prosperity of the lodge by the manner in which he has discharged his duties?—Yes.

32,260. The effect of national insurance has been to sever almost entirely that old connection?—It has.

32,261. And it has placed the society in a very unfortunate position in respect of the large number of its members who do not come under the Act?—Yes, it has.

32,262. Now, in respect of thousands of the members of the Manchester Unity, it is only with the utmost difficulty and at considerably increased cost that any medical benefits can be conferred?—That is so, and another serious aspect of the thrift movement, as an educative movement, is in the fact that the doctors have also refused to attend the juveniles. We had a large number of juvenile branches in which persons were induced to enter their children because of the medical benefit provided. Since the advent of national insurance the doctors have absolutely refused in some instances upon any terms whatever to enter into contracts with juvenile branches, with the result that in some places, notably Malvern, in Worcestershire, Slough and Basingstoke and several other towns, juvenile branches have had to be disbanded, and therefore the educative work which the Manchester Unity were doing among the young, which might be expected to have its effect upon national insurance in later years, is hampered and in effect put an end to.

32,263. Yesterday, in respect of one of the cases that you were reciting to the Committee, the Chairman expressed some surprise that the secretary had not taken action and interviewed the doctor and told him what he thought of it?—Yes. That was a case where sickness benefit was paid for 17 weeks for some very minor ailment, and the Chairman expressed surprise that it had been paid without any inquiry being made.

32,264. Is it not right for this Committee to know that, generally speaking, if the secretary went down with any idea of telling the medical man what he thought of it, he would expect to be ordered out of his surgery and told to mind his own business?—I have heard of cases where that has actually happened.

32,265. In the effect of the Act upon the Unity, is it right that already the matter of secession is more prominent than at any past period during the last 50 years?—I believe so.

32,266. And that is due to several reasons; first of all, in some branches, they are experiencing difficulty

as to maintaining the two contributions?—That is one cause.

32,267. There is a fear on their part of being unable to recruit new members, and so build up their funds?—Yes.

32,268. But perhaps the greater fear that is prompting them is that the present funds will, at no distant date, be confiscated?—Yes.

32,269. And these fears have been generally expressed in the meetings relating to secession?—Yes.

32,270. And that, however forcibly those representing the Unity, have endeavoured to put the safeguards under section 72 into operation, there is such a dislike to the Act that, generally speaking, the members will not believe that the funds are safeguarded?—That is so.

32,271. Have we any correct idea at the moment as to what percentage of members of the Manchester Unity have reduced their contributions?—No. We have no figures, but I should think, as a matter of fact, not more than 10 per cent.

32,272. (Chairman.) Are not these figures in this report on the valuation? Do they not show it if added up?—No, because since then members have had an opportunity of exercising their option up to 31st of last December to revert to their original position.

32,273. So that while the figures show the state at the time it was got out, they may have altered since?—That is so.

32,274-5. (Mr. Warren.) In the past the Manchester Unity has largely been built up upon the voluntary service of its members—men in the various branches throughout the country who have performed duties in respect of the Unity without any fee or reward or any idea of payment?—Yes.

32,276. Is it right to assume that the operation of national insurance has very largely destroyed that spirit of voluntarism?—Yes, it is my experience that it has had a very bad effect upon the voluntary worker.

32,277. And that, generally speaking, in all directions members are now insisting upon being paid for every service they render?—Yes. I am afraid that it has that effect. It is openly expressed that whilst they like to do the work for the lodge voluntarily, they have a very strong objection to doing anything for the State they are not paid to do. They look upon this as quite apart from anything connected with their own society and their own interests.

32,278. I think in answer to Mr. Mosses you emphasised the fact that claims have materially increased on the voluntary side. Is that owing to our members now being entitled to more benefits than in the past?—That is the opinion of a very large number of our provincial corresponding secretaries.

32,279. Where a man in the past was entitled to 12s. a week and suffered some ailment, he struggled on to perform his ordinary work because 12s. was hardly sufficient to keep the home together?—Quite so.

32,280. But that now with the addition of 10s. it makes it easier, and therefore he goes on the funds, and whilst the payment of 10s. on the State side may not materially affect the finance of national insurance, yet it is increasing the demands on the voluntary side of the society?—Yes, necessarily.

32,281. You have been taken through the matter of the supervision of sick claims, and I think that you said that, generally speaking, the course pursued was that the sick visitor made his report to the lodge, that he paid the benefit to a certain member, and that in his opinion the member was progressing or otherwise?—Yes.

32,282. But has it not been the general custom also in the lodges that every doctor's certificate and declaring-on certificate has been presented to the lodge and read to the lodge?—I have never been to a lodge where that has been done. Of course it may have been done in some districts.

32,283. Not to a lodge where on every lodge night there has been prepared a list of payments in respect of each member?—I have heard a list of payments read, but I have not heard the certificates read in the lodge.



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32,284. If it is done in respect of the independent side, certificates for payment of State benefit are also read to the lodge?—Naturally they pay on the same certificates, and of course if the certificate were read it would apply to the State as to the independent side.

32,285. You would wish to leave it there, that the Committee should understand that the only supervision the Manchester Unity has over its sickness claims, generally speaking, is upon the report of the sick visitor?—And upon his visit of course. I cannot take it any further in view of the fact that all the replies I read yesterday go to show that the sickness benefit is invariably paid upon production of a doctor's certificate.

32,286. Upon the society deciding to become an approved society, both at its annual meeting and by instruction of the board of directors, districts and lodges have been advised to throw open the doors of their branches as wide as possible to State members, and to admit them to the full rights of membership?—That is so.

32,287. With a view of course to their associating themselves with the work and so furthering the interests of the branch and the society that they had made their approved society?—Yes.

32,288. There has been no attempt on the part of the Manchester Unity to set up any barrier?—None whatever.

32,289. What you have said with regard to the establishment of a State system is only an expression of your own opinion?—Certainly.

32,290. It has never been before the society or before the board of directors and no official expression, apart from the fact of your being Grand Master of the Manchester Unity, has been made by any other affiliated societies?—I should desire it to be made perfectly clear that I was only expressing my own personal views and opinion.

32,291. In common with the other societies administering National Insurance there is considerable misunderstanding on the part of a large number of the members of the Manchester Unity as to the benefits being guaranteed by the State, and the funds of National Insurance being practically inexhaustible?—Yes, I think so. In fact my own opinion is that people do not trouble to think about it at all. All they think about, all they know, is the fact that 4d. or 3d. is stopped out of their wages and when they are sick they are entitled to 10s. or 7s. 6d. They do not attempt to reason any further.

32,292. (*Dr. Lauriston Shaw.*) You stated this morning that in the old arrangement for the Manchester Unity, which was entirely a private affair, you were in the habit of trying to secure somehow that your men should not be insured for more than 75 per cent. of their average wages?—Yes. Some such percentage.

32,293. Will you explain how you prevented that?—On what we call the proposition form, a form which asks certain questions, and which contains a declaration at the foot as to the truth of the answers to the questions, there were two questions to be answered. One was "Do your average earnings amount to one-fourth per week more than the sum for which you wish to insure?" and the other question was "Do you belong to any other society which dispenses relief in sickness?"

32,294. Supposing these questions were answered as we might consider unsatisfactorily from the point of view of the possibility of the man being over-insured, you would then not accept him?—Certainly. It would be suggested that supposing a man was earning 20s. a week and he proposed to insure for 20s. a week, he should pay his contribution on a lower scale.

32,295. Could you give me any idea of how this proportion, something like 75 per cent., was arrived at?—Each lodge was a law to itself in the matter. That may not have been the percentage in some lodges, in fact I know it was not.

32,296. Why was it that any attempt was made to secure that the amount insured for should be distinctly less than the man's wages?—The idea was that it should not pay a man under any circumstances to be away from his work, and that if he was getting as much when he was sick doing nothing as when he was

well at work, there was a strong inducement to go on the funds. It was merely a precautionary measure.

32,297. With regard to a very large number of your people this temptation has now by the Act been placed in their way?—Certainly.

32,298. And it is your opinion to a certain extent that that may be responsible for some of the unsatisfactory results?—It would seem so.

32,299. Have any steps been taken, do you think, to secure that the medical profession should know that this marked change in temptation has been placed in the way of insured persons?—I do not think that anything has been done in that way.

32,300. You will not be surprised if I tell you that I think a considerable number of members of the profession were not aware that a marked difference in temptation had occurred as the result of the Insurance Act coming into force?—I can quite accept that.

32,301. Would you say that a doctor who knew in the past that there was a certain amount of restraint in giving sickness benefit because of the pecuniary disadvantage to the patient might find himself in some difficulty in determining the accuracy of a patient's statement in regard to himself when this was withdrawn?—Yes.

32,302. Although you are not a medical man you can understand that the patient's statement as to his feelings of ill-health might be different if he was going to make a sacrifice, from his feelings if he was not going to make a sacrifice?—Yes.

32,303. You told us, I think, that a considerable number of your lodges were seceding because they had a genuine fear that if they did not secede and divide their funds up now, they might lose the money?—Yes, that is so.

32,304. You would think that that also might influence some individual members who were trying to take sick pay now?—I am strongly of opinion that that is so.

32,305. These two factors, that there is no pecuniary sacrifice to make and the fact that they had a wrong impression that they might make a serious pecuniary loss, may have led to a considerable number of claims being made?—Yes, certainly.

32,306. And may have increased the doctors' difficulties in deciding as to the genuineness of the sickness from which the patient stated himself to be suffering?—Yes.

32,307. Could you tell us whether you have considered the question of the wording of your declaring-on note, since the incoming of State insurance?—We have considered that and issued to lodges a form which reads as follows: "To the secretary. I hereby give notice that I was rendered incapable of work as from . . . o'clock a.m. or p.m. on . . . the . . . day of . . . by . . ." Then the patient is required to insert the illness or accident.

32,308. You have not considered the question whether on such a declaring-on note they should give any indication of the relation to their wages that their sickness benefit will now have?—I think not, because, at the time the member claims his sickness benefit, the society has entered into a contract with him on both the State and the independent side, and I do not think that the moment the member declares on the sick fund is the proper moment to call into question the terms of the contract which has been entered into.

32,309. I was wondering whether you thought that the knowledge which you then possess of the man who put this on his card would give you any help in determining the justice of his claim?—I do not think so.

32,310. Supposing you saw, for instance, toothache and at the same time discovered that the man was actually receiving twice as much for his sickness benefit as for his wages, would not that be a reason for suspecting the veracity of the statement that he was feeling so ill with his toothache that he could not go to work?—I do not think that I can accept that. The man is rendered incapable of work by reason of the fact that he is suffering from toothache. If he is rendered incapable of work, he is entitled to the money that we have contracted to pay him whatever the



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amount, irrespective of the wages he would earn at work. If, on the other hand, he is not incapable of work the certificate should not be given to him.

32,311. That brings you back to the statement you made that a medical man must decide the question of incapacity?—I am afraid we get back to that by whichever way we go.

32,312. Do you mean that one medical man must decide the question of incapacity?—No, I say a medical man.

32,313. Do you not mean the medical profession?—No. I mean that a medical man must ultimately decide the question as to whether or not a particular person is capable of work.

32,314. You would not think that the difference of temperament in medical men was such that it was impossible to get the uniform system that you are talking about, unless there was some co-operation between medical men. Some medical men are very tender-hearted and some are perhaps, we shall say, hard-hearted. If we are going to get some sort of average relation between these two, must we not have some sort of co-operation between medical men?—Yes. But that brings us back to the old point. You say that some men are tender-hearted. The tender-hearted man ought to realise that he has some responsibility, apart from his duty to cure his patient and get him well as quickly as possible, to the society which is paying the benefit, and that whatever his private feelings may be, he should see to it that his feelings do not mean more to him than the responsibility he owes to the society.

32,315. What are we to do with him when he does think of all his responsibilities, and yet his tender-heartedness leads him to give a certificate on a condition on which other men will not?—If there were anyone or anybody who had any sort of control over him, they would of course remonstrate with him, and warn him that it must not happen again.

32,316. In fact some sort of system of referees. Would not the person who is to remonstrate with him in the end be a person in the position of a referee?—If you mean a referee simply as a person who should be appealed to as to whether or not a doctor was justified in giving a particular certificate, referees in that respect should not be necessary. We should be able to depend upon the panel doctor's certificate.

32,317. Did you not state this morning that, if as a matter of fact you found that the panel doctor's certificate was not being given satisfactorily, there would have to be some higher medical authority?—Certainly.

32,318. I am putting it that the higher medical authority, whatever you call him, ultimately comes down to the question that you are going to have co-operation between one or more medical men to get some more uniform standard?—Yes. I would have the higher medical authority not set up to be appealed to just in case of doubt. I would have the higher medical authority continually supervising the other doctors, and seeing that they did realise their responsibilities to the fund as well as to the patient.

32,319. Your objection to the referee is not that he exists, but that he is only occasionally called upon. You want him to be always called upon?—That is so.

32,320. It is only a question of the extent to which a referee should be used?—Yes.

32,321. Do I take it from you that you think that when you have got a medical man with suitable supervision, you are going to entrust to the medical profession the duty of saying whether a man is, or is not, to have sickness benefit?—No. I am going to trust the medical profession to say whether or not a man is incapable of work having regard to the particular conditions under which he is working.

32,322. If a medical man does say that, you think no other authority whatever should have any right to prevent an insured person having sickness benefit?—I did not mean to convey that. I said that I saw no particular virtue, if the medical service were properly organised and the administration of National Insurance were properly organised, in having the nature of the complaint stated upon the certificate. I said that in deference to the medical opinion which has been so

freely expressed here that the medical profession has a very strong objection in certain cases to even allowing a patient to know the nature of the illness, and my whole point was that a certificate from a doctor who realised his responsibility saying that a certain person was ill and incapable of work should be sufficient authority in a well-regulated scheme for the sickness benefit to be paid.

32,323. In fact you are going to entrust the question of whether or not sickness benefit shall be paid to the expert?—It seems to me that it must be. Supposing the panel doctor hands me a certificate as the secretary of an approved society and I am not satisfied with it, I certainly should not consider myself qualified to say that this person is not rendered incapable of work by dyspepsia, for instance, or indigestion. I have very strong reasons for suspecting that he is not entitled to sickness benefit, and that there is nothing much the matter with him. But the doctor says that he is suffering from indigestion, and I suppose there are different grades of indigestion. He may be far worse than ever I have been. I do not feel qualified—I do not think any friendly society official is qualified—to argue in that way with him as to the particular complaint from which a member is certified to be suffering and to say “I shall not pay on that certificate.” I know more about it than the doctor.” That seems to me the kind of thing that secretaries of approved societies are expected to do. The only way out of the difficulty is to go to a medical referee, but if an appeal is made to a medical referee the society, I am told, must abide by the opinion expressed by the medical referee, and the result is that you get back to another medical man who practically decides whether that benefit is to be paid.

32,324. Do you take the view that if you go to a referee, you must abide by his decision? Is it not really that when you go to a medical referee you have a second opinion which helps you, no doubt, to decide the point, but you as an administrator have, with these two opinions, to make up your mind as to whether or not you are going to pay sickness benefit?—This is an entirely new view to put to an official of a friendly society, and it seems to me if it is going to be laid down that it is the duty of the lay official of the approved society to decide upon the receipt of a doctor's certificate, whether or not an insured person is entitled to benefit, you want to be very careful in your selection of officials. You want men of very mature judgment and very sound common sense.

32,325. In my relation as a medical man with laymen I have always felt that my duty ceased when I had given my opinion. I did not expect my opinion necessarily to be acted upon, and I was rather surprised to find you, as a layman, taking the position that the medical man should have the absolute authority to decide whether or not sickness benefit should be paid. It seems to me very much like allowing the War Office to decide whether war should be declared, for example. The expert gives his opinion, but the lay authority in the end has to decide the point. Is not that the relation of the expert medical adviser and the approved society?—That apparently is the opinion of a good many panel doctors, but if that is so in common honesty they ought to strike out the words of the certificate “thereby rendered incapable of work.” I produced certificates yesterday stating that a man or woman was suffering from headache, and was thereby rendered incapable of work. If a doctor merely said that he had examined some insured person and found him suffering from headache, and left the matter there, I could understand it being left to the society to decide whether headache was sufficient and whether he was bad enough, judging from his appearance, to abstain from work or not. But when the doctor is called to make a solemn declaration that the man or woman is thereby rendered incapable of work, I really do not see how a society can refuse to accept it.

32,326. Do you not feel that there is some fear that if the medical profession were placed in this autocratic position they might subsequently be coming to say what patients should do and what treatment they should carry out?—Surely they do.



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32,327. Do they not advise the patient what treatment he should carry out, and let him do it if he likes or not?—If you mean that you would have the official standing over the patient to see that he does exactly what the doctor tells him, I do not mean that. But does not the doctor tell his private patient what he should eat and drink, and what he should do and what he should abstain from doing?

32,328. And they do or do not take their advice as they think fit?—That is so.

32,329. I have often recommended patients to have an operation, and they have not had it done. If you put the profession in the position of deciding whether or not sickness benefit is to be paid, do you not put them in a position which might easily lead them on to further autocratic action which might be disastrous?—I have too good an opinion of the profession, or used to have, to fear any such dire results.

32,330. You recognise that your lodge has to decide whether a certificate is forged or not?—Certainly.

32,331. When you tell us you have evidence that it is the general practice for insured persons to tell the doctor when they want to come off and when they want to go on, and the doctors follow their advice implicitly, must we not admit that that can only be hearsay and that nobody except the patient and the doctor really knows what they are saying to one another?—From the evidence I have received certainly people do know, because at the surgeries of many panel doctors there is simply a procession of patients. I heard the other day, on what was supposed to be good authority, by someone who vouched for the fact, that a doctor walked into his surgery full of people and said, "Now all those suffering from influenza hold up their hands." All "those with something else hold up their hands." He took influenza first, dealt with the people collectively, prescribed for them, gave them certificates and sent them out.

32,332. Would you be surprised to hear that that is a tale which has been told of out-patient departments for 30 years?—If it is a chestnut, I have never heard it before. I was told by an official.

32,333. (*Dr. Smith Whitaker.*) With regard to the lessons we may derive from the old system of the Manchester Unity and other friendly societies, of course we have gathered what was your experience as regards the extent to which certification was left in the hands of the doctor. I take it that if in the old days people were being put on the funds unduly, that would only gradually become known by experience?—Yes.

32,334. Or if a lodge employed doctors on some lines that did not yield the best results it would only reveal itself gradually in the bad sickness experience of the lodge?—Yes.

32,335. And of course your board of directors have had to intervene from time to time to inquire into the causes of deficiencies?—Yes.

32,336. Do you know of any case in which on investigating a deficiency it was found to have been due to the lodge allowing free choice of doctors to the members?—No. I do not know of any single case.

32,337. You spoke of some districts in Lancashire; you mentioned Accrington and Blackburn as the only two where they had that system, but you do not vouch for it that those were the only districts?—No.

32,338. If some doctors who come from Lancashire inform us that there are other districts where that system prevailed, you would not be surprised?—No.

32,339. At any rate your order has no experience to show that in districts in which that system prevails, they had any less favourable sickness experience than districts of similar industrial conditions which adopted the other system?—No. Some of those districts where the lodge did not provide medical benefit had the most favourable experience.

32,340. With regard to juvenile branches, you said that you had difficulty with them because you could not get doctors to act. How did the refusal of a doctor to act affect the educational value of the juvenile branches?—We always looked upon our juvenile branches as providing a means of educating the young in the principles of thrift and particularly in the principles of mutual insurance. In the majority of

these branches the only benefit provided in very early years was medical benefit and death benefit. A little later on, about 10 or 12 years of age perhaps, sickness benefit would become payable. The result of the doctors' refusal to make any terms with regard to our juvenile branches has been that there has been no inducement whatever to persons to enter their children, because the benefit for which they would ordinarily enter them has been non-existent, and for that reason three at least have had to be disbanded and the sickness liabilities have been taken over by the adult lodges in the district.

32,341. What was the exact nature of the doctors' refusal? Was it that they would not accept service at the terms offered, or that they would not enter into any contract at all?—At Malvern they would not enter into any contract at all, and I understand that that is the case at Slough. I think the real reason is that the doctors have themselves set up what they call a public medical service. And they say "If you want to provide medical benefit for these youngsters, you must do it by paying in the usual way to our public medical service."

32,342. Is that on a contract basis?—Yes.

32,343. With regard to the recent position, you gather from the replies of your secretaries that so far as the experience of your lodges goes, there has been no improvement in the attitude of the doctors?—I can only judge from the evidence I have received, and say that the question has been asked, and that I have evidence here in some cases that the position has improved, but I gave those cases and they are on the notes. I have a mass of correspondence and evidence which I have not given the Committee all of which reflects upon the attitude of the doctors.

32,344. You would think that a fair impression to be derived from the replies of your secretaries is that with comparatively few exceptions you have no evidence of any improvement?—That is so.

32,345. Of course there has been evidence from other societies in the direction of distinct improvement?—Yes.

32,346. The evidence of your secretaries is that throughout there has been a certain number of doctors with whose action they have been satisfied?—Yes.

32,347. But would you say that they were a comparatively small number?—Yes. And they appear to be those who formerly were in very close contact with the societies, such as the doctors at Burton-on-Trent.

32,348. What explanation occurs to you for this attitude of the medical profession?—I cannot give any explanation. I am utterly unable to understand the attitude of the medical profession, and particularly of those members who were formerly in association with friendly societies.

32,349. I will put some explanations which have been given by other witnesses. One has been that there was a strong feeling of hostility on the part of a great many doctors to the Insurance Act, that they resented being brought in, and that in the early months that feeling reflected itself in their attitude. Do you ascribe any importance to that?—Yes, a great deal.

32,350. Do you think that that part of it has disappeared to some extent?—Yes. I do not think that that obtains now. I think that the doctors are very thankful for the Insurance Act.

32,351. Another explanation is that with regard, at any rate, to some societies, there had been old difficulties which came to a head, perhaps by a coincidence, about the same time as the introduction of the Insurance Act, and that that has reflected itself in the attitude towards those particular societies?—I do not attach very much importance to that. It has been said repeatedly by doctors on the platform and in the press, but in my 20 years' experience I have not known half a dozen cases where there has been any serious difference between a branch of the Manchester Unity and its medical officer. In the cases I have known the doctor's view has invariably been supported. I only recollect one case where the doctor's view was not upheld, and in that particular case the complaint against the doctor was that he had been rather hard upon a member by accusing him of malingering when in the opinion of the members of the lodge it



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was a genuine case. In that case the decision of the lodge went against the doctor, who was very annoyed about it, but within a month the man died, and that seemed to be a very fair proof that in that instance the doctor had erred in his judgment. With regard to other cases the doctor has invariably been supported, and I think all this talk about doctors being under the heel of the friendly societies, and having been summoned by lodge meetings and that sort of thing, has been grossly exaggerated, and has been simply brought up by the doctors as an argument for getting some different arrangement under National Insurance.

32,352. Are you aware of any action taken before National Insurance was mentioned with reference to these matters?—I understand that there was an agitation on the part of the British Medical Association against contract practice, but it never had, so far as I know, very much effect upon the society. Right up to the moment when the doctors obtained their terms with the Chancellor of the Exchequer, if there was any opportunity of getting any appointment in connection with friendly societies, we had no lack of candidates for the position.

32,353. Do you mean October 1912?—Practically right up to that date.

32,354. I was wondering whether you meant in the summer of 1911 or the autumn of 1912?—September 1912.

32,355. Why do the doctors hold aloof from the societies now on the private side? I do not mean only juvenile branches, but the societies generally?—Because they are doing so well under the Act, that they do not want anything else.

32,356. You mean that the societies are not able to come to terms?—That is so.

32,357. If the doctors generally are in this difficult attitude, what expectation do you think there is of being able to get a sufficient number of them for a whole-time service to do the work properly?—I think that in the natural order of things the payment would attract them.

32,358. Why do you think the payment would be so much more advantageous and attractive than the present terms?—I do not think that it will be more attractive than the present terms, but if a medical service were set up, naturally the panel system would go by the board, and then I think the doctors would, in the main, be only too glad to accept service under the new conditions.

32,359. Those doctors who are there now, but why do you think others would be attracted into the profession? If a whole-time service were less acceptable to the profession than the existing system, why do you think young men would be attracted into the profession in the future, who are not attracted into it now?—I think not only that the terms would attract but probably the conditions of service would attract. From what I have heard from those who favour a medical service they have suggested that certainly the conditions of service of doctors under a properly organised State medical service would be far better than the conditions of service under the panel system. A doctor would not be required to work as hard as he has to work now in order to obtain his income, and he would not be liable to be called up at all times because arrangements would be made in the service for definitely relieving doctors at specified times.

32,360. You think that you could get the doctors to do more than they are now doing in the interests of the fund, and at the same time make it easier and more attractive for them than it is now?—I do not know that there is any suggestion that the doctors should be made to do more than they do now. The complaint is not so much that they do not work now, as that they do their work without feeling any sort of responsibility for what they are doing. Of course there are some panel doctors whose lists are very much greater than they can manage; but leaving those out of consideration, and taking the average panel doctor with an average list, the complaint is not so much that he does not do what is necessary for his patients, as that he does his work in such an utterly irresponsible way,

simply giving his patient what he needs in the way of a certificate and so on, without any regard to his responsibility to the society.

32,361. The point to which you attach chief importance is that we should get the doctor under conditions in which he would have that sense of responsibility?—There is another thing and that is, that I believe the doctors would have less work because they are not now for the most part treating real sickness. They are simply engaged in giving certificates for minor ailments. For instance, I was talking on Saturday morning to the secretary of a female lodge at Shrewsbury and I found that she had 24 members on the sick list to visit and pay that week. Out of those 24 members only 3 were ill enough to be confined to the house; the other 21 were simply receiving their sickness benefit, while suffering from some very minor ailment. The doctor seems to me to be giving up his time to furnishing certificates week by week to people who have no business to have them. His work would decrease, if he did not have to please his patients.

32,362. Do you think that it would be desirable that those minor ailments should go untreated?—No, but I think instead of people getting certificates, they should simply be told what to do to get rid of them. I am sure that most of us who suffer from them could manage to cure ourselves.

32,363. Some witnesses have told us that a great deal of the trouble has been due to inexperience on all sides, on the part of the doctors as well as of the societies, which must disappear as experience grows. Do you think that that is a very important point?—Not the slightest. Some of the most experienced doctors have been the worst sinners in giving certificates.

32,364. You mean some of those who have had the biggest experience of contract practice?—Yes.

32,365. On the question of incapacity for work, you agree that the words could not be understood as meaning that a patient must be absolutely incapable of working in order to be entitled to benefit?—That is so.

32,366. That means that there must be some interpretation of the words?—Yes.

32,367. You know that doctors have expressed from time to time difficulty in understanding what interpretation they should put upon them?—Yes.

32,368. Do you not think that that difficulty has helped to account for the trouble your secretaries have had to complain of?—Undoubtedly that has presented itself.

32,369. There has not been a clear understanding between the doctor, shall we say, on the one hand, and the society official on the other, as to the meaning of the term "incapacity for work" used by the doctor on the certificate?—I agree.

32,370. If an understanding can be brought about on that point, that must tend to relieve the difficulties you experience?—If an understanding could be brought about, it would help a very great deal. By that of course you mean if definite instructions could be given to the doctor as to what is to constitute incapacity for work.

32,371. I was trying to confine myself to the general proposition as to the effect, if it can be in some way brought about?—That would undoubtedly improve the position.

32,372. You think then that it might be brought about?—I am afraid I do not.

32,373. Then I gather your view to be that no kind of control can be set up short of putting the doctors under the condition of whole-time State salaried persons. Is that so, or is it only that you want them to be made more responsible?—No, it is not that. I cannot see anything short of a whole-time salaried medical service.

32,374. I was not sure whether you thought it would meet the point if you got the doctor under a greater sense of responsibility by some other method, or whether you thought nothing short of a whole-time salaried medical service would suffice?—I do not think that anything short of that will suffice.

32,375. You do not think that the degree of control and the sense of responsibility you want can be secured



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[Continued.]

in any other way?—I think not, because you must remember that with my desire for a greater realisation of the responsibility on the part of the doctors, I should at the same time, place more responsibility upon them, because I cannot bring myself to see that a layman is qualified to scrutinise a medical certificate.

32,376. But you do not suggest that the only way of avoiding the putting of that responsibility upon the layman is by setting up a whole-time salaried medical service, do you? Are there any other arrangements for checking certificates which could be adopted?—I would eliminate the words "whole-time," but would retain the word "salaried." You must have a salaried service, where the doctor is not dependent for his income upon the whims of the patient, and which is controlled by some central body such as the Commissioners, or by some local committee.

32,377. That helps us to understand what sort of service you would like. In the first place a doctor must be on a salary in regard to his insurance work?—Yes.

32,378. Is he to be allowed a private practice outside his insurance work?—I see no particular objection to that.

32,379. Then he would be free to carry on private practice among the families of his insured patients?—I see no particular objection to that at the moment.

32,380. It has been suggested to us by previous witnesses that so far as doctors may be improperly influenced by pecuniary motives, the fear of losing the family connection is quite as powerful as the fear of losing a new insured patient, if not more so?—I am afraid I was not following as closely as I should have been. You were rather leading me.

32,381. I did not wish to lead you at all, and I am sorry if I have done so. I want to get your exact view on the matter?—I must withdraw what I said just now, and say that the service must be a salaried service, and I think it must be a whole-time service too.

32,382. You think that it must be a whole-time service in order that there may be no private motives acting?—Yes.

32,383. The other part of what you desire is the control over the doctor?—Yes.

32,384. By control do you mean that the power of dismissal shall be vested in the authority, whatever it may be, whether local or central?—That is so.

32,385. So that if a doctor does not give satisfaction in the discharge of his duty, he would be liable to dismissal?—That is so.

32,386. Or lose all prospects of promotion or some other kind of disciplinary motive?—Yes, that the doctors should be a branch of the Civil Service.

32,387. Why do you think it is impossible to get the kind of influence brought to bear on doctors which would check the slack workers and stop the misdemeanours of the wrong-doers without putting them on the terms of whole-time salaried employment, and impossible to devise any kind of check on practitioners who are engaged in private practice?—I have not been able to think of any effective check that you could put upon them.

32,388. Has any been tried?—Medical referees have been tried—they may be considered as a check—in certain places.

32,389. Tried by whom?—By the insurance committee in the case of Bristol.

32,390. How long has that been in operation?—Not very long it is true.

32,391. Do you think such controls and checks as have been applied have had an opportunity yet to show their effect?—I do not know of any control that has been applied except the appointment of a medical

referee and except the medical service sub-committees of the insurance committees; and the evidence we have had of slackness on the part of the doctors shows that those checks have had very little effect.

32,392. Have been very little applied shall we say?—Have been very little applied, and are likely to be very little applied.

32,393. Why likely to be very little applied?—Because the evidence I gave yesterday shows that it is well-nigh impossible to get the members and officials of approved societies to give information about doctors when it comes to the point.

32,394. If the referees were appointed, as has been suggested here, as officials purely, not engaged in any kind of private practice, and if they had some kind of supervisory powers, not merely the power of considering cases referred to them, do you think that that would be of any assistance to the insurance committees, and that they would be better able to grapple with the difficulty?—No. I do not.

32,395. Is it your conclusion that if for any reason difficulties are found to stand in the way of the conversion of the existing panel system into a whole-time salaried medical service, you can see no chance of improvement in any direction in the medical service in the meantime?—Yes, I can see a chance of improvement; but there is a great difference between improvement and setting up a satisfactory system.

32,396. You think no satisfactory system is possible until you come to the day when you can turn all the doctors into civil servants?—The benefits of the National Insurance Act will never be properly administered until the sickness benefit and the medical benefit are administered by the same authority. And I do not see how that can possibly be brought about as long as doctors are appointed on the present system, and are bound to study the wishes and whims of the patients as they are at the present time.

32,397. Do you think that the two things are necessarily connected—the administration of the two benefits by the same authority and the employment of whole-time doctors; is it not possible to bring about either without the other?—It all depends on the doctors. Supposing you allow an insurance committee for instance to administer sickness benefit and medical benefit, that would still be useless so long as you have the doctors in their present irresponsible position. It would only be effective when the doctors became the servants of the insurance committees.

32,398. I did not quite understand why you thought it was necessary?—It seems to me very difficult to separate the two things. I think it would be impossible to have a State medical service and still have the sickness benefit administered by approved societies. I think that that would be about as unsatisfactory as the present system.

32,399. You think both those changes must be made?—Yes.

32,400. And you can see very little hope until people can see their way to bringing both those into effect; is that the substance of it?—I think that there would be a more or less unsuitable and unsatisfactory administration of the Act until those changes are brought about.

32,401. Those are your personal views; you are not putting them forward as the views of your society?—My society has never been consulted in the matter, as Mr. Warren said.

32,402. Your society is in favour of restoring the old system of the employment of doctors, I understand?—That is so.

32,403. Which you personally think would be impracticable?—I do not think it would be practicable now; and I do not think it is desirable.

The witness resumed his seat as a member of the Committee.



## FORTY-FIFTH DAY.

Wednesday, 25th March 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Dr. T. M. CARTER.  
Mr. WALTER DAVIES.  
Miss MARY MACARTHUR.  
Mr. WILLIAM MOSSES.  
Dr. LAURISTON SHAW.

Mr. A. H. WARREN.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.  
Mr. ALEXANDER GRAY (*Secretary*).

Dr. C. A. MARSH (*nominated by the British Medical Association*) examined.

32,404. (*Chairman*.) Are you a Doctor of Medicine in the University of London, a member of the Royal College of Surgeons, late clinical assistant in the Light Department of the London Hospital, formerly resident medical officer in St. Pancras Northern Dispensary, house surgeon and house physician at Poplar Hospital and assistant medical officer, Darenth Asylum?—Yes.

32,405. Now you are in practice at Bath, and on the panel there under the Insurance Act?—Yes.

32,406. You are one of the medical gentlemen deputed by the British Medical Association to offer evidence here?—Yes.

32,407-8. And I suppose you assisted in the preparation of the document which Dr. Cox has already laid before us, so that I need not occupy your time in going through all this document once again?—Just as you like.

32,409. How many insured people have you on your list?—About 2,000.

32,410. What sort of people are they?—I am in an industrial suburb of Bath, and the patients include every class from coalminer to domestic servant.

32,411. Have they coalmines at Bath?—Six miles out, and these people walk out. There are railway men, tram-men, engine-drivers, and, generally speaking, there is hardly a class which is not represented.

32,412. Are those coalminers within the Bath committee area?—Some of them.

32,413. Are you also on the panel for one of the counties?—Yes, for Somerset, but only nominally; I have only just a sprinkling of under 50.

32,414. Of your 2,000 patients, how many are men and how many are women?—At a very rough guess I should judge perhaps 1,300 men and 700 women.

32,415. What are the women mostly?—Domestic servants, factory girls, clerks, and charwomen. That includes most of them.

32,416. Which of them, the men or the women, take up more of your time?—The men, I should think.

32,417. Do you mean actually?—Yes.

32,418. Which would it be proportionately?—I do not think that I have found so much difference as some people have said. On the whole I should say that the women, but not the young women. It is amongst the charwomen mostly, I think, that the disproportion of age applies more as compared with the men.

32,419. Have you a good many maternity cases amongst insured persons?—No, very few.

32,420. How do you do your work? Have you surgery hours in the morning?—Yes, I have a surgery hour from 9 to 10, and another from 6.30 to 7.30.

32,421. Does that enable you to deal with all the work that comes along?—Quite comfortably. There is the same number of doctors and patients in Bath as before, and I do not think that my patients have decreased or increased since the Insurance Act came in, but my work has certainly increased.

32,422. Were all those persons patients of yours before?—I had a contract practice of 1,100 people, so

that the increase has not been so great as it was with some.

32,423. But it is nearly double if you compare 1,100 with 2,000?—But it is not like the case of people who did not take contract practice at all before. A considerable proportion of those who have come on were private patients before, so that the personnel of my practice, though it has changed, has not changed to such a very large extent. What has principally happened is that when I was medical officer for friendly societies, those who lived two miles or more away from me have gone to a doctor in the neighbourhood, and on the other hand those who live around me have come to me, so that on the whole the personnel has not altered very much.

32,424. But the work takes more time?—I see more patients, but I have rearranged my practice to a considerable extent to lighten my labours as much as possible. I have not found it desirable to have either an assistant or a partner, because there is considerable expense attached to that, and I have endeavoured to cut down my work other than professional work, as much as possible. I have engaged a clerk to deal as far as possible with the record cards, and to do as nearly as possible all the clerical work. When a patient first comes in and presents his card, my servant writes down his name, and so on, so that the only thing that I have to ask the patient is the age, and when I have finished, writing the diagnosis on the certificate, she puts the card back into the register. That is all the clerical work I do.

32,425. You write the certificate?—Yes, and the prescription; but so far as record cards go, I find them a great boon because, seeing a considerable number of people in the day, it reminds one not only of the name of the patient, but also what you are attending him for, and it saves the duplication of questions next time he comes. I found it infinitely better than the old day book. I was present at that conference where I think you called it "the floppy book," and nobody would uphold that book. It was a perfect nightmare. Since the index cards came in, I have found life much less burdensome. In fact, I do not consider that my work now, since I gave up dispensing, is any more than it was before, because I did all my own dispensing, and now I do it all through a chemist, private work as well.

32,426. Yet you see considerably more patients?—Yes.

32,427. Why is that?—Because there are so many more under the contract system, and they come a great deal more often than if they had to pay specially.

32,428. The people who came before as private patients and paid fees, now come free?—Yes, they come three times as often as they used to do.

32,429. How many people do you see at your surgery in the morning?—I put in during the year 1913 about 9,000 attendances. That is altogether, including visits. But the number of people at the surgery was altogether disproportionate to the number of visits. I pay neither more nor fewer visits than I used to, but



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the number of people at the surgery has increased enormously.

32,430. How many of the 9,000 people did you see at the surgery?—During a busy day in winter I would see as many as 50 people at stated hours, because I find so many more come on special days in the week owing to the society requiring a certificate to be signed on a certain day; Saturday, for instance, is an exceptionally busy day.

32,431. How do you manage to see 50 people in an hour?—I do not. That is all day. That includes two surgery hours, and people who come out of hours, which is frequently done, and visits at home.

32,432. I want to get at the number of people who come to your surgery in the course of the day?—In the morning, on a slack morning, the surgery hour will be from 9 to 10, but if there is anything long, like dressings, I get them to come earlier, say, 8.30, and I go on as long as is necessary, say, till 11.30. The time is extremely variable; it is sometimes one hour and sometimes over two hours. During the summer months, last year, there were some mornings when I was almost like one of the unemployed. Sometimes I did not see more than two or three people in the course of the hour; but on the other hand, during January, when there was a good deal of illness about, I saw as many as 25 people. Of course some of those only came to sign off the club, or to have a certificate signed, and did not take very long, but still on the busy days I did see about 25 in the morning and 25 in the evening, without the slightest difficulty.

32,433. Did they come unnecessarily?—That rather depends on one's interpretation of the term "unnecessarily." A considerable number come when I know perfectly well that I should not have gone to a doctor. People come to me with a cold, when there is absolutely no outward visible sign that they have a cold, when their temperature is normal, and everything else seems all right. Still they come and demand a bottle of medicine for a cold, and get it.

32,434. Do they demand a certificate?—Not as a rule.

32,435. They do not come because they like the taste of medicine?—No, I think it is simply habit. Last year, perhaps owing to not having complete records for twelve months, is not interesting, but this year I intend, if possible, to get out how many times some of them come on the record cards. There are four lines on each card for each quarter, one line for each separate illness. One puts down a name for each separate illness on each of those lines, and quite a considerable number of people this year already have had three separate illnesses.

32,436. What sort of illnesses?—Alleged illnesses sometimes, I should say. In some cases they have not laid up for them. The proportion of people who come to the surgery, compared with those who actually lie up, is very great. I was talking to a little meeting of some of the superintendents of the collecting societies in Bath the other day. One of them said to me: "I guarantee that most of my people who came to you last night were on the funds." I said: "I think not." He said that there was so much sickness that he thought that there must have been a great number. When I got home, I counted up. I had seen sixteen in the course of the evening, and only one of those was on the funds of his society.

32,437. That is not a normal proportion?—That was in the evening and not in the morning, because according to the rules of some of the societies a man is not allowed to be out in the evening, though in many instances they do not make any great effort to enforce it.

32,438. What sort of proportion of the people would you say are put on to sickness benefit?—Any opinion I may give will be the roughest guess, but I should say one to five.

32,439. You do not think that they come usually expecting a certificate?—The actual number who do is considerable, but the proportion is not considerable.

32,440. Is there a large proportion who ask for a certificate, and do not get it?—Not a large proportion. There are some undoubtedly. In fact at the end of

last year about twenty left my list. I received the list from the clerk to the insurance committee the other day, and I looked through it, and found that at least three quarters of those who had left were people whom I had declined to put on the panel, and they had simply gone to another doctor. Whether they will meet with a less stony-hearted doctor, or not, I do not know, but there is no doubt that that was the principal reason for the change.

32,441. Were they mostly men or women?—There were more men than women, but I think that the proportion was about the same.

32,442. From what sort of things did they say that they were suffering? Were they simulating symptoms or exaggerating a symptom?—I think that the exaggeration is the principal point. I cannot remember during the last six months a single case which I could consider to be a case of malingering pure and simple. It was almost always either exaggeration or else valetudinarianism. That is a considerable difficulty. You get a man, say, between 60 and 65. He looks upon it as a kind of old-age pension coming before its time. It is exceedingly difficult to get him off the funds.

32,443. Is that because you do not know for certain that he is not ill, and you cannot take the risk of refusing?—I know that he is not very brisk, but you cannot draw hard-and-fast lines in cases like that, and say that at 12.5 he is fit to return to work, but that at 12 he was not. The human machine is not cut and dry like that.

32,444. You are addressing your mind to that all the time?—Certainly. These people who are exaggerating their illnesses generally come in with a face as long as a fiddle. It gives one the blues to see them, and you like to get rid of them as soon as possible. It is no benefit to me to have them on the funds.

32,445. What proportion of your practice do the 2,000 people represent?—Considerably more than half.

32,446. I do not mean in the matter of numbers, but I mean in reference to the time?—During the surgery hours it is practically to the exclusion of all other patients.

32,447. Do you not receive the other people?—Yes, I receive them when they come, but they do not care about it; when they see too many, they prefer me to go to their houses. If they come to the door, and do not see too many they will come in, but there is not the slightest doubt that it is injurious to one's private practice to have these swarms in the surgery. But I counted on that beforehand, and do not mind it. One hears so much about people not being able to do the work that I should like to say that I have not the faintest difficulty. I can manage comfortably. I can get a motor drive in the afternoon, and I have not the slightest difficulty in doing it. I can understand that for a man between 60 and 70 it would not be so easy. He might not be able to do it, but I have always been used to hard work, and I never found the slightest difficulty in doing it.

32,448. In what clubs did you hold appointments before the Act came into force?—The Midland Railway, with 200; one lodge of the Shepherds, but only for about two years. I had the Midland Railway seven years.

32,449. How many Shepherds were there?—I really do not know. It is not a club I was very keen on. It was, as it were, going begging, and somebody had to do it. There was one lot of children at  $\frac{1}{4}$ d. per week, which I took under strong protest. I had one or two collecting societies. One was the Liverpool Victoria.

32,450. There was no medical benefit?—Yes, and life insurance, but no sickness insurance. Then there was one insurance, the London Manchester, which came to an end when the Insurance Act came in, and I had a large number of slate clubs.

31,451. They have all come to an end as far as medical benefit is concerned?—Yes. Perhaps I had 10 or 12, but they have practically all come to an end.

31,452. Had you any lodge of the Manchester Unity or Foresters?—No, they mostly went to the medical institute. Then there was the Wiltshire Workmen's Conservative Benefit Society which was one of my large ones.

32,453. How many were in that?—About 150.



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32,454. Did the people come freely?—Yes, but my statistics show that they did not come anything like so freely as under the Insurance Act.

32,455. I did not mean that. Did all the people who subscribed for benefit come?—They did not all, but the vast proportion did, because paying in to the doctor sometimes was optional; with some of them, like the Oddfellows, I believe it is compulsory, but the only compulsory ones were, I think, the Midland Railway and the Wiltshire Working Men. There were three medical officers, and they could go to the one whom they liked.

32,456. Had you any actual rows in the course of the year with the people who left your panel at the end of the year?—None at all. I was surprised when I looked through that list because the people with whom I had some friction, and who, I thought, would have left my list, have stuck on, and some of those with whom I have been friendly, and for whom I have done my best, left me. It was rather surprising.

32,457. Do you know what was the matter with these twenty people to whom you thought it your duty to refuse certificates?—In one case which I can call to mind, an insured person came to me and said that he was nervous, that he had nervous debility and felt run down—because these people generally supply their own diagnosis—and he prescribed himself a change. I generally break these things as gently as possible, and I say, “Try a little medicine first.” I gave him some medicine for a couple of months. Then he used to come in saying how very ill his fellow workmen said he looked. Eventually I gave him a certificate for fourteen days, because our local medical committee passed a resolution that when a doctor gives one of those change-of-air certificates, the time should be specified in every case.

32,458. Was there anything the matter with him?—It is a little difficult to say, in a case like that, that the man is absolutely well.

32,459. Is that quite the question, whether the man is absolutely well or not?—Whether he is well enough for work. One has to bear in mind the question of melancholia in cases like that. There is a saying that every melancholiac is a possible suicide. I had that brought home to me rather forcibly once or twice, because I have had several cases of suicide, and sometimes if a man says that things get on his nerves and that he feels run down, it is very difficult to gainsay that altogether, and the best thing one generally finds is to impose a good course of medicine to go on with. I had a considerable number of cases where I had to squeeze them off the fund, and I did squeeze them off in a considerable number of cases. I have been asked by approved societies to keep men on more often than I have been asked to take them off.

32,460. Since the Act came in?—Yes, especially by the collecting societies.

32,461. Who asked you?—The agents, not the superintendents. There is a very clear distinction between the superintendent of the approved society who is only too anxious to get people off the list, and the agent, who is an entirely different sort of person and lives among the people and is friendly with them, but has no interest whatever in the funds of the society; and if there is anything that tends towards a prolonged illness he does not try to shorten the period they are on the funds, because he makes his living out of the life insurance part of it, and he wants to keep in favour with them.

32,462. In these cases where the agents asked you to keep them on, how did they put it?—The agent does not put it like that.

32,463. How does he put it?—The agent brings in the paper and says “Will you sign that?”

32,464. Has that actually happened to you?—Many times. The agent brings in this continuation form which says, “I have this day examined so-and-so,” and says, “Will you sign it?”

32,465. When you have given an initial certificate?—Yes, the initial certificate is all right.

32,466. What do you do when he brings in the form?—It depends on whether I have recently seen the patient or not. A man, we will say, comes on

Monday, and I prescribe medicine. He has not got a certificate and in the ordinary course of events I would say, “Come again at the end of the week,” and he brings a certificate to sign.

32,467–8. It is the agent who brings it to you?—Sometimes the agent and sometimes a small child. More often a small child. There are several things which you can do. You could scratch out “this day,” you can date it back to the day before on which you have seen the man, or you can commit a mild form of perjury and sign for the day when you have not seen him. Of these three the agent asks you to commit the mild perjury.

32,469. Do you do it?—I do not as a rule. I will not say that I have never stretched a day; that is what it amounts to. If a patient is still on, it does not seem to me that it matters very much, suppose he is going to stay on another fortnight, whether you date it March 24th or March 25th.

32,470. Is it not a fact with regard to all those transactions that you can say that in one particular case it does not matter very much, but when you add the whole thing together, it does matter very much?—It does if it causes any extra days.

32,471. It is very difficult in any particular case to say that owing to the fact that this thing was untrue given, an extra day was allowed. Is that quite the point? If one stops to ask oneself, “Will it do no harm if I write a thing which is not quite true,” one would never get on?—I could not admit that. I realise that if I applied that to the final certificates, it would, but I do not see that it does in this case, because many of the old friendly societies do not trouble much about these certificates; they have, which is a much better plan, a continuation sheet, on which they simply put in the name or initials, but it is the collecting societies, which have a separate document for every week, that are the trouble. There is a very great disproportion on Saturday morning, because most of the collecting societies deliver the paper on Friday night, intending the people to come to the doctor next morning, whether you have seen the patient the day before or not, and this puts tremendous extra pressure on the doctor.

32,472. It may be very unreasonable that the doctors should be asked to see all the patients on Friday or Saturday, according to the habit of the area, but is that any reason for saying, “I have this day examined” when you have not?—No, but it does not rise, because they come.

32,473. But you say you have examined him, when you have not examined him. I do not quite know why you object to this form of certificate. It is clear and definite?—It is perfectly all right: “I examined him to-day.”

32,474. Is not that the very point which makes it so useful?—Not for the continuation. I admit it entirely for the beginning and final certificate. I think it most desirable that no one should sign a man on or off without seeing him, but not with regard to the continuation certificate.

32,475. Why not?—Because it makes unnecessary extra labour.

32,476. What extra labour?—Seeing him on a separate occasion.

32,477. It may be very unreasonable to require this day always to be Friday or Saturday. But suppose that that habit were dropped so that there was a sort of range between Thursday and Monday or something of that kind; just apply your mind to the certificate itself, and not to the fact that it causes people to come on a particular day. Surely it is an advantage to have an actual record of the actual day?—You have, because there is a date on it.

32,478. If you certify that so-and-so is incapable on a certain date, what do you mean by that?—It means that I am responsible for that day.

32,479. What day?—The day I sign it.

32,480. You are aware of the allegations that doctors have signed several days and sometimes weeks after they had seen a man?—If we know that he is still incapable of work.

32,481. How can you know it?—If you have seen him afterwards and you know that he was still unfit,



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then it seems to me absolutely immaterial what date you put in between, when the man could not have recovered and become ill again in the course of a week.

32,482. Look at the man at the other end. He is sitting down at his wicket to pay out. He must pay out on an exact document. He cannot pay it on a vague statement; he is bound to rely on the doctor?—Yes.

32,483. This document which he gets, I would not say is a cheque drawn on the funds of the society, but it is very strong *prima facie* evidence which requires to be displaced, if it is not to be acted on?—Yes.

32,484. Is it not reasonable that the man paying out should ask that this should be as exact as possible?—Yes.

32,485. He is dealing with his superior officers, and the interests of the superior officers and the interests of the inferior officers are not always the same?—An absolute remedy for that is, give the certificate to the patient, and get the doctor to sign it the next time he goes to him, but do not force him to go. Would not that meet the case? We will say that the doctor sees him on Friday and sees him again on Monday. Why should the doctor see him on Saturday when he is about to see him again on Monday, and why does not the approved society take the Monday certificate?

32,486. I should think that that might well meet the case as long as it was understood that doctors were willing to sign the certificate, "I have this day examined," and really did examine on that day?—I think that that would meet the case, and not only so, but the superintendent of the — who has about 6,000 persons in Bath, says that their particular society will take it within three days. If all societies did that, it would be absolutely reasonable, but they will not all do that, and although the superintendent of the — tells me that he will take it in three days, unfortunately that does not apply to his agents because he has upwards of a hundred agents in Bath, and it is to the convenience of these agents to have it handed in on Saturday. The agent leaves it on Friday night and says, "Take it to the doctor to-morrow morning."

32,487. That we shall have always under any system?—Yes. If the doctor says, "Come again on Monday, and have it signed," then the agent comes on the Friday morning and leaves this paper, and as soon as they get it—this was especially the case when the Act came in—the agent always says, "Take this paper to the doctor and have it signed." When the insured person gets it, he thinks that he is going to get his money at once, he grabs the paper and runs to the doctor. The doctor perhaps is at his lunch and he is called out to see this man who says, "The insurance man says this must be signed at once." I have had that happen on many occasions.

32,488. Suppose the certificates issued from the doctor's surgery, instead of the society supplying the certificate, and we had a uniform form which ran all over the country, would that meet your point?—I am not keen on its coming from the doctor's surgery, as it means more documents for us to prepare. My trouble with the certificates is infinitely less than it was before that conference. That conference about the certificates was a tremendous benefit, because instead of the very complicated document that we used to get, we get a very considerable proportion of them now that are all right. There are just one or two, which are referred to in this outline of evidence, which are objectionable, but they are exceptions. The certificates themselves are satisfactory to us. It is rather the use of them that we object to. Take, for instance, the —. It issued a most appalling document in the first instance. The doctor had to fill up the name and address of the agent. There was a little blue paper of twelve or fifteen lines which included the name and address of the agent, and which had to be filled up if the doctor carried out instructions. Since that conference, the — issued one which I consider is the best one of the lot, in which the doctor has got nothing to do but put in his initials and, if they would all take that, there would not be much difficulty. What I do

not understand is why some societies find it necessary to have it signed on a certain day, and others do not.

32,489. The accounting arrangements of the societies are necessarily different; it is not mere caprice. There are essential differences obviously between different types of societies according to their organisation. Their organisation is forced upon them by circumstances. It is clear that societies like the Prudential and the Manchester Unity must necessarily operate differently?—There are differences amongst similar societies, like the Prudential and the National Amalgamated.

32,490. It may be that neither will ever arrive at the ideal, but what you are doing is trying to press for uniformity?—I do not like making too much of it, because the improvement has been so immense since that conference. The certificates themselves are above criticism except one or two. The Hearts of Oak still has the same certificate as before; it is a little complicated, but owing to having used it so much, I personally do not object to it.

32,491. I want to impress upon you in turn the sanctity of the certificate?—I have been practising with friendly societies for twelve years, and I do not find it any hardship to observe the sanctity of these certificates; I am with you entirely.

32,492. What I mean is that when you say "I have this day examined," you should really examine that day?—Yes.

32,493. By examination, I mean whatever examination is appropriate to the case of the patient?—As long as I have seen the patient.

32,494. Not if he merely walks past your table?—I should be quite willing to undertake not to sign any certificate, unless I had seen him that day.

32,495. And done whatever is really necessary to ascertain whether he was really ill or not?—Yes, I admit that entirely. May I ask you whether it would be justifiable, supposing the man came with this certificate on Tuesday to say I have this day examined him, for me to say that I had only given this man's diagnosis on the previous day; might I sign it stating that I had seen him yesterday?

32,496. This is an arrangement which is primarily intended to cure people of the disease from which they are suffering, and to prevent them suffering from other diseases. Then there are the means by which that is done. The first means necessarily is the doctor, and besides that there is the financial side which is essential to the doctor?—Yes.

32,497. It is in a sense a sort of bank which has got to pay out on the faith of written documents?—Yes.

32,498. And a bank which is paying out very small sums which can only be supervised with great difficulty, so that it must have every protection against fraud, and must depend upon the professional gentlemen's absolute accuracy, not only in their diagnosis, but also in their handling of all details; and this must be done if the thing is going to work at all?—There is only one answer to that. That answer is, yes.

32,499. Does not that dispose of it? I can quite understand that agents for their own sake in certain cases may want the truth twisted a little, but it seems to me that this is the kind of business in which if you once start making accommodation with the truth, we should never get finished?—I should agree with you entirely that the observance of the truth must be a fundamental principle. The only difficulty is that the first people who ask us to violate the truth are the agents.

32,500. If they do that, do you not think that you had better communicate with their superiors? It is not that the act in itself is not a thing for which you could not put up a very plausible defence that you acted in perfect innocence and perfect good faith on all sides; but it seems to me that you are a long way off from the societies, as many doctors are?—I am on the telephone, unfortunately.

32,501. I do not mean that. I mean that you are not in such close relationship with them as you were before with the old clubs?—No, I think that that is so,



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although there has not been so much difference with me as with some others.

32,502. You have probably a much closer relationship than many others?—I think that that is probably so.

32,503. Having regard to all your knowledge, it does not affect you to the same extent, but other people are not like you, and they do not know the societies to the same extent?—If you ask me the question, ought we to deviate from the truth, there is absolutely only one answer.

32,504. What I am trying to suggest to you was no mere question of abstract truth, but that, in financial matters of this sort, an exact and even pedantic adherence to the truth is necessary if things are going to work. Everybody would admit that in all sorts of other things you may have to tell lies sometimes?—I would not admit that.

32,505. Even the best of men are often put in a situation in which they have to make the best of an unfortunate position. But this is a simple every-day matter of routine, and do you think that, if in routine matters you get to playing about with the truth, you are doing harm?—I do not think that I could admit that we do play about with the truth.

32,506. I do not think that you do from what you said. Have you had any difficulty about putting down on the certificate what was the matter with the man?—Very little. I believe that the importance of that subject has been enormously exaggerated.

32,507. So I should think. What difficulties have you found?—I was trying to think of a single case before the Act came into force where it has been on the face of it necessary to gloss over the truth, and I cannot think of a single case. No certificate that a doctor ever gives could possibly give what might be termed the whole truth. That is to say, to do that it would be necessary to give a clinical description, occupying perhaps a page of foolscap.

32,508. Nobody is asking that. What is asked for is the nearest approximation that is at hand?—I never had any difficulty.

32,509. It should really be the nearest approximation, and not something which is intended to look as if it meant something else?—No, that I should say would be deliberate fraud. If you mean to convey a false idea of the patient's illness, that is fraud.

32,510. What would you do in a case of which we have been told many times, where it is supposed to be dangerous to the patient himself to know what is the matter with him. Would you put in some Latin name?—I generally find it desirable to put in the Latin name. It conduces to the patient's mental comfort. It certainly is to the satisfaction of the patient; a man hates to be told that he is suffering from indigestion.

32,511. I did not mean that, but we are told that there are some diseases, and if people knew that they were suffering from them their condition would be aggravated by the knowledge?—I can easily conceive of them.

32,512. They do not come your way?—I cannot remember a single case during the last twelve months in which I have thought it the least bit necessary to dissimulate.

32,513. We are told that there are some forms of heart disease in which it is desirable that the patient should not be informed exactly what is the matter with him. What would you do in a case like that?—That is a larger question. Many people do not in the least mind knowing that they have a weak heart. Many of them are not satisfied unless they are told that they have a weak heart; it is a rather fashionable complaint, but if you tell them that they have heart disease that is an entirely different matter, and they will probably jump to the conclusion that they are done for, whereas they may be capable of many years' work.

32,514. In a case of that kind you would not write down heart disease?—I would write down *morbus cordis*; they would not mind that.

32,515. What about phthisical patients?—I have had dozens of times during the last twelve months to

watch cases, because in many instances it is quite impossible to make a diagnosis in the first instance.

32,516. It is quite clear that there must be cases in which you cannot know in the first instance, but suppose, notwithstanding the fact that the diagnosis is not clear, that the patient is not well enough to work?—I think that it is desirable in many cases to avoid putting in phthisis where it is not absolutely certain. What I have to do then is to use the objectionable word "debility."

32,517. I was talking about those cases in which you were reasonably sure of what was the matter, and not in cases of which you were uncertain. What about cancer cases?—There is not so much difficulty about cancer, because you can always call it tumour and suppose there is a later diagnosis, tumour can be modified if necessary.

32,518. There you are talking again about what is uncertain, but I am referring to a certain thing?—In cases like that you generally call it by a little longer name, such as carcinoma or sarcoma.

32,519. Do you not think that it will not be very long before people will know what you mean?—They have to know eventually, and I generally find that a good way of letting them down gradually; when one has to tell an unpleasant truth, I think that that is the best way to do it.

32,520. You do not think, therefore, that putting untrue things on the certificate with the view of concealing the thing from the patient is a serious question. It is not likely to happen much?—No. I believe that the importance of that is enormously exaggerated; that would have very slight, if any, effects on the funds of the society; the cases would be exceedingly few, if any. Among all the people whom I have had during the last twelve months, the number would be infinitesimal, if there are any at all. But I may say that during twelve years' experience of friendly society work, I have had cases in which one has had to exercise the greatest caution in giving certificates. I was thinking of a case which occurred when I first took the Midland Railway Friendly Society work. I was not used to railway work at that time. A man came to me with a comparatively minor ailment. He was a little sick and bilious, and said that he was feeling dizzy in the head. It was difficult to call it any definite complaint. On the certificate I put the most prominent symptom, which was vertigo. The man was well in three days, and it was two months before the company would let him go back to work. He was on the railway, and they sent him to the company's officer in Bristol, and finally to the company's officer in Derby, before they would let him go back to work. This man was naturally on the funds of the society while out of work owing to the mistake on my part of not being more careful as to what I said on the certificate. What I said was perfectly correct. The real reason why he could not work for those three days was vertigo, but I should have been wise to dissimulate a little in that case, because the man was absolutely well in three days. If I had called that, say, gastric catarrh, the company would have been perfectly satisfied to allow the man to go back to work.

32,521. Supposing that a man is suffering from liability to tumble down, which is really what this disease means?—If it was a dizziness in the head due to brain disease, it would be a totally different thing.

32,522. Do not mind what it is due to, the actual condition was that there was a man off work, who was liable to tumble down?—There was not the slightest danger in allowing him to go back to work.

32,523. May I not put it this way, that really the mistake you made was not in not dissimulating, but in not using the most appropriate term which you could have used, and using something which conveyed a false impression?—The reason I mentioned the case was because it showed that one had to take into account other things rather than the actual claim, which one has most in mind.

32,524. You were trying to convey an idea to the man who had to read the certificate?—Yes, that the man was not fit for work.



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32,525. And what you conveyed was not what you meant to convey. You did not mean to convey that he was not going to be fit for work for two months?—I think that I gave the right diagnosis, only I did not know that the other party was going to exaggerate it so much.

32,526. You were talking to people like myself who do not know. You want to use the expression which will most accurately convey to his mind what he really wants to know, so there is nothing between us. If you had used the expression that would most accurately convey that idea to his mind, you would have said gastric catarrh?—Yes, but that would have changed my diagnosis.

32,527. That is the whole point. What you are writing down on the certificate is not notes which the medical man is making for himself, but the idea which he wants to convey to other men?—That is the only thing I ever claim I want to do on a certificate. I never claim the right to deceive the approved society.

32,528. I understand that you only regard "debility" as a justifiable thing to write on the certificate temporarily?—Yes, temporarily.

32,529. What about venereal diseases?—Since the Act came into force I have not had a case in which a man has ever wanted to claim sickness pay, and therefore, in my practice, the question has not arisen.

32,530. Do you know why he did not want to claim?—Because they know perfectly well that it does not entitle them to sickness benefit. Not only that, but they have not yet quite got used to the fact that they can get medical treatment free.

32,531. They were ruled out under the old rules?—Under the old rules they used to pay for it, and some still prefer to pay for it. I have had cases of people coming to me to be treated for venereal disease, when they are on the panel of another doctor.

32,532. What about women?—The case has not arisen with me during the last twelve months of any insured woman getting it. I have had one or two cases of dependants of insured persons, but not of insured persons themselves.

32,533. Are there any medical referees working in Bath?—There was one for two quarters, but he is not one at present.

32,534. Who was he working for?—For the insurance committee.

32,535. Do you mean that they tried him for two quarters, and then got rid of him?—It was the second quarter. Then his functions lapsed for three months, and afterwards he was taken up again. Anyway, he was working for two quarters during the year. There was some doubt as to where his remuneration should come from. It was actually paid out of the administration expenses, but he was not continued, because in Bath the administration expenses are not sufficient to meet the cost.

32,536. What kind of person was he?—He was a practitioner, but not a panel practitioner, and assistant physician on the staff of the hospital.

32,537. Doing general practice in Bath?—Yes.

32,538. How was he appointed?—After considerable negotiations the local medical committee came to an agreement by which the Bath Insurance Committee should choose him and by which it should submit a short list. The panel committee did not exist then. After considerable negotiation, we, the local panel committee, submitted a list of three.

32,539. All in practice in Bath?—All in practice in Bath, and all of whom would be agreeable to the panel practitioners as referees to whom they could refer their cases. The Bath Insurance Committee chose one of those three. He was perfectly agreeable to us, but I am sorry to say that the approved societies did not accept his decisions.

32,540. And so the thing dropped through?—Especially the ——. If the decision were against them, they did not take it. If it were given in their favour, they did.

32,541. How many of your people were sent?—There was only one, apart from a doubtful compensation case which somehow got to him, and in that case I was upheld.

32,542. Was that a case where you had taken him off or put him on?—I was continuing him on. There were none, as far as I know, sent by the doctors. It is rather curious, and I do not know why. The number sent by the societies was not very great. During the first quarter he only had one case.

32,543. How was he paid?—Ten guineas per quarter.

32,544. He did very well the first quarter then?—He made up for it in the last. When the societies found that they could do so, they sent them in shoals, especially if the practitioner had got the reputation, whether justified or not, of being a little slack.

32,545. Were the doctors satisfied with what he did?—Yes, but I must say that most of his decisions were in favour of the doctors, though not very suitable cases were sent to him. I had one or two cases in which I should have been rather glad of his opinion, but there were some ridiculous cases sent to him. There was a case of tuberculous laryngitis sent to him. How could you expect him to put such a case as that off?

32,546. How did the appointment come to an end?—It simply came to an end because the Bath Insurance Committee could not go on paying his fees, as the administration fund did not admit of it, and as at present there is no other fund.

32,547-8. Was there a difference of opinion between the society representatives and the other people?—There has not been since I have been on the committee. There was a difference of opinion as to how a referee should be provided in the future. There was a suggestion that the approved societies should combine and employ and pay one, but they have not been able to agree on the method. The same referee was approached by the chairman and the clerk of the Bath Insurance Committee as to whether he would be willing to continue, and he declined in no uncertain terms owing to the fact that no account was taken of his decisions. The question of a referee in Bath has not been gone into so thoroughly as it has, for instance, in Bristol.

32,549. Would you like a referee?—Undoubtedly. I should be delighted with one.

32,550. Why do you want him?—Simply because, in a doubtful case, where I was just making up my mind whether to push a man off or not, I could send him to the referee and allow him to take some of the responsibility. He was only in office six months out of fifteen, and these cases did not happen to crop up.

32,551. The other doctors did not refer many to him?—No, they had sufficient confidence in their own opinion, and they did not think it necessary.

32,552. It does not look as if they wanted him?—Oh, yes, I think cases would arise with the doctors as with the societies. The societies did not make any use of him in the first quarter, but they did in the second, and I think that it would be the same with the doctors.

32,553. Supposing there was a referee, would you prefer a gentleman like Dr. Walsh in that position, or a salaried man?—On the whole, I should think a salaried man.

32,554. Why?—I do not say that there is anything the matter with Dr. Walsh.

32,555. No, I am not discussing Dr. Walsh personally?—I think that an entire outsider, especially someone not practising in the town, would be more likely to bring to bear an unbiassed judgment on the cases referred to him, but I do not think that there would be enough cases in Bath to keep a man going all the time.

32,556. You mean that he might do both Bath and Bristol?—Yes.

32,557. That is what you would prefer—a whole-time salaried man?—Yes.

32,558. By whom would you like him appointed?—Either by the insurance committee or the Commissioners, preferably by the Commissioners, but not by the friendly societies, because then he would simply be an official to get the people off the fund.



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32,559. Why preferably by the Commission as against the committee?—Because then his appointment would be more entirely unbiassed.

32,560. Who do you think would pay him, and out of what fund would he be paid?—I could not enter into the financial aspect of the question.

32,561. It is rather an important point, is it not?—Yes, if every little insurance area like Bath is to have a separate referee, it would be important, but I should judge that it would not be necessary. I should think that a whole-time salaried officer could manage Bristol, Somerset, and Bath.

32,562. Even that would mean a good many for the whole kingdom?—Yes.

32,563. It would be an expensive job?—Yes. I do not know who pays the other referee. We have a referee for compensation cases, and he gets 10 guineas a case in Bath. He is paid from some official source, but I do not know who pays him.

32,564. This is a case of a man appointed partly to assist the doctors?—We do not advocate the appointment of a referee, we are getting on very comfortably. It is the other people who want him, not us.

32,565. I thought that you said a little while ago that you would be delighted to have one?—Yes, he would be useful to us, but we should not move to have one. It seems to me that the people who are agitating in the matter —

32,566. I do not know that anybody has agitated on the subject. Whom would he assist when he was appointed?—The approved societies perhaps to the extent of 90 per cent.

32,567. Have you looked at the Bristol figures?—I have never studied them. I was surprised to see that the doctors had referred as many cases as the approved societies in Bristol.

32,568. Do you not think that if you had a man on the spot you would probably refer as many cases as the societies?—I do not think so; that has been far from our experience in Bath.

32,569. It is very curious to see how different your experience is from that of Bristol?—Yes. Just as my experience on the county of Somerset is so extremely small that anything connected with it is valueless, so I should think that the experience in Bath is not sufficient to form any opinion. We have not had one all the time that Bristol has.

32,570. The amount of money that is going at present to the medical service is supposed to provide medical treatment to the insured people and certificates?—Yes.

32,571. Is not this a part of certification?—No. I think that if you brought that in you would have to bring in many other things. You would have to bring in all the machinery relating to the certificates.

32,572. When the Government came forward and found a certain sum of money for medical benefit, do you not suppose that they thought that they had done all that was necessary to get a service, not a perfect service, not a service with all the adornments which might possibly be added to it, but at any rate a service which was going to treat people, and, consequently, be able reasonably to certify?—The Government recognised that there would be administrative expenses, and they provided an administration fund, and, preferably, I should suggest that it came out of the administration fund, from where it has come, I believe, in a number of cases. Is not that so at Bristol?

32,573. I suggest, without prejudice, that the Bristol doctors are themselves contributing now?—I believe that they are contributing now, but they did not during last year.

32,574. It is not, technically speaking, a proper charge on the administration fund?—We might not object, but I should not like to speak definitely without consulting my colleagues.

32,575. I do not ask you to pledge yourself. I was only wondering how the idea struck you. You cannot possibly give an opinion binding on anybody?—I do not think that I should object personally, but I do not think that I should be prepared to say, even as my own opinion, that we should be prepared to find one-

third. It is a new idea to me. I always assumed that it would come out of the administration fund.

32,576. Do you not think that, inasmuch as part of it is a substantial assistance to the doctor, panel doctors might give some contribution to this person who is going to render them substantial help?—I think that the profession would be a little chary of the suggestion of any deductions. We hold our 6s. 6d. or 7s. a little sacred, and, if you begin to make little deductions, 1d. a year every insured person for panel fund,—

32,577. Those are all for your own benefit. Nobody asks for them but you?—We did not ask for the deductions.

32,578. Who is "we"?—The medical profession. We did not ask for the panel committee for instance, but under the amending Act, provision is made for us to pay the expenses of it.

32,579. If you want them; you need not, if you do not?—The expenses have got to be met in some way, and there is nobody else to pay.

32,580. You need not have any expenses?—I suppose we must have some, if it is only to send a postcard.

32,581. Is there anything that you would like to add?—I did just draft a list of what I considered to be the chief causes of the excessive sickness in my own practice, but I rather understand that many of them have been covered. For instance, I find that I attend a very considerable number more of old people—I mean, as far as workers go; people in the region of 60—than I did, and therefore I should expect more invalidity on their part than before. The increase has been considerable, but whether it has been more or not than was estimated for under the Act, I do not know. Putting approximately in their order of merit the chief causes of excessive sickness claims, I should put first slack sick visiting, or absence of sick visiting. That point about the older lives is more an actuarial one, on which I cannot give an opinion, but I can give an opinion on this question of sick visiting, because it is one with which I have been mixed up all my life. Under the old system most of the societies had quite an excellent system of sick visiting. Everyone who is on the fund was visited by a representative of the society who used to go, not in the form of a detective or anything of that sort, but simply as a friend to see that they had got what they wanted, and to give them their sick pay. That is not the case in the newer societies. Sick visiting is conspicuous by its absence—in the case of the collecting societies particularly. The only sick visiting done is by the agent. He brings in the paper, say on the Friday, and says, "Take it to the doctor to-morrow, and I will come along at the same time next Friday." Meantime, the person on the fund knows absolutely that he will receive no visit from the society, and that he may do what he likes. Under the friendly society system he was liable to be visited at any time. He was liable to be called upon if he was out. Now, even if the agent of the society does find him out, he does not like to say anything because the man has a life policy, and if he makes any fuss he will lose that. I have had considerable conversation with some of the superintendents on this particular point, and they consider that their agents do do the sick visiting, but I should like to point out the difference between the superintendent and the agent whose interests are conflicting. The sick visiting is practically absent in many of the newer societies, and in the older societies it is done less efficiently than it used to be done. They have been swamped by new members, and they have not increased their number of sick visitors in proportion. If there was systematic visitation of every person on the fund, they would get to look upon it as a matter of course that they would receive a visit. I believe that things would be tightened up very considerably. In the order of importance I put that easily first. The remedy, of course, is systematic sick visiting of every person on the fund. After sick visiting I should put, as the second in importance in my own practice, the sweeping in of everybody. I know you will say again that the



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actuaries have allowed for that, but I maintain that they did not allow as much as they ought to have done.

32,582. How do you know that?—I should gather at least that they put somewhat more reliance on the filling up of these forms than we do who see them in everyday practice.

32,583. You do not think that the actuaries made up their valuation for the purposes of this Act in that fashion?—No, but they did not rely on all these damaged lives coming in. I have had innumerable such cases. A person has heart disease, and I am perhaps attending him, but he declares that he knows nothing about the matter, and he comes in as a first-class life.

32,584. That was not the way the thing was done at all. The actuaries took the sickness experience of the Manchester Unity as a basis. They weighted it, they cut bits off here and added bits there, and, if you look at the document describing the result, you will find that what they estimated for was a society composed of the average population, as they supposed it to be?—Then why did they ask all these questions?

32,585. The actuaries did not ask any questions at all?—The friendly societies did. They must have all these questions answered satisfactorily, and, consequently, they get them answered satisfactorily.

32,586. The actuaries took the Manchester Unity's experience and said, "Now we have got to deal with the 'whole of the population, and therefore we will add so 'much'?"—They had no experience before the Act came in, because before the Act every man had to pass an examination.

32,587. They had experience of all sorts of trades, some insured trades, and some uninsured. I am trying to disabuse your mind of the idea that they went through a series of forms and came to a conclusion as to what the expectation would be. You might dismiss that from your mind; it really has nothing to do with it?—I must leave it at that.

32,588. The question of the women is another matter, but, so far as the men are concerned, you have not quite apprehended the way in which the thing was done. You read their report, and see what they say?—I have not done that, but, as I say, it is only an impression, and I may be entirely wrong. I do not therefore press it, but I do press the question of sick visiting, because I feel entitled to speak on that. I have had many years' experience of it. I should like also to refer to the idea that the pay is drawn from the State. A considerable proportion of the men on my list are members of slate clubs. A man will come to me and say, "I want to go on the fund for State pay, but 'not on the fund of my slate club.'" It is a daily occurrence. They say that as long as they only draw the money from the State they do not mind, but they do not care about taking the money of the slate club the benefits of which they share with their neighbours and their fellow work-people. I refer to that as an absence of feeling of responsibility owing to the fact that the sick pay is drawn from the State. That applies more to the new members than to the old members. I should suggest as a remedy for that the dissemination of information.

32,589. What sort of information?—To try and get back to some extent the family feeling. A man who was a member of the Oddfellows or Foresters had a sort of family feeling in the club. He attended the club meetings, and so on, and felt an individual responsibility. At the present moment he feels precious little, because he thinks that it all comes from the State.

32,590. How do you suggest that they should be taught otherwise?—It could only be done through the societies informing their own members. It is a question of giving them the information that every claim is a drain on the funds of their own society, and does not come direct from the State.

32,591. Do you think that the doctors could educate them in that respect?—I do not know that the doctors have ever felt called upon to do so.

32,592. You seem to?—Because I have been mixed up with friendly societies all my life.

32,593-4. Is not that half the remedy? Has not one got to get into the minds of the remainder of the profession the same kind of knowledge that you have of friendly society methods and the same way of looking at things?—I think that the information wants disseminating among the doctors as well as the members.

32,595-6. How would you do it?—I should say "Send them a circular" if I thought that it would be studied, but I am afraid that it would not. You should disseminate it in any way possible among the doctors and the insured persons. The only other point I should volunteer would be the question of over-insurance. I attach a certain amount of importance to that, but not more than before the Act came into force. I have known some cases in which people have been enormously over-insured. There is a case I quoted in getting up my answers in which a man while at work earned 23s. per week and when ill had 50s. per week. He was in five clubs for 10s. per week each. If the doctor did his duty he would sign him off at the psychological moment. I am perfectly certain, however, that there would be a tendency to put it off a little later, if he were in five clubs. Therefore, I suggest that the Bill, as originally drafted, providing against over-insurance, was preferable. Of course, there is no provision against over-insurance. A man can be in as many as he likes. I think that that is an evil to some extent. It so happens that I have come across more cases than other practitioners. I have come across cases in which it has been an evil, and it is certainly one which the societies ought to look into. It would be quite easy for the society not to allow over-insurance in just the same way that a child is not allowed by law to be over-insured.

32,597. (*Dr. Shaw.*) With regard to your experience of a referee, you say that the societies were not altogether satisfied with the decisions he gave?—No, they were not when the decision was against them.

32,598. Do you think that there might be some suspicion in their mind that he would be likely to be too friendly with the doctors?—Not the slightest, because their representatives formulated the scheme under which he was appointed.

32,599. As a matter of fact, he was a consultant, did you not say? He was an assistant physician at your hospital?—Yes, as far as there are any consulting physicians in Bath, I suppose he was one. They all do general practice as well.

32,600. He would be the sort of man who would be called in to help in a doubtful case?—He would be.

32,601. Therefore, his relations with the practitioners on the panel should be cordial?—Yes.

32,602. Would you see any disadvantage in a referee acting as a consultant? Is that one of the reasons why you think, on the whole, that it is desirable that he should be a whole-time man?—I do not think that there is any great objection to his acting as a consultant, as long as he is not on the panel.

32,603. Do you not think it very important that his decisions should be accepted absolutely without question by all parties?—Yes.

32,604. Is it not likely, as a matter of fact, if he is known to be associated with a panel practitioner as a consultant, that the approved society might think that, he would be a little biased?—Yes, I think that there is a little in that, and that is why, on the whole, I said that I should prefer a whole-time officer appointed by the Commissioners.

32,605. Do you think that if such an officer were appointed, it would be reasonable that he should also act as a consultant?—No, I should not think so, if he was a whole-time officer appointed by the Commissioners. I should say that in that case he should devote his whole time to his duties.

32,606. I was wondering whether his duties might not be combined with his acting as a consultant. Do you see any objection to that? I mean that this referee should not only come and give you assistance as to whether or not the patient is incapable of work, but that he should also give you assistance in making



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a diagnosis and in determining the treatment?—I should object to that strongly. I consider myself quite capable of making a diagnosis and prescribing treatment, and, if any consultation were required, there are plenty of senior men in the town who are only too ready and willing to give their help.

32,607. And from whom you think, on the whole, that you would be more likely to obtain valuable assistance than from such a whole-time officer?—Yes.

32,608. With regard to the relationship of the panel practitioner to the referee, and the work they do, would you feel it better that in difficult cases the medical attendant and the referee should be brought in conference in some way?—I should suggest that the practitioner should have the option of making it a consultation and of being present.

32,609. You think that in a difficult case justice to the men and to the society would be more likely to be done if the two brains worked together?—Yes, if they consulted, certainly.

32,610. So that if these referees were appointed, it is quite likely that instead of taking away work from the doctor, there might be some additional work put upon the doctor?—There might be some additional work, but I should say that it would be more than counterbalanced by the help that it would bring to the doctor.

32,611. As far as his responsibility goes it would be a great solatium to the doctor. He would be saved from doing an injustice to the member?—I said that the doctor ought to have an option of being present, but he need not exercise it. Some of the cases sent to the referee were so obvious that it was a sheer waste of time for the doctor to attend. I mentioned the case of laryngitis.

32,612. You have spoken of over-insurance as being as marked a difficulty before National Insurance as since?—Yes.

32,613. As a matter of fact, a great many of your patients now have 10s. more sick pay than they had before?—Yes, I expect that that would apply to a number, but I cannot say what proportion.

32,614. Have you in your experience in the past found a person insured for a small sum unwilling to go on the sick fund, because the sick pay was not sufficient to feed his children?—Yes, and I find it now, because a large number are only in the one society, and a man cannot keep a wife and children on 10s. per week.

32,615. Do you often have difficulty in getting people to take insurance pay?—I cannot say that this applies often, but it does happen.

32,616. You would imagine that such difficulties as there might be in a man taking sickness benefit because he could not keep his wife and children on the money, would be lessened by his having 10s. per week more?—Yes, but by over-insurance I mean when he has more than he earns when at work. I have no objection to a man having the same sick pay as he earns, but I do object to a man having double the amount he earns.

32,617. You think it perfectly reasonable that a man should be insured at least up to the amount of his wages?—That is the position I take.

32,618. You would not take the point that he ought to be insured for more than his wages?—I take the point that he ought not. There ought to be a maximum, and the man should not be able to insure for more than he earns when at work. I took that view long before the Act came into force, as the result of my experience of contract practice.

32,619. You have no sympathy with the view of some of the big societies before the Act came into force, that a man should not be insured for more than three-fourths of his wages?—As I said, my own view is that a man being ill perhaps requires extra nourishment and delicacies, and therefore I should not object to his having the same as his wages.

32,620. It is insurance for actual loss of wages?—Yes.

32,621. In the matter of the wording of the certificate, in order to prevent undue anxiety on the

part of the patient, you have found among your class of patient that to use such words as "carcinoma" is sufficient to prevent them having the same anxiety as if it were "cancer"?—Yes, it prevents it being such a shock to them, though they find out ultimately. I have known it extremely useful, both in contract practice and private practice. In the first instance, I tell them—what is perfectly true—that they have a tumour. Afterwards, they discover that there are different kinds of tumours, and that it may be a malignant one. It is a question of human nature and applies to private patients just as much as to panel patients.

32,622. You know that to tell it to a patient suddenly and boldly may be extremely detrimental?—I think so myself, strongly.

32,623. For example, you think that to sign a certificate "melancholia" or "impending insanity" might be sufficient to complete the disease?—I do not find that a man objects to the word "melancholia," but, as to having "insanity" on the certificate, it would be like a red rag to a bull, I should say.

32,624. You told us that one of your societies had three medical officers?—Yes, the Wiltshire Working Men's Benefit Society, not the Wiltshire Friendly Society. They had three; they have two now.

32,625. And your members had free choice? Practically the opportunities of changing the doctor were the same?—They could change at the end of the year just as at present.

32,626. (*Mr. Mosses.*) Do you think that a patient is justified in saying when he should be declared off?—I am always willing to listen to the statement of a patient, but not necessarily to act upon it.

32,627. You use some discrimination, I suppose, if a patient says that he wants to be off on a certain date as to whether you will date his certificate for that date?—Undoubtedly, that is what I am for largely.

32,628. Could you give us the approximate number who declare off towards the end of the week as compared with those who declare off at the beginning of the week?—The proportion of those who declare off towards the end of the week is undoubtedly great.

32,629. To what do you attribute that circumstance?—The human machine is not such that you can rule any exact line to five minutes and say when a man who has been off work for six weeks is fit for work. It would be impossible for anybody to discriminate exactly whether he was fit to be signed off on the Friday morning or the Saturday morning. Therefore, if there were any doubt, I should give him the benefit of it, and sign him off on Saturday.

32,630. With the knowledge that he would not be able to get into his work until the next Monday?—Yes.

32,631. You are aware that in a great many firms a man cannot start on the Friday or even on the Thursday?—Yes.

32,632. Would that circumstance determine the date upon which you declared him off?—It would not determine it, but it might possibly have some influence. In making up one's mind one has to tot up all the factors. I could not say that that has no influence, but in many cases I have refused certificates in these circumstances. I see a man, say, on Tuesday, and I say to him: "I think you are fit for work." The man replies: "It is not worth breaking into the week, I would rather start next Monday." I say, "Oh, no, I cannot put you on a whole week. I must sign you off now." I do that constantly, but in a case where a man has been off a considerable time, it would be going too far and outside the scope of ordinary human nature to sign him off definitely on the Friday, when you know that he cannot go back to work until the Monday.

32,633. Might we take it that an enormous proportion of your panel patients declare off at the end of the week, say, on Saturday?—I do not know what proportion.

32,634. May we take it that it is a very large proportion?—More sign off on the Saturday than any other day. Of course, it is not all of them that want



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to start work on the Monday. In some cases, their working weeks starts on the Friday.

32,635. You deplore the absence of sick visiting?—Yes, very strongly.

32,636. What duties would you say that a sick visitor should carry out?—Those of guide, philosopher, and friend.

32,637. Not as a policeman?—Only as a policeman in cases of real necessity. If, for instance, as I have known, the visitor calls upon a sick person and instead of finding him in the bosom of his family, finds that he is in the public-house, then I should say that his duties as a policeman come in.

32,638. Would you think that, for the purpose of protecting the funds of the society, the sick visitor should go at irregular times?—Certainly. It is most important that the insured person should never know when he is coming, and that he should not make an appointment as the agents of the collecting societies do. They make an appointment to come at 12 o'clock next Friday. They take them on their regular round, and the insured persons knows exactly when they are coming.

32,639. Have you given any thought to the provision of skilled sick nursing linked up with medical attendance and sick visiting?—They have it in Bath through the district nursing association.

32,640. Is that affiliated with the National Insurance Act?—It is not affiliated. I could not say the exact source from which the money comes, but it is paid by the insurance committee. I hope the present arrangement will continue, because in many cases they do not require nursing. If a man is laid up with a mild attack of influenza, his wife is perfectly capable of nursing him, and to go to the expense of providing skilled nursing for that man would be a sheer waste of money. They would have it undoubtedly if it were provided, but, as it happens at present, if I consider that a person requires a nurse I ring up the district nursing institution, and they send a nurse the same day.

32,641. I quite agree that it would be preposterous to have the provision of skilled nursing which should embrace every panel patient?—I thought you suggested that.

32,642. No. But there are circumstances under which it is absolutely necessary in the way of dressings and dirty verminous homes?—You want a charwoman then.

32,643. Yes. But under the supervision I should say, of a skilled nurse?—I do a very large proportion myself of those which require dressing, but still the district nurse does some, and of cases of really severe illness one must remember a certain proportion go to hospitals. If it is in a very poor home, in which it is obvious that a person will not get proper attention at home, I urge him to go to hospital, and I have found them very reasonable. A considerable number of them go to hospital. Take a case of pneumonia; where one can spot pneumonia pretty early while the patient can still be moved, and I know that he will be very ill before he is through with it, I generally advise him to go into hospital, and in a considerable number of cases they have gone. If they had stayed at home they would really have required a skilled nurse day and night.

32,644. Have you any difficulty in Bath in getting efficient and adequate institutional treatment?—None whatever. I am thankful to say that we are all a happy family among the profession in Bath, and I have never had the faintest difficulty in getting anyone I wanted into the hospital there.

32,645. You have said two or three times that you are in favour of the appointment of medical referees. Would you combine with their duties the duties of consultants?—No. On the whole I think it would be preferable not to do so. Although I should have every confidence in my own men in Bath, I think Dr. Shaw adduced a cogent reason why it would be preferable not, that the panel practitioner consults with them on other cases, and the approved society might feel that it was more entirely unbiassed if an entire stranger came in, like a judge.

32,646. As a consultant?—No. As a referee. I consider that the question of a consultant is already provided for, because in a case where the insured person wants a consultative opinion, there is not the faintest difficulty in getting it. If an insured person prefers to pay a fee of one guinea, a consultant comes to the house, but if he thinks he cannot afford the fee, I always write him a letter and tell him to take it to the hospital, and then he will get a reliable opinion from the same man for nothing. That is the arrangement that we have made with the staff of the hospital that they will attend anyone who brings up a note from the doctor. So the insured person has entire choice of whether he gets an opinion for nothing or pays a guinea. Sometimes they exercise one choice and sometimes the other.

32,647. That is really part of your institutional treatment?—Yes, I suppose it is.

32,648. With regard to certification, do you give a certificate for incapacity to follow the usual occupation or any occupation?—It is not specified on the certificate. The certificate runs as to whether a man is fit for work or not.

32,649. Any work or his usual work?—I take it that that connotes his ordinary work simply because a man cannot change his occupation at a day's notice.

32,650. You certify that a man is incapable of following his work, if he cannot follow his usual work?—Yes, in the majority of cases, but it depends a little on the wording of the certificate. In the case of the Wiltshire Working Men's Conservative Benefit Society, which is an approved society, at the foot of their form they fill up "I hereby certify that — is fit for work." As I know a man is going back to his ordinary work, I take it that that means that he is going back to his ordinary work, and I should not sign him off until I considered that he was fit for his ordinary work. We have in Bath a large engineering works, and a considerable number of my patients are fitters and mechanics of various sorts. A man who has been all his life a turner could not go back to any other lighter work. What conceivable work could he get?

32,651. There are a hundred conceivable jobs in a big engineering work?—But they will not give them to him.

32,652. Have you ever been through a modern engineering factory?—Yes.

32,653. The place is packed with machinery, is it not?—Yes.

32,654. Some of these machines require the most delicate manipulation. Lace is the highest form of skilled work connected with automatic machinery, but there are others that almost anyone could work at, such as drilling machines and slotting machines?—They would not displace another man in order to give him the job.

32,655. They may have a vacancy. If a turner could not follow turning, he could get another job. But you would have nothing to do with that. You are not an employment agency?—No. You could not expect a doctor to enter into fine distinctions of that sort.

32,656. But if a doctor knew that he could work some automatic machine which really only required the tool to be kept clear and lubricated?—Though he had never worked at it before?

32,657. I daresay you or I could go with a few hours practice and work some of these machines. Would you continue his certificate?—I think that it applies more to the question of manual labour, and how much physical exertion he is fit for. Take for instance, we will say, a striker. A man might perhaps be able to go back to the milling machine, but he could not go back to exercise his functions as a striker, because that is very heavy muscular work, and he might require an extra week. But that is one of the lowest kinds of labour. If they put him on to the other machine, it would be at a higher wage, and they would not do that.

32,658. I am speaking of a lower wage, the man being unable to follow an occupation at the higher wage, but quite able to follow an occupation at a somewhat lower wage—somewhat less skilled work?—



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I can conceive that such a case might arise, but it would be very much more likely the other way round, because the unskilled, lowly paid labour, often requires more physical exertion, of which the man would be quite incapable, such as a moulder. Moulders' labourers have very heavy weights to carry because they have to carry molten metal.

32,659. But a man might be able to work as a moulders' labourer who could not work as a moulder. He might be able to stoke a locomotive, but would not be able to drive an engine?—I should not think so.

32,660. Could you not conceive that?—No.

32,661. Suppose an engine-driver had an affection of the eyes, and could not distinguish the colours of the signals very well?—I do not think that he would ever go back to engine-driving again in that case.

32,662. Is it not conceivable that he might be temporarily colour blind?—There may be some temporary interference with his eyesight as part of a general illness, but I never heard of a case of temporary colour blindness.

32,663. At all events we may take it that you grant a certificate to a man who is unable to follow his usual occupation?—If you bind me down to yes or no, I should have to say yes, but in common with other people I exercise discretion in these matters, and I think a doctor ought to. If a man tells you that he can go back to a light job—in fact, sometimes I sign a certificate that so and so is fit for light work. I have done that on a number of occasions, but have not found it very satisfactory, because the certificates have been returned by the friendly society, and they ask whether the man is fit for work or not. They do not like doctors differentiating.

32,664. With regard to over-insurance, you consider that a man should be limited to the amount of his wages?—Yes.

32,665. Of course you will understand that so far as some employments are concerned, if he is off too much, they will put him off altogether. He runs a considerable risk, in continually declaring on the sick fund, of being incapacitated out of his work altogether?—I was under the impression that his fellow employees were fairly well able to take care of themselves in these matters.

32,666. But if a man was continually coming on sick, and it was known that he was grossly over-insured, his job would be jeopardised, would it not?—Yes, if it was known. But it is not always known. They keep it very dark. It is hardly perhaps worth labouring this case, but it so happened that I knew it because the man used to ask me for so many certificates—his official one and two others. These three certificates used to get him sickness benefit in five societies, because two of them did not demand a separate certificate, and it was only after I had known the man a year or two that I knew that he was in five societies, and if I did not know it, his employers did not.

32,667. Do you make any inquiries from your patients as to how many clubs they are in?—I never inquire except in so far as they ask for the certificates.

32,668. That is the only way you have of ascertaining?—I do not go out of my way to inquire of everybody who comes how many societies they are in, but in the course of constant contact with friendly society members I get to know a good deal about it all the same.

32,669. (Mr. Warren.) Your experience has led you to the conclusion that there is no hesitancy on the part of insured persons on every pretext to claim State benefit?—I should not say on every occasion, because I sometimes come across cases where the man only draws 10s. when he is ill. That is not sufficient to support his wife and family, and therefore he has hesitation in applying for it. I come across these cases, but they are not frequent. I come across more cases on the whole of over-insurance than of under-insurance.

32,670. And in those cases there is no reluctance to claim State benefit?—No, never any reluctance.

32,671. But there is a certain diffidence in claiming benefit from their independent society?—I only apply that to slate clubs. They do not mind it, if they feel

that it is a big society. The bigger the society, the less compunction they have in claiming on it.

32,672. They would not claim upon their slate club because of the difference it would make to them at the end of the year, when it came to a matter of sharing out?—Yes, to them and to the others. But when they all meet round a table, if one member has drawn out too much there is a certain amount of animus against him. The family feeling comes in.

32,673. There is also the suggestion that it would not be desirable to continue his membership?—Exactly and he can be dispensed with at the end of the year.

32,674. But are insured persons in your experience only claiming the State benefit, and not that of their independent society?—That happens, but I will not say that it is the rule. In the great majority of cases they are perfectly genuine claims, and in a case like that a man feels that he has a perfectly genuine right to claim anything he is entitled to.

32,675. In your part of the country you have what are known as Holloway societies?—Yes, several of them.

32,676. Do your remarks apply in respect of those societies, or do you class those amongst the larger societies?—Among the larger societies for this purpose.

32,677. There is no reluctance on the part of these members to claim their independent benefit as well as that of the State?—No.

32,678. You have been taken over the matter of over-insurance, and I gather that your opinion is that persons should not be insured for a sum exceeding their ordinary wages?—That is my own impression.

32,679. Has it occurred to you that a sick man frequently requires more than a man in good health?—I do not know that he does frequently. I think that he requires as much. If I may give an instance, a man is taken ill and is feverish. He is on a milk diet and therefore does not require three square meals a day, which he would have otherwise. And as it is not easy to employ a trained nurse, and he has nothing to pay for the doctor, I should say that his expenses as a rule are not more when he is ill than when he is well. But I admit they are as much, and I should not grudge a man who insured for as much as his wages though not for more.

32,680. Your experience probably has led you to the conclusion that where persons are in receipt of benefit exceeding their ordinary income, it is a real menace to the success of National Insurance?—I think that it has some influence. I should not like to exaggerate it or over-estimate it, especially in view of the fact that my experience seems to have been a little different from some of my friends, who have not found it such an evil. But I must say that my experience of friendly society work is somewhat more than that of most of my friends, and I have come to the conclusion that over-insurance is an evil, not so much by causing a man deliberately to malingering, but squeezing a few extra days, which in some cases it is difficult for the doctor to fight against.

32,681. May we take it, human nature being what it is, that it affords a temptation?—Yes, that is my point.

32,682. And you would therefore strongly recommend that steps should be taken to curtail over-insurance as far as practicable?—That is so.

32,683. Would you agree with this expression: "There is a general idea that the State is some impersonal authority whose power, having just been demonstrated by compulsory insurance, must be capable of meeting unlimited claims"?—I think that was pretty much what I was saying when I suggested that the larger the society from which the money is drawn, the less compunction people having in taking it.

32,684. And that the general idea on the part of insured persons is that benefits are guaranteed by the State, and that the funds are inexhaustible?—I think that that is the general feeling, that any little that an individual can take cannot make the faintest difference.

32,685. At any rate there is not the same spirit working with the average insured person that works with the old members of friendly societies?—Very far



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from it, although what will happen when people get more used to it, we cannot say.

32,686. Do you experience any difficulty in respect of the waiting period of three days?—I have heard a good many grumbles at it.

32,687. Does your experience lead you to urge the abolition of that waiting period?—I do not look upon it as so very important because it does not apply to so very many. So very many pay extra to get the first three days and it only applies to the State, because it is exceptional rather than otherwise for my patients to be only in the State section of one society. Most are in more than one, and if they were in three they would get the other two from the beginning, if not the third.

32,688. They are receiving the first three days from the independent side of their friendly societies?—Yes. But it applies to people like domestic servants, most of whom are in only one. It works a little hardly in their case, and what I have known often to happen is that a person who is feeling unwell, but not very ill, will wait two or three days to see if he is going to get better, even before going to the doctor, and when he goes to the doctor he asks him to date him back. I do not do that. I do not know whether your experience of other doctors is that they do, but I have not done it in a single case. We had a circular from the Commissioners telling us that it must be the actual date, and as far as I know we loyally abided by that circular, but it works a little hard. Supposing a charwoman has stayed at home for three days to see if she is going to get better, and has not got better, she not only wastes those three days, but the next three days, and I have known many cases where they have lost a whole week in consequence.

32,689. Do you regard the deprivation of the first three days as a check to malingering?—Not in the slightest, because malingerers are very sharp people, and they know all about that.

32,690. In the past, in dealing with your patients, you have more or less had some personal knowledge of them?—Yes, of many of them.

32,691. Now you are brought into contact with a large number of persons, of whom you have no previous knowledge?—Yes, a considerable number, but then there are the same number of people in Bath, and the same number of doctors as before. Every year I see a very considerable number of new persons. In order to keep up one's practice, one has to be constantly making the acquaintance of new persons to make up for removals and deaths, and there is no doubt that there was a tremendous influx at the time of the Insurance Act, but not perhaps quite so great as one might think, in my case at any rate.

32,692. It has been urged by doctors that they have experienced a difficulty in the beginning in respect of National Insurance from the fact of their having to deal with so many persons of whom they have had no previous knowledge. Therefore, until they acquired the necessary knowledge, they would have difficulty in properly treating them?—Yes. I can quite understand that there is something in that, and I have found it to some extent in my own case, but not perhaps quite so much as some.

32,693. That would apply more to a large centre like London, Birmingham, or Manchester, than perhaps to Bath?—Yes.

32,694. (*Mr. Wright.*) You lay stress on the fact that the doctor is not an official of the insurance committee or the approved society, but the chosen private attendant of the person on his list, and that therefore his first duty is to his patient. Do you agree with that sentence?—Yes.

32,695. Could you tell us what, in your opinion, should be the relationship existing between the insurance committee and the doctor?—I do not know that one could say that there is any very particular connection. He feels a general sort of responsibility, that he has other duties to perform, and that he is employed by someone. I do not know that in the present state of affairs he can say that he feels he is employed by the insurance committee, because he knows that the funds are centralised, but he attends the patient and grants certificates, and is paid for it,

and he has not very much direct connection with the insurance committee as long as there are no complaints. Then of course he does.

32,696. What do you mean exactly by knowing that the funds are centralised?—I mean that he knows perfectly well that the insurance committee does not produce the money that pays the cheques, although it sends the cheques.

32,697. Where does he think the money comes from?—He knows it comes from London before it gets to the committee.

32,698. Before it gets to London where does it come from? Who does he think finds the money to pay him?—He knows where it comes from eventually—from the employer, the State, and the insured person. What I was trying to get at was, that he is not exactly employed by the insurance committee quite so much as the doctors used to be employed by the friendly societies. I should not think that the relationship is quite so close as it was between the doctors and the old friendly societies.

32,699. What sort of responsibility do you think that he feels towards the insurance committee?—He knows that if he does something the least shadow outside his duties he will very speedily be dropped on, and called before the medical service sub-committee to account for his actions. We know that there is no hesitation to criticise the doctors. We all have experience of that.

32,700. Would it be a fair interpretation of what you are saying if I suggested that the doctors look upon insurance committees as a sort of policeman to see that they keep to the letter of their contract?—I do not know that they have much more affection for the committee than that, because most of them have so little to do with it. Anything they have to do they refer to the local medical committee, which acts as a kind of buffer. Most things go through the local medical committee. He does not deal direct with the insurance committee at all.

32,701. I was not thinking so much of affection as of responsibility. Does the doctor feel no responsibility to the insurance committee?—Certainly. He feels a responsibility to the local insurance committee, though possibly not to the same extent, but in the same way that the doctor used to to the friendly societies, and those who have had previous contract experience find no great alteration, but those doctors who have never before had friendly society appointments, and have now gone on the panel, experience the same difficulty that new persons coming into insurance have, but that will adjust itself in time. Most of our men at Bath have. Out of 22, I should guess that about 17 have had previous friendly society work.

32,702. What about the relations of the doctor to the approved society?—That point cropped up last year. The representatives of approved societies, through the medical service sub-committee, approached the local medical committee as to whether the doctors on the panel would be willing to receive visits and information from representatives of approved societies. That was considered by the local medical committee, and we agreed. We passed a resolution, saying that the doctors on the panel were willing to receive visits and information from representatives of approved societies, though not necessarily to act on them. That was the wording of the minute. That is to say, that if the secretary of an approved society came to the doctor and said he had reason to believe that a certain insured person was not acting in such a way as to expedite his recovery, the doctor would be very glad of the information, although the question of relationship between the doctor and his patients is such that one could not guarantee that one would immediately act on it. But I am always most pleased to hear it, because in a case where a man is not getting on so well as I think he ought, if the secretary of a society comes to me and says that he knows that the man has been the worse for drink on several nights during the week, that will account for it, and I should tax him with it. That has happened on more than one occasion. It happened only yesterday. A man's wife told me that he had been the worse for drink several times.



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One of my suggested remedies is more co-operation between the approved societies and the doctors, but in many cases the approved societies have gone behind our backs and tried to get a patient off before they have communicated with a doctor. I think that that is a mistake. I also think it is a mistake as far as the medical referee goes. If every approved society would only communicate with the doctor before he takes a case to the medical referee, I believe that a good many cases would not need to go to the medical referee at all, because it is a great help to us. We have to balance what the patient tells us, what we can find out for ourselves, and what other people tell us. It is divided up in just the same way as in certifying a lunatic. We have to write down what we have observed and what other people tell us, and it is on the balance of all these things that we form an opinion.

32,703. I do not understand how it would help you if approved societies told you that they were going to submit a certain case to a medical referee. What effect would that have on your action?—In cases where a person has been on the funds for a long time, they should come to us and help us with any information in their power. What I suggest is, that in a doubtful case, where the doctor had not arrived at a decision whether it was time to sign the person off or not, he might possibly sign him off a little sooner if he had more information at his disposal, and it is just that kind of case that goes to the referee.

32,704. Supposing the secretary of an approved society comes to you, and brings one of your certificates, and says that he is not satisfied with the diagnosis, but wants to know something more about it. What then?—I do not know. I have never had that happen in my own case. The only condition on which I can imagine that happening would be in one of the vague diagnoses that we have spoken of, and which in my own case I only look upon as a temporary measure where I do not arrive at a diagnosis. But I have not found much difficulty with it. In some cases I have given a diagnosis which has not fully satisfied myself, but what a doctor generally does in that case is to put a rather obscure term, and I generally find that the approved society is satisfied with that. Supposing a man has a rash of which we do not quite understand the nature, if you call it dermatitis, the approved society is quite well satisfied with it, but if you call it inflammation of the skin, they begin to make inquiries directly.

32,705. Should you resent any inquiries of that kind on the part of approved societies in the case of vague diagnoses?—I do not say that I should necessarily give any more information, but I should not resent them at all. It is a little of a nuisance when people ring you up during the busy surgery hour. It interferes with one's work if it is done too freely, but if it is done with judgment, I not only should not resent it, but I should welcome it.

32,706. But in your opinion, is the society justified in asking you for further information with regard to your certificate?—I think so, unless the certificate is perfectly clear.

32,707. Generally you say that the approved society is within its rights in asking you for further information with regard to any insured person whom you are attending?—I do not know whether it amounts to as much as that, because if you take that too literally it would come to a clinical report, which the doctor is not called upon to give.

32,708. Officials of approved societies are reasonable men, like other people, are they not?—Sometimes, but not always.

32,709. May I take it that, speaking generally, you consider it your duty to treat insured persons on your panel list as you would treat your private patients?—Undoubtedly. I do not approve of making the faintest distinction between them.

32,710. What is the general attitude of a doctor towards a private patient?—I do not think that you can sum it up in a word like that. There are 22,000 doctors on the panel, and if you summed up their general attitude, you would be rather clever.

32,711. Some private patients want to get cured very quickly, and some want a little coddling, and you have to study the general temperament of your patient to some extent in dealing with him. Would you take exactly the same attitude with regard to your panel patients?—Absolutely. Human nature is the same whether it is a panel patient or a non-panel patient.

32,712. If a panel patient does not get well so quickly as you think he ought to under ordinary circumstances, would you allow him to be ill a little longer if he wanted?—I have had occasion many times to gently push him off the funds. It is not necessary to strike a heroic attitude on the subject. It wants doing with judgment, but I have on many occasions during the last twelve months had to sign people off before they were quite willing to go. I cannot say that I have had any rows about it.

32,713. You think it the duty of a doctor to consider all the circumstances of the case before signing the member off?—Certainly.

32,714. You speak about the tendency on the part of insured persons to make out the full week, which is very difficult to resist partly because many employers do not care to take employees back in the middle of a working week. Is that a consideration which would enter into your mind when dealing with an insured person?—Yes. It is one of the numerous things which one would bear in mind.

32,715. Does that mean, supposing you have a man or a woman under your care and she gets well about Thursday, and you know that her employer would not take her back until Monday, that you would feel justified in keeping her on until Saturday?—I should consider each case on its merits. If it were something very slight, say part of a day, if it were on a Friday and it would be over on Saturday, one would naturally think less of giving them that than if I thought they were right on Tuesday and they were not going to work till the following Monday; I should not have very much compunction in giving them the half day.

32,716. Supposing they came to you on Friday night, for instance, would you not feel quite justified in declaring them off? If they say, "I am not going to work until Monday" you would have no hesitation in dating the certificate on the Saturday, and letting them remain on that day?—I do not date them ahead. They would have to come back next day.

32,717. You would have no hesitation in saying, "Come back to-morrow night"?—I should do it with a full feeling of responsibility.

32,718. I am not suggesting that you would not consider your responsibility, but you would consider yourself justified in doing that?—I should in this sense, that there is no hard-and-fast rule. The patient probably says, "I shall not be fit for work to-morrow," and human nature being as it is, and not being a mechanical counting machine, you cannot say to a half day exactly when the patient is fit to start work again, therefore I think it is quite justifiable in a case like that to give the patient the benefit of the doubt—the doubt between the patient and the approved society. That is balanced to some extent by something in the opposite direction, because a patient who is really hardly off wants to begin his week's work on the Monday and not break into it. Therefore he goes back a day before he is fit, and the two will pretty much balance each other.

32,719. You strike a balance in that way in your mind in dealing with your patients?—I do not know that one could say that you have in signing a man off to think of someone else to put him against, but I think one has to take the general circumstances into account.

32,720. You realise that in this case, where a man is fit to go to work on the Friday night, and it comes to your knowledge that he has no work to go to on the Saturday but you are willing to see him again on the Saturday night, and date the certificate declaring him off then instead of on the Friday, as you would do under ordinary circumstances—you realise that he is going to get a day's sick pay from someone?—I should take it into account. I should not like to say that I deliberately give him an extra day's holiday, but it is



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impossible to rule a strict line of demarcation as to the exact minute when a man is fit for work. It is a general sort of opinion, and I admit that I take that into account.

32,721. Your admission is that the fact that he had no work to go to on the Saturday would influence you?—It would influence me, yes, but I would not let it be an important factor. I would not let a man take a large proportion of a week off.

32,722. It would be a question of degree?—Yes.

32,723. That is a very dangerous doctrine, is it not?—I do not think so.

32,724. Because just as you say that it would be difficult to decide the exact moment when a man was fit to go to work, is it not just as difficult to say just how much latitude you would allow him?—You would not say how much latitude, because you must decide every individual case on its merits. I could not lay down any law as to how much latitude I was going to give any insured person.

32,725. Do you seriously consider that, as a panel doctor, you have any right to take these matters into consideration at all?—I think that we have a right to take into consideration everything affecting a man's welfare, even his conditions at home, which are very important, his surroundings, and everything that is likely to have any effect on his health. I believe that we have a greater duty than as medical officers of the society. We have a duty to the State.

32,726. Supposing a man is in a low state of health, not incapable of work, but sick enough to have a day or two's rest, and you know that he has no work to go to, would you feel justified in giving him a certificate on the assumption that a week or so's rest, whilst in receipt of sickness benefit, would do him good?—No, I do not think that I should. I have had a certain number of instances in which I have had to point out to the patient that this is not unemployment but sickness benefit. I have used those words to several people.

32,727. You only consider it unemployment benefit in case of an odd day or so?—I should not call it unemployment benefit then.

32,728. There is no difference logically in the two cases, is there?—Not if one could draw a hard-and-fast line. But one cannot. You have to treat your patient as a human being, and not as a calculating machine.

32,729. Do you attach any importance to free choice of doctor?—I do.

32,730. Do you think that your patients do?—Yes, considerable.

32,731. It is said here that practitioners feel that they can give their patients better attention under the panel system than under the old friendly society system. Why is that?—In my own case, owing to the circumstances that I gave the Chairman in the first place, and the reorganisation of my practice, I believe on the whole that I can give my patients better attention than I did before. I do more now in the way of small operations under the Insurance Act than I ever did before, and the suggestion that I cannot treat my patients properly I should indignantly repudiate, because it is absolutely false.

32,732. With regard to the medical referee, your answers seemed to be contradictory. First you said that you would like a medical referee to be appointed, because he would be helpful to you when you wanted to declare a man off, and you did not quite like doing it, and you would at once send that case to the referee?—Some cases, yes, not many.

32,733. Then, afterwards, I understood you to say that about 90 per cent. of the advantage of a medical referee would be with the approved societies?—Because it affects their funds.

32,734. When was this question of a medical referee last before the Bath Insurance Committee, or the sub-committee?—In the course of last year. The scheme fell through entirely owing to a lack of funds. One was appointed, but as far as the referee himself was concerned, Dr. Walsh declined to have anything more to do with it. I have not asked actually why he declined to have anything more to do with it, but I gather that it was that his decision was taken no account of.

32,735. Was there not a suggestion before the sub-committee to re-appoint him?—Yes. But that came from the chairman and the clerk of the Bath Insurance Committee. They approached him as to whether he would be willing to take it on again in the event of the societies adopting a scheme, and his answer was "No."

32,736. Was there not a definite proposal to re-appoint him as referee to the insurance committee?—No. It was never quite so definite as that, because the suggestion was in accordance with a circular by the Commissioners that approved societies should combine to get one. The approved societies met and considered the question, but nothing ever happened.

32,737. Was he appointed by a very narrow majority?—No. It so happened that they appointed him before I was on the Bath Insurance Committee, and I do not know what the appointment was. But we submitted a list of three names, and if a vote had been taken among us, I feel perfectly certain that Dr. Walsh would have been the one who was appointed. It so happened that he was appointed by the insurance committee, and it was agreeable to all parties.

32,738. May I take it that the voting on the Bath Insurance Committee, or on the medical benefit committee of the Bath Insurance Committee, has gone to show that the doctors are in favour of a medical referee, and the representatives of approved societies are against it?—Where did you gather that idea from? It is not at all in accordance with my experience, and I am a member of the sub-committee.

32,739. Was there not one occasion when there was a proposal to re-appoint Dr. Walsh, and as a matter of fact he was appointed by the casting vote of the chairman, and subsequently declined to serve?—I forget when the doctors went on the insurance committee, but it was in the beginning of 1913, and I can assure you that nothing of the sort has happened since I have been on the committee.

32,740-1. (Mr. Davies.) I suppose you agree that there has been some excessive sickness in connection with the experience of the last 12 months?—There has certainly been an excessive amount of medical attendance. The question of the excessive sickness claims is not so much, I think, one for doctors to decide, but I can quite freely say that there have been excessive claims for medical benefit.

32,742. If we said that the figures on the ordinary side of friendly societies as compared with previous experiences were considerably higher, you would agree that shows there has been increased sickness payments at any rate certified for by the doctors?—Yes, if you say so; we have no means of disputing it.

32,743. If such is the case, all those claims are set up by doctors' certificates, and paid on them?—Most of them are, not quite all.

32,744. Do you mean that you are cognisant of some society which pays for sickness without having a doctor's certificate?—Not quite; but I was very much surprised to come across a case the other day in which a man stated that he had been ill for several days before he went to a doctor, and the society allowed the claim to date back several days before the doctor gave a certificate or before the doctor had seen him.

32,745. But even that would be paid on the doctor dating back the certificate?—Oh, no, certainly not. It was given entirely on the responsibility of the superintendent of the society.

32,746. Is that an isolated case?—I do not know. It was told to me by a superintendent who said that it was left to him to judge himself as to whether it was a suitable case to give back pay for the particular claim.

32,747. Do I understand that the note would be altered to suit the circumstances?—Oh, certainly no, not the certificate.

32,748. How could they pay if they had no certificate?—I cannot offer an opinion on that, because I do not know the rules of their society.

32,749. That was a statement made to you, and you have not had any chance of verifying it?—I could not under any circumstances verify it. It was made, not



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by the insured person, but by the superintendent of a society with whom I can put you into communication if you wish.

32,750. It is a peculiar statement, having regard to the fact that the State auditor will require some evidence?—It struck me as most remarkable.

32,751. That is the only case you have got?—He told me that he had done that in several instances, but whether with my patients or not I do not know.

32,752. Generally speaking, the excessive sickness benefit will have been paid by reason of insured persons having notes from doctors declaring them to be sick?—Yes; but personally I should not put it just that way, because it rather bears the implication that it was through the doctor that there had been excessive sickness, a thing I strongly disagree with.

32,753. Generally speaking, you cannot set up a claim for sickness without a doctor's certificate?—That is so, generally speaking.

32,754. Then the certificate sets up the claim?—Yes.

32,755. Any payments that have been made have been made on certificates supplied by the doctors?—Most of them, yes.

32,756. Would it be right to say that much of this excessive sickness has been caused by reason of the doctors giving those certificates somewhat carelessly?—That is exactly contrary to my own experience. Speaking in the first place for myself, I have been in the habit of writing certificates for the last 12 years, and I give them no more freely now than I have ever done before.

32,757. Have there been any complaints of that character addressed to the insurance committee of which you are a member?—There have been no individual complaints. There have been general complaints that they are paying out more than they used to do, but there has been no complaint against me personally for any certificate, and in the few cases that have been disputed, the majority of them when sent to the referee went in favour of the doctor when there was any dispute about it.

32,758. In the case of the referee whom you had for such a short time, was there a very considerable number disallowed by him or sent back to work?—There were some.

32,759. What is the proportion?—I could not tell. I know that for the first three months the referee was practically a dead letter, because only one case was submitted to him. In the second three months a considerable number were submitted to him and, unfortunately, some most unsuitable ones, probably from lack of experience on the part of the approved societies.

32,760. From your experience from the standpoint of the free gift or generous giving of certificates, you would not say that much excessive sickness has arisen?—No.

32,761. You would not rule it out altogether?—No. I should not like to say that it has never occurred. I think that in all probability it has occurred, and I think that it is one of the causes which should be taken into account, but I think that too much is being made of it.

32,762. There is a second factor in creating excessive sickness claims. Would I be right in accepting what has so often been said, that the doctors in the first instance took sides politically, and from that standpoint did not exercise the care that was absolutely necessary in all cases where people came to them for certificates?—I do not admit that. In Bath we were slow in coming in, it is true, but once we undertook to work the Act, we have done it honestly and fairly.

32,763. I do not mean the question to apply particularly to Bath, where your special knowledge would come in, but I am speaking generally of the county with Bath, Bristol, and other places?—Speaking generally, my opinion is of less value than in the case where I am speaking of my own area, where I know every man on the panel.

32,764. You say generally that since the doctors did come in, they have done their duty to the insured

persons so far as giving certificates are concerned from honest conviction that they were necessary?—Yes.

32,765. In nearly the whole of the cases?—Yes. That would be my deliberate opinion, speaking generally.

32,766. Even though that disagreed with the opinion of the approved society leaders?—Yes. I am not saying that there were no individual cases of slackness. It would be extremely surprising if there were not any, but, speaking generally, I maintain that the profession have worked the general spirit of the Act.

32,767. Have you in your district endeavoured to arrange with the officials of approved societies, who are responsible for the payment of these sick claims, to meet them and discuss the whole problem with them?—The only conference I spoke about was one where I met the superintendents of the collecting societies in Bath. I happened to hear that they were having a meeting and I volunteered to go and see them. They accepted my offer and I had quite a useful little conference with them. But if the approved societies asked for a more official conference, I have not the slightest doubt that the local medical committee or panel committee would be only too willing to co-operate. In fact, we have already agreed to meet them, as I said this morning, and to receive visits and information from accredited representatives of approved societies.

32,768-9. Did it occur to the doctors that perhaps through the insurance committee it would be a wise thing to call a meeting of the persons interested?—Certainly not, because it is not we who have found any difficulty. We give the certificates as we believe they are honestly required, and if anybody doubts that, it is for them to call such a conference.

32,770-1. I understood you to agree with Mr. Wright on the general principle that your duty was to the insured person, and that you did not give any real consideration to any understanding which really ought to exist between the doctor and the insurance committee?—That goes without saying. It has not been necessary to formulate it in so many words, simply because most of us are used to contract practice. The very fact of writing a certificate implies a certain responsibility to someone.

32,772-3. Yes, but when you were medical officer to a society, you felt that you had some responsibility to that society?—To the friendly society, yes.

32,774. To safeguard in some degree their funds by reason of not putting anybody on sick pay whom you felt ought not to be on?—Yes, and exactly the same applies now.

32,775. If you felt a responsibility to the friendly societies in the past, to whom do you feel a responsibility now?—To society in general, to the State.

32,776. That is a broad term?—Yes. We try to take a broad view of the case.

32,777. It simply means that the only responsibility you feel is to the insured person?—Oh, no. I shall never admit that. You have used the word "only" on several occasions, and on each occasion I deny it, because we do not admit liability only to the insured person. The very fact of writing a certificate shows that we have liability to someone other than the insured person. If our liability were confined to the treatment of the insured person, it would be unnecessary to give a certificate at all.

32,778-9. Do you not give that certificate for the purpose of setting up the man's claim for money from the society?—Yes.

32,780. To whom do you think is this responsibility besides to the insured person?—I should say to the approved society and the insurance committee and the Commissioners. It is somewhat more generalised than it used to be. The doctor used to be the doctor to the friendly society, responsible in that case only to the friendly society, apart from the insured person. Now that is divided, and the doctor is responsible, partly to his local medical committee, because they are responsible for his behaviour, and to the approved society, and to the insurance committee, and the Commis-



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sioners. I should say that he has a certain amount of responsibility to all of them.

32,781. Then you would not agree with the opinion expressed here, that the doctors had nothing whatever to do with the approved societies, and that they are responsible only to the insurance committee with whom they fix their agreement?—I should say that the first responsibility would be to the insurance committee, because he is not an officer of the approved society, except in an indirect way.

32,782. And if an approved society approached you, would you agree that they approach you by right or by courtesy?—By courtesy, not by right, because the only thing they have any right to is to make an official complaint to the insurance committee, which is referred to the medical service sub-committee. By courtesy the doctors are willing to meet the approved societies, and we have told them that in an official minute.

32,783. If some means could be found whereby a conference could be arranged between the approved societies and the doctors in order that these difficulties under the Act might by agreement be straightened out, do you think that they would readily agree to that?—I think that the doctors would agree to that.

32,784. In your evidence this morning you referred to some laxity of the agents; may I call your attention to a paragraph in the evidence of the British Medical Association which reads: "Several correspondents draw attention to the tendency of agents of approved societies, chiefly the collecting societies, to encourage the insured to get the full benefit from their society, in order to add to the popularity of the agent and of the society." Do you agree to that?—I note that the reason is given, but I should not like quite to commit myself to the reason. I do say that during the last 12 months I have had more requests from agents of approved societies to keep persons on the funds than to take them off. That may be a coincidence, and it may not happen again, but it has been so. That shows an absence of a due sense of responsibility in the agents of the society, and more especially the collecting societies, the new ones, and that they do not yet feel that sense of responsibility towards their own society that they might have, and certainly not so much as the older societies.

32,785. Will you ascribe that to the fact that, being new to the business, they were more generous in their desire to meet the sickness of those people than the old friendly society men would have been?—I ascribe it to the absence of a sense of responsibility.

32,786. And not to their desire to create a good feeling in the family in order that something else might be got in the way of business?—I have not cross-examined any of them to get at their exact motives, and it is only a general sort of impression that it is an absence of responsibility. I am not attaching any criminal motives to them.

32,787. I do not want to attach that either, but the statement here is so very important that I was wondering if you could perhaps help us in the matter?—About that paragraph, I am prepared to go with it up to the words, "from their society," but the last words "in order to add to the popularity of the agent, and the society," I am not sure whether I am willing to go so far as that, because I have not sufficient evidence as to motives.

32,788. (*Chairman.*) Have you any evidence as to motives?—No, I do not know that I can say I have any, personally.

32,789. (*Mr. Davies.*) If you say that, of course, I cannot take you any further on the subject. With regard to the question of excessive sickness, would you subscribe to the statement that a large amount of this sickness arises from the fact that some doctors have too many men on their lists, and cannot give that attention to sickness that they ought to?—I am absolutely certain that it is not so in Bath. I have the largest panel of any man in Bath, and I manage my own quite comfortably. I am absolutely certain that that statement is unfounded in Bath. I understand that some men have 4,000 persons on the panels. I am not prepared to say how they manage

them, but I can only say that that state of affairs certainly does not apply in Bath.

32,790. How many do you think they would be justified in having on the panel to do the work right?—That you cannot answer in a single word, because it is a question of what other practice the doctor has. If you ask me how many a man could do provided he has not a single private patient, it depends on how old the practitioner is. A good deal depends whether he is a young man in the prime of life, or a man beginning to go down.

32,791. That I want you to answer?—If you are going to bind me down to a figure I want pretty complete details. Supposing a man is in the prime of life, with no private practice at all, I believe he could do 4,000 or from 3,000 to 4,000, provided they were not too scattered.

32,792. Supposing, for some reason, that it was necessary to set up a State service, would you say that the State doctor would be able to deal with 4,000 patients?—I do not suppose he would, because in the State service you would not get anything like the devotion to duty you get at the present day. The State service does not work anything like as hard as a man working for himself.

32,793. That is a dangerous doctrine?—I know it is, but it is one I firmly believe.

32,794. I ask you what would be a fair panel for a doctor under insurance as we have it now. You say that without any practice he would do up to 4,000 on his list, and then when I asked you whether that would apply to a State service, you began to qualify it?—Yes, because I am certain no State servant would work so hard, because there are so many other things to take into consideration. A man who is working for the State would look forward in all probability to a pension, while the man who was working for himself with no pension in prospect would work very hard for the middle portion of his life in order to make provision for old age, which is unnecessary in the case of the State servant.

32,795. You do not mean that the service would not be as efficient, but that he would undertake less of it?—Yes.

32,796. Should I be right in saying that where a doctor has a big list, and where he may be getting on in life, that would mean excessive sickness, because he could not give that proper attention to diagnosing the complaints that he ought to give?—I do not think that follows. I should think the doctor would be in a hurry to get them off his list, and not have so many to attend to.

32,797. If a doctor has too many, or a large number on his panel, and if he cannot give the time he ought to give to them, does not that mean that he has not time to diagnose the amount of sickness?—I am speaking primarily of Bath, and none of your statements contained in your question apply to Bath. I am satisfied that there is no man in Bath who has more on his list than he can give adequate attention to, and therefore it is impossible for any excessive sickness to be due to that cause there.

32,798. It is not due to the doctors?—No. There may be isolated cases of slackness, and I would not go so far as to say that no slack certificate has ever been given in Bath; to say that would be ridiculous.

32,799. What I understood you to say was that the doctors had not to any appreciable extent been careless in certifying?—Yes, that is so.

32,800-1. Therefore I must come to the conclusion that the excess must be due to somebody else, and I ask you whether it is due to any lax administration of the societies, so far as you know?—It is very difficult to give an opinion on that point unless you inquire into lax administration of sick visiting, and I do consider that there has been great laxity on that point.

32,802. Is there anything else besides sick visiting which occurs to you as accounting for this excessive sickness, if the doctors are not responsible?—I cannot think of anything, but the question of the administration of the society may come in.



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32,803. What do you really mean by sick visiting? When you were asked you replied by saying "Guide, philosopher, and friend." In your outline of evidence you say, "There is a strong consensus of opinion as to the value of properly trained and discreet sick visitors"?—Under the previous friendly society system, in some of the societies they had whole-time sick visitors, but in many cases every member became in turn a sick visitor, and that is what I consider the best way.

32,804. That is what you are aiming at, and you think that that would be efficient?—From my own experience I believe that that has proved to be the most efficient sick visiting.

32,805. There seems to be a kind of definition of sick visiting in your outline of evidence: "The great majority of our correspondents lay stress upon the value of good sick visitors as an aid to the doctor in seeing that patients carry out his instructions, and as a help to the society in keeping down undue claims. There are, however, many correspondents whose experience of sick visitors has evidently been unfortunate. They describe them as interfering persons, who often go beyond their province, and either make a diagnosis themselves, or offer criticisms on the doctor's diagnosis and treatment"?—I have had unfortunate experience of some of them, especially some of the new ones, and more especially those from the centralised societies where somebody comes down who has never been in Bath before, and with the definite object of getting a certain number off the list. I think that that is undesirable, because they have not opportunity to go fully into the matter.

32,806. You say that you had nothing to which you attached so much importance as the character and kind of the sick visiting which used to be in existence in the friendly societies?—I do not say that that is the only form of sick visiting that is possible, but I say that it is a useful form.

32,807. I understood you to say that such was the kind of sick visiting you had in your mind?—I do not say that that is the only form, because societies have such different forms; some of the older societies, like that of the Midland Railway, of which I have had considerable experience, have one definite sick visitor appointed for a period of three years. I found that satisfactory, but what I found utterly unsatisfactory was its being done by insurance agents. I do not think that that is sick visiting, and it practically means that there is none.

32,808. You have not in mind, as the ultimate ideal of sick visiting, that a person should be trained for the work, say a trained nurse, or some woman of experience, and that the person who visits should be one who would be able to help by advice and to bandage?—No, it is not desirable to mix up the functions of a nurse and of a sick visitor. They are totally separate.

32,809. You would not appreciate a trained individual like that being employed by a society?—I do not think that that would be at all desirable. Some member of the Committee mentioned the question of whether he should be a kind of policeman. The primary object of a policeman is not to jump on people, but to help them, and it is only in exceptional cases that the policeman has to exercise his function of any kind of restraint. I take it that it will be the same with the sick visitor. But if the sick visitor found a patient transgressing, it would be his duty to take such steps as his society prescribed.

32,810. (Dr. Carter.) You speak favourably of uniformity in certification. Would you agree that it would be very desirable?—Yes.

32,811. Has there recently been a conference of panel committees, and did they express a strong opinion in favour of uniformity of certificates?—Yes. That was expressed.

32,812. That was a conference representative of the majority of panel committees, and local medical committees, for the whole of the United Kingdom?—Yes.

32,813. If the doctor had supplied to him all the forms such as are now supplied in the case of initial

certificates, and a book of continuing and official certificates at home or in the surgery, I rather gather that you object to that a little on the score that it would mean more work?—It would not mean much extra, it would mean only those extra documents to keep. It is not a matter I would make a point of.

32,814. There was another remark you made in reference to a patient who came to you on Friday, whom you were expecting to see on Monday, and the rules required the certificate to be sent on Saturday. I think you said that on the Friday they would not have the certificate with them, and you could not give them an unnecessary Saturday visit?—Yes.

32,815. Such an attendance would be obviated by having readily at hand a certificate, so that you could on this day sign exactly the condition you found the patient to be in, and you think that that would far outweigh any disadvantage of having to keep a few more books?—It could easily also be met by a society not insisting on having the certificates on a certain day. Most of them do not, but some of them do, and cause us unnecessary trouble.

32,816. It would enable the doctor much more readily to keep up to a standard of very strict accuracy, if the certificate were available on that day?—Yes, but if the society did not accept it for that day, we should be no further forward.

32,817. That is a matter for adjustment; but still there would be an advantage in having the certificate immediately available, would there not?—Yes, I think that there would be some advantage, certainly.

32,818. Does your general consideration of this question lead you to think that the establishment of referees is inevitable?—I do not know that I should use the word "inevitable." I think it is desirable.

32,819. I mean the establishment of medical referees for the safeguarding of the sick funds would be inevitable at some period or other, from the experience which is certain to arise from such a system as this?—I do not know that I could go so far as to say that it is inevitable, because our experience in Bath is that we have got on pretty well without them.

32,820. For the short period since the Act you have, but have you any knowledge of the experience of the German sickness insurance?—I only know what I have read; I have had no personal experience of it.

32,821. It was not very long after the establishment of the system of national insurance in Germany before they found the necessity of establishing medical referees, was it?—I have read that in the newspaper.

32,822. To your knowledge is there not a movement among many of the approved societies to appoint referees in their own interests?—That is so. I have been asked to stand myself, and have declined.

32,823. So that there is, in the interest of safeguarding the sickness funds, an evident tendency in these systems of national insurance towards the establishment of medical referees?—Yes, evidently.

32,824. You consider that the doctors are interested in these referees not being wholly biassed in favour of the society?—Yes, I think that it is to everybody's interest that the doctors should be as unbiassed as possible.

32,825. If the medical referee is appointed, by and at the expense of the society, and is the servant of the society, you would expect, if there was bias at all, that it would be in favour of the society?—Certainly he would be biassed in favour of his employers and be acting, in a sense, as counsel on their behalf.

32,826. Which, in your view, would not be in the interests of the insured person?—Certainly not.

32,827. Also in regard to the value of these referees, do you think that it is important, in that they would tend to set up a standardisation of the meaning of "incapacity for work," which we have to certify?—I do not see how there could be any standardisation when one takes into account the extreme differences in physique and temperament and so on in one's patients.

32,828. I mean standardisation as regards the interpretation of that phrase on the part of different doctors working in the same area. It would tend that way, would it not, though it would not absolutely



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standardise it?—It would be impossible to standardise it; but I would go so far as to admit that it would tend towards it.

32,829. It would tend towards a common interpretation of the meaning of "incapacity for work," and also, I take it, you consider it important, in establishing these referees, that they should be in close and smooth co-operation with the panel doctor?—It would depend upon how far their functions included those of consultants. There are some cases where the referee is more of a consultant than a referee.

32,830. With a view to what the treatment should be, or what?—It should not be as to treatment; but if the cases were very freely sent to a referee the chances are that a good many of them would be more in the nature of a consultant's work.

32,831. You would not object to that, would you?—I should not object to it particularly, but I think that it would have that effect.

32,832. The societies make use of the referee through the agent informing them of the doubtful nature of a certification, do they not?—In most of the cases I have had to do with, the initial move has been made from the head office of the society, generally in London, which simply notes that a certain person has been on the funds a long time, and they send down instructions to Bath to get him off the funds, if it can be done.

32,833. What puts their mind on that to begin with?—Simply the fact that he has been on the funds for a long time. That is why I was contending that the wrong class of person has been sent to the referee, through the matter being done centrally instead of locally, and it is not surprising, therefore, that most of the cases have gone in favour of the doctor.

32,834. You do not mean that necessarily the secretary or agent of a society would wish to send a person to a referee simply because he has been on the funds for a long time?—The agent would not, but the central office would.

32,835-6. No matter what was on the certificate?—It would depend partly on the certificate, of course. Probably they would not say anything if you certified that somebody was suffering from pulmonary tuberculosis, or when the disease had the reputation of being a fatal one. But if you put "influenza" on the certificate, and the patient was on six weeks, the society would probably note it to go to the referee, and yet it might be a perfectly genuine case. There might be great prostration following influenza, and yet the patient might be sent to the referee, the local agent knowing all the while that it was a perfectly genuine case. Several such cases have happened.

32,837. Do you think that very many cases are sent unnecessarily to the referee?—Yes, that has been our experience in Bath.

32,838-9. Would you also say that a certain number of cases might fairly have been sent to the referee, if they had had a more accurate knowledge of what the certificate meant?—Yes.

32,840. Had you put down, in the case you mentioned, inflammation of the skin, it would have been sent to the referee, but if you had put down dermatitis it would not?—Yes.

32,841. Therefore, you think that the system that obtains, for the purpose for which it is set up, is not a very good one?—It is much better when it is done locally than when centrally, because a person 100 miles off cannot have any idea from a certificate of the facts of the case. The only conceivable way they could have any wide knowledge of the facts of the case would be from a full clinical report upon it.

32,842. They have to base their opinion upon the certificate, and they are likely to go very wrong, either in unnecessarily sending the patient to the referee on the one hand, or in not sending the patient to the referee on the other, particularly as it is laymen who deal with it?—I do not think that is so in the case of the centralised societies, because they have their own medical officers in most cases.

32,843. But there are many approved societies that have not medical officers. As far as I followed the case you cited, you were certifying what was a temporary

symptom, and the society took it as the name of a very serious disease?—Yes.

32,844. And as laymen they might have attributed very much more seriousness to the use of that word than was really justified?—Yes.

32,845. Supposing it was possible that all certificates could be sent to the office of the medical referee, that all sick certificates could be automatically sent to his office, and came under the systematic revision of the medical referee, and a staff of clerks, would not that obviate this very grave difficulty of the lay secretaries and agents having to do work for which they are absolutely unfitted?—I should think that it would be an advantage in some cases. Whether it would outweigh any disadvantages that might accrue is not quite so certain.

32,846. What disadvantages do you refer to?—It is done with the object of saving the society expense, but whether it would save more than it causes in setting up the machinery is a little open to question.

32,847. We should have to balance the cost of it with the saving of it; but it would enable you to have a far more efficient certification?—That is assuming that there is any considerable amount of slackness of certification. I am not prepared to admit that. I am quite prepared to admit that there is some, which, with the dissemination of knowledge as to the working of the Act, and of the whole system, I believe can gradually be remedied.

32,848. But you would not yourself in any way object to the certificates you signed coming under the review of another doctor, I take it?—No; but when I have given a certificate with full knowledge of the situation, and the other man only has an extremely partial knowledge of it, I should value my own opinion far more than his.

32,849. You would be prepared to justify your position at once from your fuller knowledge, would you not, and it would be to the benefit of the service, that such justification should be forthcoming? But if these certificates were all sent to the office of the medical referee, do you not think that the panel doctor would feel himself very much more at liberty to use accurate scientific terms for the diagnosis of disease?—I think that there is something in that. But even so I find it necessary sometimes now to use a term which is quite unintelligible to the official of the friendly society. But then one cannot help that. In some cases there is no ordinary colloquial expression for the disease. Take the case of erythema nodosum, for instance, which prevents an insured person from working: I know of no popular name for it, and, therefore, I am bound to put the scientific name.

32,850. It is to the advantage of a national service that there should be accuracy in diagnosis and, therefore, the use of scientific terms should be encouraged?—Yes; I should say that it also obviates that difficulty about putting things too clearly on the certificate. You put it on with perfect truth, but it is not so obvious to the patient what it means.

32,851. I think that you agree with the evidence of the British Medical Association that it is advisable that referees should be whole-time officers appointed by the Commissioners. In their *précis* of evidence they suggest that those doctors should be men of good standing in the profession and, therefore, not likely to be attracted by a salary of less than 750*l.* a year with a prospect of a pension. You have subscribed to that?—Yes.

32,852. Have you any idea how many would be needed for the whole of the country for such a service as that?—It is a little difficult to estimate, but I should imagine that for Somerset, Bristol, and Bath, one whole-time officer could manage it.

32,853. How many men, approximately, would that mean throughout the country?—30 or 40.

32,854. For the whole of the country?—I was thinking more of England, and I should think 30 or 40 would be sufficient.

32,855. You think that it could be done with so few as that?—It is the merest guess, but I think that it would be, if anything, rather an advantage not



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to have a man too accessible, just as I think the getting of medical benefit is made too easy, and that that accounts for the panel doctors' surgeries being so swamped; if the services of the medical referee were made easy, he would be given a great deal of unnecessary work to do.

32,856. It would be a very considerable expense to some fund if not to the State, to appoint these men as high salaried and pensionable officials?—Yes.

32,857. If these appointments were made whole-time appointments, and the work were carried out very thoroughly, possibly along the lines of having all the sickness certificates supervised, what effect do you think it would have upon the sickness claims?—I think that it would save a little, but I should be very much surprised if the approved societies were not somewhat disappointed in how much saving there would be because, after all, it is only alleged excessive sickness claims. No doubt some will be found to be excessive, but a very large proportion of them not.

32,858. Do you think that there is a certain amount of loose certification, and that this would check it, and that the tendency of the doctors would be to correct that loose certification?—Yes, I do think so.

32,859. And that gradually it would produce this standardisation; the doctor would realise that there was a check upon the certificate, and gradually he would give such certificates as would not require any action to be taken upon them?—Yes, I think that that is so; it would tighten up the certificates generally.

32,860. As regards the insured persons themselves, do you think, if they knew that this revision was going on, they would gradually cease to attempt to go beyond what was normal in their sickness claims?—I think that it would have a tightening effect on them also.

32,861. Could you even approximately say how long you thought that it would take to produce that tightening effect?—If I had to guess, I should say twelve months. I do not think that you would see much effect before that.

32,862. Supposing you had this service set up with a great many whole-time men, established for all the rest of their lives, and with pensions to draw hereafter, to do work which is going to be materially diminished in twelve months, what would you give them to do?—I do not think that it would be very materially diminished, because I do not consider that very much of the excessive sickness at present is due to slackness in certification. Some of it is, but not very much. The only thing a whole-time medical referee would do would be to check that, and I am inclined to think that approved societies will be disappointed in the amount it does check.

32,863. There are other factors in the production of excessive sickness claims, but in so far as it is checked by the standardisation of the meaning of incapacity for work, and the standardisation of the grounds for certification by doctors, there would be less for the referee to do as time goes on?—A little less; but there will always be work for him to do.

32,864. Of what kind?—There would always be some; I am convinced of that.

32,865. You would not anticipate that, having set up this service, the actual work of refereeing would diminish so much that they would have to look round for something else to do?—No, we have an example of that in regard to workmen's compensation. If there was any standardisation of fitness for work, surely that would have been found by now under the Workmen's Compensation Act, in the way of a reduction in the number of disputed cases under that Act.

32,866. You would consider it to the interest of doctors than an efficient and smoothly working service under the panel system should continue?—Certainly.

32,867. You are speaking on behalf of the British Medical Association when you say that doctors are now favourable to the continuation of the panel system?—Certainly.

32,868. They would not be glad to see the whole thing broken up, would they?—No; I feel quite justified in saying that.

32,869. And you would not wish to see a State medical service established?—Certainly not. The

feeling of the whole profession is undoubtedly against it.

32,870. So that if, to produce this smooth working service, it is necessary to have some give and take in the adjustment of machinery, do you think that the doctors would be quite ready to consider their part in the give and take for the adjustment of that machinery?—Yes, most certainly.

32,871. Rather than that there should be grounds for saying that the whole thing must be changed into a State medical service?—Yes, certainly.

32,872. Supposing it was decided that all certificates should be sent to the office of the referee, can you suggest a method by which it could be done?—I suppose it would go through the approved society, because it is given to the insured person, and he gives it to the secretary of the approved society.

32,873. That is one way. The certificate could be given as now to the patient, he would send it to the agent, and the agent would send it to the secretary of the society, who would send it on to the office of the referee?—Yes.

32,874. Can you see any disadvantages in that method?—No. I have always been very strongly of opinion that any certificate should be given direct to the patient, and not sent to the office of a referee, or to any other place. If it contains some piece of information he does not want published, it is open to the patient to suppress it altogether, and the doctor in that case is free from all responsibility. If the doctor has to send it to anyone else, then he is in danger of committing a breach of professional confidence, which is highly objectionable.

32,875. The doctor is only concerned in giving it to the patient, and the patient hands it on. Can you see any disadvantages in that being the method?—There is a disadvantage, especially in the case of a woman insured person, that it is undesirable for the certificate to pass through the hands perhaps of a young and irresponsible male agent. If it went straight to the referee's office it would be an advantage, because it is in a case like that where the doctor is tempted to disguise his certificate to a certain extent—to use perhaps a long and difficult word where a short one would suffice.

32,876. I am thinking just now of the means by which the certificate or information respecting a sickness claim gets to the referee's office, and one of the methods is that it should go, as now, from the doctor to the patient, from the patient to the agent, and that the agent, while sending on a certificate to his higher officials, should also send an intimation to the referee's office, either a copy of the certificate or a return on a particular form?—Yes.

32,877. Do you see any disadvantages in that being the method by which that certificate gets to the referee,—I do not mean general disadvantages as to professional confidence and that kind of thing?—I see no objection to it, except in regard to the breach of professional confidence, and I think that that objection is a considerable one.

32,878. You are very conversant with the different types of agents of societies that are abroad in the land, are you not?—Yes.

32,879. Would you trust them to copy accurately all certificates from doctors which come into their hands?—Certainly not.

32,880. There would certainly be a disadvantage in the illiteracy of the agent and the inaccuracy of his copying?—Yes, but then the vast majority of certificates would not be difficult to deal with.

32,881–3. There might be some delay from inaccuracy. Then there is another method, is there not, that the certificate should not be given to the patient at all, but sent first to the office of the medical referee and distributed from there to the societies?—Yes, that is one alternative.

32,884–5. The only other method I want to ask you about is this: Supposing the doctors, while they are giving certificates, as you said just now, were asked to write a certificate with a carbon duplicate, and give one to the patient and send the other to the



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medical referee?—We have had a pretty good dose of carbon duplicates up to the present.

32,886. You think that they would not like it?—We have had about enough of it. We write every prescription in triplicate now.

32,887. You think there would be an objection to that?—I do not think that the profession would like any more carbon duplication.

32,888. Even although this were part of the give and take?—I do not think that I can usefully answer that question.

32,889. With regard to co-operation with the societies, you say that you welcome information from the societies as to the habits or delinquencies of patients, and disobedience to rules and neglect of the doctor's orders, and so on. Would you be prepared to act upon that information in the interests of the societies? I think you agreed that the doctors generally would be very ready to do so?—Yes.

32,890. You admit also that the society is justified in asking for further information in regard to any patient's illness?—Yes, in asking for it, but not necessarily to get it, because it might be distinctly to the disadvantage of the insured person to talk about his affairs.

32,891. But you admit that the society under the Insurance Act has to decide whether a person is eligible for sick pay or not?—Yes; I always thought that it depended on the doctor's certificate, but I am told now that it does not.

32,892. If the agent or secretary of the society has a reasonable doubt about the certificate, how can he get this information unless he goes to the doctor for it?—Well, he can get information about a person's habits. That is where I come to my old question of sick visitors again.

32,893. I mean, he may have a definite doubt as to the meaning of the doctor's certificate?—In that case the most natural person to ask is the doctor himself, and, as long as the information is asked for reasonably, the doctor would not have any objection to talking to him about it.

32,894. Or writing to him?—Yes. But in an exceptional case. It is obvious that a doctor, with a considerable number on his list, cannot be bothered with being asked about nearly every patient.

32,895. Supposing the experience of societies, as time goes on, is such as to make them seriously alarmed as to the position of their sickness funds, do you not think that such applications would be more and more necessary?—Yes, I can quite understand it.

32,896. And if there is no referee, this must be the normal procedure by which an agent or secretary makes himself acquainted with the eligibility of the patient for sickness benefit?—My own opinion is, even with the referee, that it should be the normal course, and then so many cases would not come to him.

32,897. If this was the normal procedure it would be an essential procedure?—I do not think so, because it is just possible that the doctor and the agent might not be on sufficiently amicable terms for it to be the ordinary procedure.

32,898. But if the agent can in no other way obtain the information necessary to determine that which the Act requires him to determine, that is to say, whether the patient is eligible for benefit or not, what else is he to do?—If the doctor gave a perfectly clear certificate, I can conceive circumstances in which he would not be justified in giving any further information. Supposing he said, "So-and-so is suffering from pneumonia," and he continues to certify pneumonia during convalescence when the acute symptoms have subsided; he is quite justified in doing that, and the only other information he could give would be the grounds on which he bases his opinion that the person is unfit for work, and that involves a long clinical description which is quite outside the scope of a certificate. If the sick visitor saw that man going a day's excursion by train, or knew that he went for a ten-mile walk, he could give other information which the doctor had not, and which would be very important information.

32,899. If this extra detailed information which the agent has to get from the doctor to remove from his

mind any legitimate doubt he has is the normal and general procedure, may we not expect that before long it would be included in the terms of contract or agreement which the doctors would have to make with the insurance committees, that they should be prepared to give this information when asked for it by the societies?—It would be a very dangerous precedent to set up.

32,900. If they had no other course, what else could they do?—There is always the referee.

32,901. I am supposing that there is no medical referee?—I take it that there is not much doubt that there will be.

32,902. (*Miss Wilson.*) You said that you had a certain number of factory girls among your patients. In what sort of factories are they employed?—In corset factories, cloth factories, and ready-made clothing factories.

32,903. Do you find that a larger proportion of them require certificates than the clerks or domestic servants, or is it about the same?—I have not any definite information on that, but I gather that there is not very much difference.

32,904. You have not had enough of them to be able to generalise as to factory workers as opposed to other classes of women?—No, I have not.

32,905. Could you give us any idea of your working rule as to what sort of cases you see at home, and what you require to come to the surgery; for instance, do you see at home all whom you order to bed?—Certainly.

32,906. You would never require them to come to the surgery?—Certainly not; it almost goes without saying, if a patient stays in bed, that he must be visited at home.

32,907. Could you give us any more information on that point?—It is a point that arises daily. A patient comes to me, and I consider that he or she is not well enough to be out, and I say, "Go home to bed and I will come and see you."

32,908. When they come to you, do you have to keep them waiting very long in your surgery?—No. I tried to tell this Committee something of the means I had adopted, so that others can help me.

32,909. Have you any arrangement as to giving them tickets so that they might take their turns?—They come strictly in rotation.

32,910. There is no difficulty about that, is there?—None whatever; they keep each other honest in that respect, when there are several in the waiting-room.

32,911. You attach great importance to sickness visiting. Do you think it is important to have a deterrent rule as to housework in order to prevent insured persons staying too readily on the funds; or do you only think it important that the sick visitor should see that your instructions to patients are carried out from a purely health point of view?—The primary object should be the health point of view. But the question as to whether they should be allowed to do any housework or not, is a debatable question. If I may give an example, the superintendent of a company went into a house and found an old lady pouring hot water out of a kettle into her teapot. He said that she was doing domestic duties, and he promptly took her off the funds. Whether she ought to have been taken off or not I do not think it is for me to express an opinion, but I do say that the act of pouring hot water out of a kettle into a teapot was not in any way detrimental to her health.

32,912. Do you think that the doctor ought to decide whether the patients should do housework, and, if so, what sort of housework; or do you think that the society should have some sort of strict rule which they would enforce; for instance, a rule forbidding heavy housework but not light?—I think that it would be most useful if the society had some such rule just as the old friendly societies had, for instance, that a man might not be out later than five in winter and seven o'clock in the summer, and that applied to all members.

32,913. I am asking you especially in regard to women and housework?—I suggest that some such rule should be made that some light house duties



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might be allowed, but nothing that is at all analogous to their ordinary work. If a charwoman was doing her whole household duties at home, then I should say that she ought to be at work and not on the funds, and in cases where I find them doing that, I sign them off.

32,914. You said that the Bath Insurance Committee paid district nurses for attending on insured persons. Is that only in cases of phthisis, or is it for other diseases?—Phthisis, and a few other cases of tubercular disease.

32,915. Is it paid out of the Sanatorium Benefit Fund?—Yes.

32,916. (*Dr. Smith Whitaker.*) You estimate you probably now see a patient, who was formerly not insured, but who is now insured, three times as often as you would have seen him in times past. I take it that that is a rough off-hand estimate?—Yes.

32,917. But you are certain, at any rate, that you do see people who are now insured twice as often as you did in the past?—Yes. But I do not say that the person necessarily has twice as much attention, because many of them went to hospitals and dispensaries before.

32,918. But the private practitioner in respect of that class of the community which is now insured is, in your judgment, doing twice as much work as before?—Yes.

32,919. You said three times?—I did not say that I was seeing them three times as often. It is so difficult to estimate just how many attended at hospitals and so forth.

32,920-1. Supposing you have 1,300 men; I understood you to say that you had 1,200 club patients before the Act?—1,100 I think it was.

32,922. There may be perhaps 100 of your old club patients who are now your insured patients, and 300 of your insured patients who were not formerly your club patients?—Yes, that might be.

32,923. Taking them together, you think that these 1,300 men and 700 women whom you are now responsible for looking after are occupying twice as much of your time as they used to do?—Certainly. But in that case I should have to distinguish between the club and private patients because the club patients always came more frequently than the private under the old contract system.

32,924. Do you think that club patients are getting more of your attention now than they used to have?—Yes, and I attribute that to the blare of trumpets with which the Insurance Act was received and to the advertisements that were put out, and all that sort of thing. The people have tested the fruits of the Insurance Act, and, having found them good, they come again. I made a rough estimate during the year 1911 of the total number of attendances and of the remuneration attached thereto, and I found, so far as I could estimate it, that my remuneration came to about eighteenpence an attendance. For the year 1913 I have also made a rough approximation, but I was not able to do it so accurately owing to the fact that, during the first three months, the day book was in force. Under the Insurance Act it comes to 1s. 5d., about a penny less than under the old system. Under the friendly society system 4s. a year was paid, deducting 6d. for drugs, and the remuneration was 3s. 6d. exclusive of drugs: whereas now it is 7s. In spite of that I get less per attendance than I used to. It shows that the medical benefit part of the Insurance Act is so popular that people have enormously more attendances than they used to. And that to some extent accounts for the excessive sickness claims, that now and then people drop into a sickness claim when it is just possible that they might have struggled on without it before the Act was passed.

32,925. In times past possibly there may have been people struggling on who ought to have rested?—Yes.

32,926. And other people were on the border line who did not get benefit then and do now; and some get benefit who ought not to get it?—Yes, a few.

32,927 Referring to your own work, of course with regard to this increased work, though you see people very often a large proportion of the cases are for ailments which, you can see without any elaborate

examination, do not require much attention?—Yes, certainly, such as cold in the head.

32,928. Therefore, although the number of attendances has increased, whether at your surgery or at the patients' houses, the work has not increased in the same proportionate degree in regard to the mental energy and work you put into it?—That is so.

32,929. And though there might have been eighteenpence per attendance in the past, and it is only 1s. 5d. now, it is possible that the drain on your energies per attendance has been reduced in the same proportion?—Yes.

32,930. With regard to the matter of remuneration of doctors, you, perhaps, agree that the Insurance Act has resulted in an increase of medical incomes on the whole?—Yes.

32,931. Would you contend that the increase of work has been anything like proportionate to the increase of income?—In many cases I should consider that it about balances. But some of my friends who work in the country say the increase of work has been out of proportion altogether to the increase of income. I have known a country practice for many years where the doctor assured me that the increase in his work has been out of all proportion to the increase in his income. My income has been increased and my work has increased too, but on the whole I think that the two balance each other.

32,932. You mean that you were just about as well paid for an hour's work then as you are now?—Yes.

32,933. You think in regard to some of the country doctors that possibly that is not so?—Yes, they do not have anything like the same proportionate number of attendances, because, when a man lives two or three miles off, he does not come for a bottle of medicine every time he has a cold in his head as he does when he lives two or three doors off. But in the country when a doctor is called he may have to go several miles.

32,934. You think that the amount of visiting is greater in their case?—I have no statistics to prove it.

32,935. That is what you gather from them?—Yes. The increase of visiting in my own case is no greater. What there is is such a tremendous increase in the number of attendances for trifles.

32,936. Comparing your insurance work with your private practice and forming such an estimate as you can of the proportion of your time which is now occupied in each, and the proportion of your income that comes from each source, do you think that you are as well paid for your private work now as for your panel practice?—I should think that it is about the same. I am comparing more especially the visiting now, because it is more easy to discriminate. There seem to be so comparatively few now. I do not know whether they are crowded out or what is it, but the number of private patients at the house are few, though the number of visits remains the same, but the proportion now has undergone less change than before.

32,937. I have heard of cases of doctors who considered that it was remunerative to drop all kinds of private work and stick simply to insurance work?—If I had another thousand on my list I can conceive that it would be, because, for one thing, it would save all account keeping, and that would be a considerable matter. Supposing I dropped all my private work, and had another thousand on my list, in some ways it would be less trouble.

32,938. You feel that the insurance work is more remunerative than your private practice?—No, I think it is about the same. I think that it is very fairly paid, and, so far as the financial part of it is concerned, I am quite satisfied.

32,939. Of the 20 persons who had transferred from your list to other doctors at the end of the year, I think that you said that at least three-fourths of them were people to whom you had refused certificates?—Yes, a considerable proportion of them, at any rate.

32,940. It was not the whole of the 20?—They were not persons to whom I had refused certificates, but people to whom I had suggested that it was about time to sign off. It is so extremely difficult, when anyone comes to one and says he is not feeling well, no



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matter how thoroughly you examine him, to say: "I refuse to give you a certificate." What is much better is to give him a certificate, see him frequently, and get him off as quickly as possible. That is what I have always done myself.

32,941. Those 15, or whatever the number was, were a large proportion of the number who went off your list at the end of the year, were they?—Not having kept any record of them it is extremely difficult for me to answer that question; I could not give you any profitable answer.

32,942. Do you think that there were 30 or 100 in the course of the year that you had to induce to go off the fund?—I have not the remotest idea, in the first place, how many certificates I have written in the course of the year, so I cannot answer that question.

32,943. On the subject of dating certificates, I was not quite clear as to your view of the initial certificate. You mentioned the case of a charwoman who was not very well on the Monday, did not get a certificate from you and went on till Thursday, when, we will assume in that particular case, you found her incapacitated, and you gave her a certificate; she still had to wait four days before she became entitled to sickness benefit. Was that one of the cases you had in mind?—Yes.

32,944. Do you think that that woman was or was not incapacitated on the Monday?—I should think, in all probability, that she was on the Monday, because she would hardly voluntarily give up part of her small income if she were not.

32,945. Then why did you not give her a certificate on the Monday?—I had not seen her then.

32,946. I beg your pardon; she did not trouble you at all because she thought she would wait and see; I misunderstood you?—Yes, and that happens constantly.

32,947. The other case was that of a continuation certificate; a person whom you had seen on Monday or on Wednesday, came to you for a certificate on Friday, or did not come, but sent a child, or the agent called for the certificate on the Friday?—Yes.

32,948. I could not understand the procedure you suggested should be followed in such a case. I gather that you dismiss the idea of giving a certificate saying, "I have this day seen so-and-so," and of dating it for the Friday?—Well, I should not dismiss it, if you dated it back to the Friday, supposing they came with this paper on the Saturday.

32,949. This is a patient you saw on the Wednesday?—Yes.

32,950. And not the patient himself, but a member of the family came on the Friday for a continuing certificate?—Yes.

32,951. Would you, to begin with, dismiss the possibility of giving a certificate dated on Friday, although, in fact, you had not seen the patient on Friday. I understood you to say this morning that you recognised that, though it might have been done in the past, it must end in administrative chaos if such a thing is allowed; so that is out of our way now?—Yes.

32,952. It has been suggested, in the second place, that you should date it for Wednesday although the certificate is, in fact, given on Friday?—Yes.

32,953. Surely that must also be put out of the way, must it not?—If it says "this day," surely "this day" refers to the day underneath it: "I have this day," last Wednesday, "examined you." If only societies would take it on a general form like this one (*handing in form*) it would meet it, I think.

32,954. I cannot understand why, if you have any difficulty at all with the societies' procedure, you do not insist on them falling into line? It is possible, of course, that the societies may see their way to altering their procedure; but if you have any difficulty with them, I cannot understand why you should not insist on giving a straightforward statement of the facts. Instead of saying, "I have this day seen," say on Friday "I saw so-and-so on Wednesday." Supposing Friday were the 26th March, date the certificate 26th March, and say: "I hereby certify that I saw and examined John Jones on 24th March," and then the certificate is perfectly clear and straightforward?

—The difficulty is that the societies refuse sickness benefit, and say: "It is all due to the doctors not putting 'this day' on the certificate."

32,955. If the societies are pressing you to do things like that, is it not far better for the profession to have it out with them? Why cannot you agree upon a system, and go straight forward, have the question of accommodation and arrangement settled in some way, but insist that, whatever the doctor does, he must not be driven to give ambiguous and mis-dated certificates?—Yes.

32,956. Why should the profession allow its good name to be impeached merely to meet the convenience of societies or agents?—I think that is a very reasonable attitude. Unfortunately that very attitude reacts very hardly on the insured person, because it means that they cannot get their money.

32,957. It would not be for long, if you made your stand?—It would make the profession, and possibly the Act as well, very unpopular, because it would mean delay in the payment of sickness benefit.

32,958. If the doctors would show the same unity amongst themselves in not giving way on questions of this kind, and did not fear to be personally, or collectively, unpopular, but agreed among themselves that none of them would do such and such things, the whole difficulty would be brought to an end?—I think that the beneficial effects of a conference are very great. Take, for instance, the conference already referred to about the certificates; the improvement has been enormous in the certificates and we have not now very much to complain of.

32,959. It was the suggestion of a secretary of a society, made to us here, that the doctors had been wanting in unity among themselves in regard to these matters?—Would not that apply more especially to those who have just come on the panel than to all?

32,960. I do not suggest that it applies to one more than to the other. Whenever you press doctors upon these points they say, "If we did that, we should make ourselves unpopular." But the unpopularity would not matter if they all took the straight line, would it? I suggest, for your consideration, at all events, that many of these difficulties would be met, if they were faced in some such way as I have mentioned. With regard to the question of rules as to conduct during sickness, you said that if you found a charwoman, whose ordinary work was house-cleaning, cleaning her own house while sick, you would put her off benefit?—If I found her scrubbing the floor I think I should; but not if she was making a cup of tea.

32,961. But another woman whose work was not that of a charwoman, you would allow even to scrub the floor, is that so?—No.

32,961a. I could not understand why you brought in the fact that her ordinary work was scrubbing floors?—I mentioned charwomen because I have more trouble with them than with factory girls. A day's charring is hard and very ill-paid work, and there is, of course, more difficulty in getting an ill-paid worker off the funds than in getting better paid people off; 1s. 6d. is the ordinary payment for a day's charring, I believe.

32,962. You do appreciate the distinction between the question of rules as to the conduct of persons in receipt of sick pay which are devised for the protection of their health, and rules as to conduct which are simply intended to be deterrent?—Undoubtedly there is a distinction.

32,963. When you spoke of the rules for women, you seemed to speak as though the only question in your mind would be whether a woman should be debarred from doing certain kinds of work, because it might be injurious to her health?—Not "only," I think the use of the word "only" is too hard and fast. I realise the responsibility of the society in enforcing any rule they may have about the work which an insured person does. I think that it is most important for the morale of the Insurance Act that it should be so, and I always welcome any society which has rules on that subject. Some of them have not any rules of the kind, and some of them allow their people who are on the sick funds to be out at any time of the night they like; but others have very strict rules as to that.



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32,964. You think it quite proper that they should have a rule about people not being out after 7, say?—I think it is most important.

32,965. Not only because it is important that they should not be out after 7, but because it would make them less likely to claim sickness benefit?—Yes; in fact, it is of considerable use in getting people to sign off the club as soon as possible. When a man is well he wants to go out in the evening and enjoy himself. And if there is a rule of that sort he signs off quicker, and it is a help to the doctor as well as to the society.

32,966. You said something about the panel doctors seeing their patients with the referee occasionally. Do you suggest that the panel doctor should be paid for his loss of time in doing that?—No, I do not suggest that.

32,967. If there were medical referees, would you feel that it was quite reasonable that, perhaps not in every case, but in quite a number of cases, the doctor attending should see the referee?—Yes, if the doctor had the option of the consultation, I would not suggest for a moment that there should be any remuneration for that. It might be a little different if it were compulsory for the doctor to attend.

32,968. Perhaps the word "compulsory" is the difficulty; we are not at all suggesting that it shall be obligatory?—That is it.

32,969. Do you think that it might reasonably be declared to be part of his duty to attend whenever the case was of such a character that it was desirable for him to attend in order to assist the referee in coming to a conclusion, leaving the question of whether he ought to have attended in any particular case to be decided afterwards if the question was raised?—I do not think that I can admit that; I think he ought to have the option. An analogous condition of affairs is already in existence under the sanatorium benefit. The tuberculosis officer sees the insured person to decide what form the treatment shall take, and he writes to the doctor and tells him that he proposes to call on the insured person at a certain time; then the doctor has the option of attending or not. But it would be a breach of professional etiquette if the tuberculosis officer were to call upon the patient without notifying the doctor, and I suppose that the same thing would apply to the referee.

32,970. I have not suggested that the practitioner should be compelled to attend in every case; but do you not think that it might be recognised as part of his ordinary duty to attend in some cases?—Cases would undoubtedly arise where a consultation would be desirable in the opinion of the doctor. In no case did a doctor in Bath send a case to the referee without, if he himself could not attend, writing to the referee. I have done it myself and have given him the details.

32,971. But writing a report is not always as desirable as giving details personally, is it?—It is not so good, of course.

32,972. Do you not think that it may well be recognised as part of the duties of the doctors? There are a very large number of doctors on panels, and, on ordinary probabilities, a fair proportion of those—without assuming that doctors are any worse than other people as a class—are slack and unscrupulous people?—No.

32,973. Out of 20,000 human beings in any class you would find some slackers surely?—It depends what you mean by "a fair proportion." I think.

32,974. Any proportion you like—the ordinary proportion of human beings?—I should say the proportion of slackers is vastly greater than the proportion of unscrupulous people.

32,975. There is a proportion of them—I do not mind how low you put them—who will not take any trouble?—That is where the duty of the referee comes in.

32,976. But is it not also necessary, to enable the referee to do his work properly, that you should apply some pressure to such people to give the required information?—You can bring a horse to the water, but you cannot make him drink. He would not give the referee any information when he got there, if he was one of those unscrupulous people you refer to.

32,977. Well, take one of the slack people?—I should think that he would be more likely to when he got there. I should hesitate to commit myself to saying that it ought to be compulsory for the doctor to attend in any given instance. It certainly comes quite outside the scope of his present agreement.

32,978. We are not suggesting that it is within. The question is whether this is an obligation that might not quite reasonably be included in his contract?—It is one that would want very careful watching, or the doctor's work would be very seriously interfered with, because a case like that is likely to take a considerable time, and might, perhaps, take an hour. If it took an hour out of a busy morning's visiting, the doctor would very likely have to hurry his other work, and that would be prejudicial to the quality of his work and to the recovery of his patients, in all probability.

32,979. That is an objection on quite different ground. It is not that it would be unfair to the doctor to require it, but that, if it is imposed, it must be very judiciously enforced in the interests of other patients?—Yes, it is a different point of view, but I think both would require consideration.

32,980. (*Chairman.*) When you spoke of agents, had that reference to those of particular societies, or those representing societies in general?—I was referring to the agents of collecting societies.

32,981. All through your evidence?—As a body, apart from the officials of the friendly societies.

32,982. You definitely intended to draw that distinction, did you?—Yes, because it is a very real one. When I refer to an agent, I mean of collecting societies as distinct from ordinary friendly societies.

The witness withdrew.

Dr. JOHN DIVINE (*nominated by the British Medical Association*) examined.

32,983. (*Chairman.*) You are a Doctor of Medicine of Glasgow, and president of the Hull Medical Society?—I am immediate past-president now.\*

32,984. You are honorary secretary of the local medical committee; you are in practice in Hull, and, I suppose, on the panel for that area?—Yes.

32,985. Are you on any other panel besides Hull?—I have about 24 patients on the East Riding panel as well.

32,986. How many have you on your Hull list?—I had 976 at the beginning of this year; it is practically a thousand now.

32,987. They increased in number at the beginning of the year?—I have been getting a few more as the quarter has gone on.

\* The Hull Medical Society is devoted exclusively to the scientific and clinical aspects of medicine, and has nothing to do with medical politics or the British Medical Association.—J. D.

32,988. How many on your list are men, and how many women?—I am afraid I cannot give you that. Roughly, I should say that three-quarters of my list are men.

32,989. Can you tell me anything about their characteristics; what sort of people are they?—They are working-class people, and the lower middle class, and engineers.

32,990. Are they the more highly-paid artisans, or casual workers at the docks?—I have not many casual workers on my list; most of them are in regular employment: clerks, engineers, and workers in oil mills and flour mills.

32,991. And what are the women's occupations?—A few of them are in Reckitt's blue and starch works; the others are mostly domestic servants, women clerks, shop assistants and typists.

32,992. How many do you think you have who are



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in Reckitt's?—Not very many; I should think, perhaps, three dozen.

32,993. The rest are either domestic servants or clerks?—Yes, and typists and so forth.

32,994-5. Do you have many maternity cases?—None at all.

32,996. Could you tell me how many attendances or visits you have made in the course of the year; I do not want the exact figures; simply a rough idea?—I made it up for the year less 14 days ending the 31st December, for the insured persons; I have not the figures with me, but I should think it was about 2,600 attendances and visits.\*

32,997. Could you give me any kind of idea as to how many certificates you issued during that time?—No; but I have the figures in regard to certificates for 31 weeks.

32,998. Will you give us a comparative figure?—I have the figures for a number of the men during that period; in fact, I obtained statistics regarding about 67,000 of the insured people for a period of 31 weeks. Out of an insured population on the 17th November of 99,155, there were 74,748 males and 24,407 females. The period covered is from April 15th, the date on which the old day-book was stopped and the card index began.

32,999. This is on the Hull side?—Yes. Out of that 99,155, a sufficient number of doctors gave me a return in regard to 65,823 on practitioners' lists.

33,000. That is not on all the lists, but those figures came from the lists returned to you?—Yes, a certain number of doctors did not reply. As I said, 65,823 were on practitioners' lists and 2,017 on an approved institution. I could not get the exact figures as to male and female of the 65,000 odd, but I estimated it from the figure of the total insured population as being 49,621 males and 16,202 females.

33,001. That, of course, is an inference and not a fact?—I have got the proportion of males and females in the whole insured population from the clerk of the insurance committee, and I estimated the 65,823 as being a fair average. Of the 67,840, which is the whole number at approved institution and on practitioners' lists, 26,056 were attended during the 31 weeks, with 129,979 attendances, that being 4·988 each. Comparing those under practitioners with those in the approved institutions, I find that of the 65,823 who were under practitioners, 25,158 were attended, being 38·22 per cent., with 125,931 attendances, being practically 5·005 attendances each. Under the approved institution, with 2,017, there were 898 attended, giving 44·52 per cent. as compared with 38·22 per cent. under practitioners—that is to say, a larger proportion of the number were attended; the attendances were 4,048, giving an attendance rate of 4·507 each as compared with 4·858 under practitioners. Dividing the 67,840, as I have done, into males and females, estimated as 49,621 males, I find that 18,016 males were attended, being 36·3 per cent.

33,002. You mean that that again is an estimate?—That is the same estimate that I gave you before; I am giving you the attendances of the males as compared with the females, and 18,016 males were attended out of 49,621, or a percentage of 36·3.

33,003. How do you arrive at that; is that from actual figures or from an estimate?—It is from actual figures. Perhaps I had better hand in a copy of the circular which was sent to the practitioners; it is the statistical form I sent out for them to fill up (*handing in the same*).† As I said, 36·3 per cent. were attended, and they got 87,526 attendances, being 4·85 each. There were 16,202 females insured, and of these 7,142 were actually attended, being 44 per cent. as against 36·3 of the males, getting 38,405 attendances, that being 5·37 each as compared with 4·85. So from that you will notice that the actual male attendance rate, 36·307, is less than the female attendance rate. But as regards the giving of certificates, amongst those actually attended a greater percentage of females than males had certificates; that is to say, 6,973 males were attended—

33,004. Is this an arbitrary figure, or what?—In that return I divided the returns I received into four groups; in one group I got complete information as to the number of attendances made, divided into male and female, and of the number of certificates given, also divided into male and female. I had a second group in which the attendances of males and females were given, but the certificates were not differentiated between male and female. I had a further group in which no return was made as to the number of certificates, so I had to leave those out of my calculations. Of 6,973 males of whom I got complete information, 2,291 got certificates, that is, 32·85 per cent., or 1 in 3·04; and if you take this number as being part of a group of insured males calculated in the same way as before, it would form a group of 21,996 males, so that of 21,996 males insured, there actually got certificates 10·8 per cent. or 1 in 9·251; it is rather complicated. The essential feature is that there were 32·85 per cent. of males attended who got certificates. Then of 2,968 females attended, 891 of them got certificates, which is equal to 30·02 per cent., or 1 in 3·331, so that whilst the percentage of females who were attended was greater than the percentage of males, the percentage of females attended who also got certificates was lower than the percentage of males who got certificates in this group.

33,005. It is very remarkable, is it not; is there any other feature in regard to this particular group which throws any light upon it?—No; it was not selected in any way; it was simply taken from the returns.

33,006. It was selected by the chance which you have just now described?—It so chanced that I got complete information both as to males and females in this particular group. As regards the comparison of those under practitioners and those under an approved institution, I find that of those under practitioners, males and females together 17,235, 5,406 got certificates, being 31·366 per cent.; whilst of 898 attended under an approved institution, 381 got certificates, being 42·428 per cent. as compared with 31·366 under practitioners. I think that, going on my own figures, 10 per cent. at least of the certificates recorded here will be accounted for under the Workmen's Compensation Act.

33,007. Now, coming back to your experience, do you think that your own figures, if they were worked out, would come to something rather like these figures in proportion?—I think that possibly I am rather favourably placed.

33,008. You have a better lot of people?—I think so. I am on the outskirts of the town in rather a better neighbourhood, and I never did club work in past years. But the greater part of my list is made up of people who were formerly private patients.

33,009. What proportion does this work bear to the private practice you have at present—the rest of your practice? I mean in time, number, and that sort of thing?—I should think between a quarter and a third.

33,010. And were all these 976 among your patients before?—No, perhaps about 50 per cent. of them; but not exactly my patients; they were potential patients, as they belonged to families, members of which I had attended.

33,011. They belonged to places in which you had a connection?—Yes, exactly. In that book\* you have now, the first two pages in each month are private work, and the last page in each month is panel work, so you can get a rough idea of the comparative number of people that I visit at their homes. The final page is always insurance work.

33,012. In February there are two pages and a little bit private, and not quite a whole page for insurance?—That is so.

33,013. Not quite a page in January, for insurance, and two pages and a bit for private work?—Yes; at the same time that does not give a very accurate estimate either, because the comparative amount of visiting done is less for insured people than surgery

\* The exact figure is 2,578.—J. D.

† Appendix G.

\* The witness's private diary (not printed).



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[Continued.]

work. We do comparatively a greater amount of surgery work for insured than for private patients.

33,014. Is that according to their wishes, or yours?—It is according to their wishes.

33,015. You have a great deal of ambulatory disease, then?—I account for it by the insured coming for more trivial complaints than people who have to pay half-a-crown every time they come to my surgery.

33,016. Does that page in regard to the insured people represent quite the same thing as the pages of non-insured work?—It does not represent the full insurance practice.

33,017. That is only the visits, is it?—Yes. I keep this book to carry round with me. It is my visiting list.\*

33,018. Of the people who come to the surgery, the greater proportion of them are insured people?—Yes.

33,019. How long does the whole thing take you in the day; have you a morning and evening surgery?—Yes, from 9 to 10 in the morning, and from 6 to 7 at night for panel work.

33,020. Do you keep that for panel work alone?—From 9 to 10 and 6 to 7 are common to private and panel patients; first come first served, whether private or panel.†

33,021. How many people do you see in that time, roughly speaking?—On an average, taking the whole year through, I see perhaps fourteen or fifteen insured persons every day, outside and inside. At present, and during the past month or two, it has been heavier, of course.

33,022. And how many uninsured persons would you see in that time?—Taking the whole year round, on an average I should probably see from 16 to 18 people outside and perhaps half a dozen inside.

33,023. That is 22 uninsured people?—Yes.

33,024. Would the 22 uninsured and the 16 or so insured people, each require about the same amount of attendance? Is there any difference between them, as far as you are concerned, in the amount that each of them requires, or do you find that one takes you longer than the other; do the insured take you longer than the uninsured people, or the uninsured longer than the insured?—I think that they are practically about the same.

33,025. I mean to say, some of the uninsured are people who never come to the surgery whatever happens?—Yes, they always send to me to visit them at home.

33,026. Are they not people who take up a great deal of your time?—They have to pay for it, though.

33,027. Yes, I know, but I was trying to get an idea of your day as a doctor?—They do not take up much of my time; no more than I can help, at any rate.

33,028. Do they want to be talked to more than the insured people, or less?—I have never encouraged anything of that sort.

33,029. Lump the whole of the 22 uninsured people and 16 insured together and tell me how many trivial ailments there would be amongst them?—Probably more amongst the insured.

33,030. To what do you attribute that?—I think it is because the private patients know that they have to pay every time they come to me.

33,031. You did no club practice before the passing of the Insurance Act?—No.

33,032. So you have not been able to see whether there is a sort of valetudinarianism growing up, or anything of that kind amongst the people?—No, I could not speak as to that.

33,033. You think that the insured people who come to see you ought to come?—Yes, in my expe-

rience it is so. I think, at the very first, for the first fortnight or so, a few did come out of curiosity to see if it was real. But since then, in my practice at least, if I find them coming unnecessarily I tell them so at once.

33,034. Do they not come with coughs and colds and indigestion, and things of that sort?—Well, if a man has a cold or a cough, I think that he is quite warranted in coming to see the doctor, and a doctor has to stand that.

33,035. Do they not come to some extent because they cannot get medicine otherwise? A person who is able to pay for his medicine would go to a shop and get a bottle of stuff for one of those ailments?—Why should they go to a shop when they are insured?

33,036. Probably for many of those complaints the person who pays would go and buy a bottle of stuff and take it?—I should not say that it happens very much in my experience.

33,037. What proportion of them, do you think, come to you expecting certificates? I do not mean the figure, but what sort of general impression is left on your mind? An insured person might be moved by two motives in coming to you, to get rid of his disease—I dare say in many cases that is the ruling motive—and a desire to get a certificate, and go on the funds of the society. How many begin by talking about a certificate first of all?—Very few. It has happened once or twice. I think that I would be going beyond the mark if I said that it has happened on five occasions; it is only very occasionally.

33,038. Leaving those aside, have you many cases where, after examination, they have ended up by saying, "Will you let me have a certificate?" and you have refused it?—I have not refused many; I have not had occasion to do it, but I did refuse one.

33,039. What case was that?—It was the case of a small external pile. The woman came to consult me with her sister, and I suggested that she should stay in bed the next day, and I would come and examine her. I did so, and then they sent round and asked for a certificate, and I refused it. They cut up rough, and they transferred at the end of the year, and I lost that patient as well as a private patient.

33,040. Who took them, do you know?—I do not know. The insured have leave to transfer without consulting their present doctor at the end of the year.

33,041. Have you had cases of continuing certificates where you have said to the patient, "Time is up; I think you had better go back to your work"?—I had one case which came near to malingering. I attended him for a fortnight, I think, and he complained first of rheumatism; then later on he had trouble with his chest. I could not detect anything very much, and at last he came complaining of his kidneys and of having to get up frequently through the night; so I ordered him home, and said that I would make a thorough examination the next day, which I did. I examined him for enlarged prostate, and, after a thorough examination, I told him that I thought he had better go back to his work on the next Monday, because there was nothing the matter with him. He took the telling off very well and did not transfer at the end of the year. I had another case who was treated for nearly three months for bronchitis when the Act first came in. After about three months' work he came to me in October. He was undoubtedly neurasthenic, and he said that he could not get on with his work; he was so bad, and he would like to go on the funds. So I spoke to him pretty plainly. I do not want to suggest that he was malingering, but I think it was largely a matter of will power, and I told him that if he put his heart into it, he would get over it. I met him some three months afterwards, and he was very amicable, and he did not transfer at the end of the year.

33,042. What was his trade?—He was an engineer.

33,043. What was the other man that you were talking about?—I think that he was an engineer, but I am not quite positive.

\* It represents quite the same thing for each section, i.e., it is the visiting list.—J. D.

† I have an hour from 2–3 p.m. private, and designed mainly for the convenience of women and children and to supply medicines arising from morning rounds.—J. D.



## FORTY-SIXTH DAY.

Thursday, 26th March 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*)

Mr. WALTER DAVIES.  
Dr. ADAM FULTON.  
Dr. LAURISTON SHAW.  
Mr. A. H. WARREN.

Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.

Mr. ALEXANDER GRAY (*Secretary*).

Dr. J. DIVINE further examined.

33,044. (*Chairman.*) Do you think that unjustifiable claims are being made on the sickness benefit funds of societies?—Not to any great extent. I have here a copy of the year's returns of a society involving 1,230 males and 2,370 females with the claims per quarter and the totals for the year. With the men the sickness benefit averages per member for the four quarters 6s. 8d., and for the women the average was 6s. 4d.

33,045. What I wanted to know was how, looking at it from the doctor's point of view, as you see the patients passing through the surgery and from what your professional brethren tell you, and what you see on the committee, you would regard the matter?—Judging from all I can learn, I do not think that the claims are excessive, in Hull, at least.

33,046. Do you think that they are more heavy among women than among men?—We expect more sickness cases among women; we find that in private practice.

33,047. Is there more sickness than you expected?—I do not think so.

33,048. In the case of men, are you finding more sickness than you expected?—Not sickness sufficient to go on the sick funds. We find them coming complaining of minor ailments in greater numbers, but not for sickness that would involve sickness benefit.

33,049. Are you ever in a difficulty on the question of making up your mind as to refusing or granting certificates?—There have been some cases of difficulty. I have a note of a certain number of men who had difficulty in connection with certificates. I find that 19 practitioners have notified us of occasions on which they have refused certificates when the patient asked for them.

33,050. I mean cases in which you or any other medical man in Hull says to himself, "I do not really know whether I ought to give a certificate or not"?—I have put that under the heading of "giving the benefit of the doubt." Two practitioners have communicated with me on that point. They have felt occasionally that they have had to give the patient the benefit of the doubt.

33,051. Is there much evidence of discontent on the part of the approved societies in Hull?—No. We do not find it on the committee except in the case of two complaints against myself in and since December regarding certificates which I fought out on principle; otherwise there are no complaints at all against practitioners.

33,052. What were the two complaints against yourself?—In connection with an alleged refusal by me to give a continuation certificate.

33,053. Who made the complaint?—The secretary of the society.

33,054. What kind of a society was it?—It was an ordinary friendly society, not an industrial society.

33,055. What were the facts?—The facts were that at the end of November a man called on me. He called on the 26th with some influenzal catarrh for which I prescribed, but I did not put him on the society.

33,056. What was his trade?—An apprentice engineer; he was a young man about 19. On the 28th of November he came again and was distinctly worse. I put him on sickness benefit, giving him an initial certificate on the 28th of November. On the 1st of December he called on me again and was distinctly better. From the 1st December until the 10th December he never called. He got his initial certificate on the 28th of November, and on the 1st December naturally did not expect that he would present a continuation certificate. I had no further opportunity of giving a certificate until December 10th. On that occasion I gave him a declaring-off certificate. The complaint was that I had neglected to give a continuation certificate between the 1st December and the 10th. The secretary communicated that if I gave a certificate for any date between these dates it would be all right, but on principle, in view of memorandum 173/I.C., I said that I would not give a certificate except on an occasion when I had seen the patient.

33,057. Do you mean to say that the friendly society pressed you to give a certificate when you had not seen the patient?—Yes, I have the correspondence here.

33,058. We had better have it?—It is quite a trivial matter so far as we are concerned, but I fought it on principle.

33,059. Is this a branch of an affiliated order?—It is a branch of a friendly society. On December 18th the secretary wrote to the clerk of the insurance committee:—"I enclose weekly sickness certificate of one of our members which Dr. Divine has refused to initial weekly as a continuing certificate. Kindly bring the matter before your committee. This is the first case we have had of refusal on the part of a doctor to initial, and I am afraid that if this is not done, we shall be surcharged by the Government auditors." Then the clerk of the insurance committee communicated with me on the 19th December: "I am directed to forward you a letter which has been received here on behalf of — complaining that you refuse to initial weekly the continuing certificate required by his approved society. Kindly let me hear from you thereon." On the 20th September I replied to the clerk—"In reply to yours of yesterday's date, I am unaware of ever having refused to sign



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[Continued.]

" any certificate which I could be properly called upon to sign under the Insurance Act, and I have had no complaint from the insured person named. As regards this particular case, I should like to know: 1st, the name of the complainant and the exact terms of his complaint, 2nd, what certificates, beyond the initial one of which I have the counterfoil, were actually furnished by me and the dates thereof, 3rd, what further certificates are deemed to have been necessary and the dates appropriate to them, 4th, what steps were taken to investigate the alleged refusal to sign, which I deny. With or without the above information I think I shall be able to satisfy your committee. In the meantime it seems to me that someone has been more anxious to get a complaint against Dr. Divine than to look after the interests of his society." On the 23rd December the clerk to the insurance committee communicated with the secretary of the society and said "Adverting to your letter of the 18th inst., complaining against Dr. Divine, this matter was considered by my medical sub-committee last evening when I was directed to enclose you a copy of a reply from Dr. Divine and to ask you to let them have your remarks thereon." In reply to that the secretary of the society wrote on the 6th of January: "In reply to yours of the 23rd ult. I have seen our brother ——— and he states that he took our red certificate with him when he went to see Dr. Divine and who told him that he would not require this signing until he was declaring off the fund. We do not require anything in the nature of a fresh certificate, but our form provides for the doctor to initial when seeing the member, say, weekly. The member was on 11 days (part of three weeks) and we have his initial certificate and also the declaration-off which is the red form. I did not wish this to take the form of a personal complaint against the doctor, and I should perhaps have done better to have written him direct, but I expected the usual course with anything of this sort was to write to the committee. If Dr. Divine will initial the certificate for, say, about the middle of the illness I think it would meet all requirements." The clerk wrote in reply—"Please inform me whether you wish your complaint against Dr. Divine to go forward, as you have not answered the questions raised by the doctor. I have little doubt that Dr. Divine will be pleased to discuss the matter with you. You cannot expect him to give certificates for dates on which he has not seen the patient." On January 10th the secretary replied stating that if the sick form were returned to him he would write to Dr. Divine direct. On January 12th the clerk replied: "I cannot part with the sick form for ——— unless you inform me that you do not desire the insurance committee to deal with it. As I have previously informed you, a complaint having been made, the committee is desirous of inquiring fully into it, and naturally it will only be on your withdrawing your complaint that the committee will feel justified in not pursuing the matter further." On January 13th the secretary wrote in reply to the last letter "I have nothing to withdraw. I have again seen our member who states that he took the form with him when he went to see the doctor and that the doctor informed him that he would not require the form until he signed him off. All we are asking the doctor to do is to initial the form for this particular time." Finally on the 14th of January in reply to that letter a copy of which was forwarded to me by the clerk, I wrote:—"In reference to the complaint which Mr. ——— has made against me the reply which he has sent to you does not contain an answer to any of the specific questions I asked. He merely suggests that I should sign a certificate for some date unspecified without regard to my having seen the insured person or having any means of knowing his condition. The facts are these. The insured person was seen by me and got a going-on certificate on November 28th. He called on me on December 1st and was much improved. At that visit three days after the initial certificate he did not ask me, nor did I expect him to ask me to sign a continuing certificate. After

" the 1st December he did not call on me again until the 9th December,\* eight full days afterwards when I gave him a declaring off certificate. If Mr. ——— wants a certificate for any date between the 1st December and 9th December,\* I am unable to give it to him as I did not see the insured person. If one was required for the 1st of December it should have been presented by the insured person on that date." The matter was discussed at the next meeting of the medical benefit sub-committee, and they wrote informing the secretary that the complaint was not substantiated.

33,060. When you saw him on the 10th December, was he all right?—Yes.

33,061. How long had he been all right?—My opinion was that he had been fit for a week, two or three days after I saw him on the 1st December. That is what I meant by saying that the secretary was too anxious to get a complaint against the doctor.

33,062. What is the other case?—The other case was on behalf of the ——— society because Dr. Divine would not sign a certificate necessarily on a certain day of the week. There has been a great deal of trouble with that society in fighting this thing out on principle. The local secretary has taken it as far as the Commissioners, and it has been decided in favour of the position which I took up that a certificate, approximately once a week, is quite sufficient, but a certificate must be given on a day on which a patient was seen by the doctor. If the patient did not happen to call on the doctor on the particular pay day of the week for which the society required the certificate signed, he had a difficulty in getting his money simply because the doctor did not sign the certificate for that particular pay day. Suppose the pay day is the 26th of March. If the doctor sees the patient on the 25th March and signs for the 25th March, there would be a difficulty if he did not happen to see him until the 27th and sign for the 27th. Very often these members come with the actual date which is to be signed by the doctor put in by the secretary, and of course I am in the position as secretary of the local medical committee of having the responsibility of adhering strictly to the requirements of memorandum 173/I.C.

33,063. Is everybody else in Hull doing that?—I should not like to say that. I think that a good many of the men when they get literature do not pay much attention to it.

33,064. What do you do when your patients are away from Hull?—I should expect them to become temporary residents.

33,065. And get a certificate there?—Yes, if societies demand certificates when he is away. There was a case of typhoid fever which I had to send to an infectious hospital.

33,066. Take first the case where somebody is sent away for a change?—I have not had a case, but supposing that I had a case in which it was decided to send a patient away for three weeks, assuming that he was unfit for work I would make a note on the certificate "recommended on such a day to go to such a place for a certain period" and I would leave it at that.

33,067. You would not sign a certificate when you did not see him?—Certainly not.

33,068. Take the case in the hospital for infectious diseases?—I proceed on exactly the same lines. I have a case here which was diagnosed as typhoid fever on the 30th January. The following week the sister of the patient brought the continuation certificate in to be signed by me, and I said that I could not sign it in the ordinary way, not having seen the patient as he was in hospital, but I wrote a marginal note "this patient sent to hospital suffering from typhoid fever on such and such a day" and any common sense secretary would know that that was going to last for 6 or 8 or 10 weeks.

33,069. How would he know whether it was 6 or 8 or 10 weeks?—He might apply to me at the end of 6 weeks.

\* 9th December I wrote, but it should have been 10th December. See answer to Question 33,056.—J. D.



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[Continued.]

33,070. That is not very satisfactory; the man might be dead?—I should think that he would get an intimation of that.

33,071. From whom?—At any rate I have no responsibility for him in the hospital.\*

33,072. I am not suggesting that you have. You say that any common sense secretary would know that he would be away for 6 or 8 or 10 weeks. I was wondering whether in that case you were adhering quite so strictly to the strict view which I was glad to note a moment ago. Is it quite safe for a secretary to proceed on an initial certificate like that when the patient might be dead a week afterwards?—He would probably be able to communicate with a medical officer of the sanatorium who is also on the panel.

33,073. Will he give certificates for people who are inside the hospital?—I should think that he would under the terms of his engagement with the corporation, if it were necessary.

33,074. Is there a general hospital in Hull also?—Yes.

33,075. Is that a municipal hospital?—No, it is a voluntary hospital.

33,076. What about the patients there?—The doctor for the staff is on the panel there.

33,077. Will he give certificates?—I have not had any cases in the hospital myself.

33,078. Has that been discussed at the medical committee?—It has not arisen.

33,079. We have had cases where the patient being in hospital, the panel doctor has signed in perfect good faith, when in fact the patient was dead?—If I were asked to sign a certificate for a patient in hospital I should want some evidence from the hospital—the house surgeon.

33,080. Has there been any occasion for the use of medical referees in Hull?—There have been some cases referred to a referee by one of the societies.

33,081. Have any cases of yours been referred?—No.

33,082. To what sort of a practitioner did the societies refer them?—To a practitioner in a town 60 miles distant, who, on the last occasion of which I have heard, came over to Hull and in a day and a half, saw 60 so-called malingersers.

33,083. Did he strike them all off?—I am not aware of his verdict. But I think that an opinion given in 60 cases in one and a half days running all over the city of Hull would not be a very valuable one.

33,084. There is some idea among the medical profession in Hull that it was not a very satisfactory proceeding?—Yes.

33,085. Apart from that kind of medical referee, have you considered the question of any other sort of medical referee?—Yes, I think that referees under proper conditions would be highly desirable.

33,086. What are proper conditions?—I consider that a referee should not be appointed by an approved society. A referee should be appointed under regulations either by the Commissioners or possibly by the insurance committee, and should be in an absolutely independent position.

33,087. When you say absolutely independent, do you mean that he should do no other work but that of referee?—He should not be on the panel.

33,088. Should he do any private practice at all?—It would be preferable if it could be so arranged, and

it could be arranged in many parts of the country, to have a full-time officer with no private practice.

33,089. Why?—Because human nature being what it is, if a man is a general consultant, he is coming in contact with the doctors in some other relationship, and there may be a little bias imported into his mind.

33,090. Do you not think on the other hand that there is some danger that if a man does nothing but referee work and takes no part in a doctor's primary work of curing people, he may lose touch with medical science?—I do not think that that is a big danger, if you select the proper man, a man with, say, 10 or 15 years experience in private general practice.

33,091. There would have to be a great many people selected for this purpose, if you are going to cover all England with them?—It depends on what you consider a great number. Thinking over the subject I thought that one man would be able to do Hull and the East Riding and perhaps even the whole of Yorkshire.

33,092. Do you not think that even the whole of the East Riding would be about enough for one man?—I do not think that he would be very hard worked.

33,093. Could he do Hull and the North and East Riding?—He might manage that.

33,094. He could not undertake the huge densely populated West Riding?—No, perhaps not, I am not so well acquainted with the West Riding. My point is this, if malingering or the desire to prolong incapacity unduly is such a clamant evil, it might be worth the expense.

33,095. I am not referring to the question of expense. I am only suggesting to your mind that there are not enough people of a sufficient professional standing to be able to take so many out of the profession all at once and place them all over England?—It would depend on the recompense. You can get men at a salary.

33,096. You cannot make men at a salary?—I do not think that there are sufficient medical men for all the work in the country. It has been said that the profession is overstocked. My opinion is that it is not, and that it never has been.

33,097. If it is not overstocked, and you want to get 60 or 70 good men, of intellectual power and experience, with some respect from their professional brethren, it would be rather a task to find 60 or 70 whole-time men all at once?—I do not think so with a reasonable salary.

33,098. What is a reasonable salary?—750*l.* to 1,000*l.* a year with the prospect of a pension.

33,099. That would be 70,000*l.* a year down and all the administrative expenses, and very soon a rapidly growing non-effective vote for pensions; that is rather a large proposition?—If the evil is so great that it requires a remedy, I do not think that the remedy is too expensive.

33,100. It seems to me rather extravagant than expensive?—That is a point that I have argued before, that the expense of counteracting so-called malingering and alleged excessive sickness is really greater than the expense of the evil itself.

33,101. I was on the question whether to get 70 or 80 people of just the same level and with just the same salary and about the same age and stick them all over the country, was not necessarily in itself a rather extravagant proceeding?—I see quite well that you could not carry it out all through the country as a full-time arrangement. There are many parts of the country such as the North of Scotland and the more sparsely populated districts where we should have to adopt a different system, and even in England there are many sparsely populated areas where different systems would have to be adopted.

33,102. (*Mr. Davies.*) Is the general feeling in Hull and district that there is excessive sickness occurring?—So far as this area is concerned, there is very little reason to complain of unjustifiable claims.

33,103. I suppose that you are aware that a certain standard has been accepted in the country by reason

\* During these questions the position was clearly in my mind as follows, though, unfortunately, I find I have not expressed it in my answers:—The secretary or other official will be calling at stated intervals to make sick pay, and some responsible party (parent in this case) will have to sign for receipt thereof. Surely such party would give notice of death when the official next called, if not before. The number of cases in which money would continue to be received fraudulently by concealing the occurrence of death from the society would be infinitesimal as a factor in the drainage of society funds.—J. D.



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[Continued.]

of the department allowing 3*d.* per week for men and 2*d.* for women to meet the sickness claims of the members, and that generally speaking that is accepted as the standard?—Yes.

33,104. And in many instances that standard is overspent, and therefore the complaint is made that excessive sickness obtains. Are you aware of a standard of sickness higher than that in Hull and the district?—No. I come in close contact with the representatives of insured persons on the insurance committee, and I have heard no complaints of an excessive sickness rate in Hull.

33,105. It has never been before your committee?—No.

33,106. Have you heard it stated at meetings of the various approved societies that Hull is having excessive sickness over the twopence and the threepence?—No.

33,107. And you have had no complaint from any society yourself?—No.

33,108. Should such an experience occur in Hull, would you say that that excess arises from any carelessness of the doctors in giving certificates more freely than they ought to?—Decidedly not. I have a great deal of correspondence with regard to certificates, and I find that so many doctors refuse to give certificates. They take exceedingly great trouble in certification in Hull, and I do not think that there can be any charge brought against them.

33,109. Generally speaking, you would say that the doctors in Hull have been exceedingly careful in giving certificates, and have not been giving them where they ought not to be given?—That is my opinion.

33,110. You say that 19 doctors refused certificates. Approximately how many certificates did they refuse?—I am afraid that I could not tell without running through the individual cases. Of course, they only wrote these as outstanding cases that occurred to their mind when they were communicated with.

33,111. What is the insured population of Hull?—It is now something like 103,000.

33,112. Have you any idea as to how many have been refused out of that 103,000?—I should not like to bind myself down to any number.

33,113. How many have you refused yourself?—Perhaps three altogether. I had one case which I quoted yesterday where I sent the man back to work and terminated his sickness benefit.

33,114. If that same average obtains in the case of the 19, there would be about 57. Have you considered that a fair average in relation to the number that you have on your list?—Probably it would.

33,115. Were those refused male or female?—Both.

33,116. Would you accept the statement that it was exceedingly easy for women to get certificates, especially in the case of pregnancy?—It is very difficult to draw the line between the disabilities of what you would call normal pregnancy, and where the condition actually becomes one that is more nearly a diseased condition. For instance, the ordinary morning sickness, by gradual variations, may, in particular cases, get to be an actual dangerous complication.

33,117. Would it be true to say that in the whole area the carelessness of doctors in that respect, helping women to get benefit in those conditions, has been the means of very seriously impairing the women's sickness fund?—I have no knowledge on that point.

33,118. You never had it raised at your committee?—We never had it raised, and of course the medical profession always make the proviso that perhaps the doctor's point of view may not be quite the same as that of the member of the approved society.

33,119. Is the good feeling between the doctors and the approved societies in the Hull district of that character that they would come to you freely and make these complaints?—They are coming more

freely now than at first when there was a certain amount of strain, as I believe there was all through the country.

33,120. Did not the doctors of Hull cut them off very quickly and refuse to have anything to do with the approved societies for whom they were previously the doctors?—Yes, they gave notice to terminate their contracts at the beginning of the year.\*

33,121. Did not that set up a feeling between the doctors and the society?—Yes, for a very short period.

33,122. The doctors claimed that their duty was towards the patient and not to the society?—There was no formulated claim of that sort.\*

33,123-4. If the doctors feel that they have done their duty to the patient, and that there has been no looseness in certification, or anything of that kind, we may assume that there has been some carelessness of administration by the society?—I do not know that the sum has been exceeded. I have no information on that point.

33,125. What kind of sick visiting have they?—The societies mostly have their own sick visitors.

33,126. Do you think that they are efficient?—I have no great personal knowledge of them, but inasmuch as there have been no complaints before the insurance committee, I should think that they are probably fairly efficient. Speaking personally, I should be glad to co-operate with sickness visitors. I have one or two cases, quoted by other doctors, in which the co-operation of a sick visitor was welcomed by the doctor and was beneficial.

33,127. I notice that the doctors say that with regard to that matter there is a strong consensus of opinion as to the value of properly trained and discreet sick visitors?—Yes.

33,128. Could you give us any idea of what a "properly trained and discreet sick visitor" is supposed to be?—I do not know. They will have to be developed as the working of the Act goes on. It is new for us all.

33,129. Do you think that it would be wise for the Commissioners or the insurance committee to set up some means whereby the doctors either on the committee or the doctors' committee could be brought into touch with the approved society representatives more readily to discuss these difficulties?—I think that it would be a very helpful thing indeed. Personally, as secretary of the local medical committee, I was rather the head and front of offending in the eyes of the approved societies, at the beginning of the year, but by coming in contact with them as I have done, and on the insurance committee, we find that we are getting to see the subject from each other's point of view much better, and I have been asked on two occasions, once by an industrial societies association, and once by an association of the friendly societies to give them addresses on the administration of medical benefit, and we found that that smoothed away a great deal of roughness, or at least our opinions of each other were much modified and we got on very well indeed.

33,130. The difficulty is that of knowing who should take the initiative?—Perhaps so.

33,131. The insurance committee, through its chairman or some other influential person, might invite them, and then set up a small committee between the two that could deal with these complaints. Do you think that that would be helpful?—Yes, I should welcome it.

33,132. (*Mr. Wright.*) You have told us that there is an improvement in the relationship between the approved societies and the medical profession in Hull at all events?—Yes, I think so.

\* 33,120 refers to the attitude of the profession towards uninsured contract work—a purely financial question. 33,122 hypothesizes a question as to the doctor's duty between his patient and the society, a question which has not been raised in Hull, and therefore has not been the subject of claim by either side.—J. D.



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33,133. What in your opinion is the correct relationship which should exist between the approved society and the doctor?—The doctor's first duty is towards his patient. When an insured person consults him, the doctor should approach him as a physician usually approaches his patient, but whenever anything suggests to him that the patient's condition is such that he no longer requires sickness benefit, the doctor's duty should then be turned towards the approved society.

33,134. You think that the doctor, at all events, when he first sees the panel patient, should have it in his mind that his certificate would constitute a claim to sickness benefit from the society?—Yes. I will illustrate what I have been saying by this case of typhoid fever. It illustrates another point also: that is, as we go on we are getting to know our patients better and better. It takes a little bit of time to size up a man. I have a young man's card here for this year. He consulted me on one or two occasions last year, as I thought rather trivially. He got tired at work and thought he wanted a rest, and he got a rest once, and I saw him a few days afterwards going down the street with the boys' brigade with a bugle over his shoulder, and I thought that his rest should come to an end. At any rate I got it into my mind that he and one or two of his brothers were inclined to be a bit loafing. He came to me on the 23rd January complaining of a pain in the right side of his chest; he thought that he had strained himself at his work. I paid particular attention to him and found no abnormal temperature. His breathing was normal and his pulse was good, so I thought that he was a weary Willie again. I did not give him a certificate. I gave him a prescription for some liniment. He came back a couple of days afterwards, looking very mournful, and I thought that he had made up his mind that he was going to get a certificate. I examined him thoroughly again and found that there was a slight dullness in the right side. That meant some little implication of the lung. There was no expectoration and no cough. He said that he was not sleeping at night. His temperature was 99·6. I sent him to bed and gave him a certificate for bronchial catarrh, but his temperature suggested to me that I should keep a careful watch. I visited him the next day, the 27th, and also on the 28th, 29th, and the 30th, and on the 30th finally made up my mind that he was suffering from typhoid fever, which was confirmed on consultation with the medical officer of health. So you see one has to be careful, not to be led away by a suspicious attitude of mind too much.

33,135. Perhaps a case like that would explain what is stated in the proof of the British Medical Association, that the doctor is naturally bound to give the insured person, who is sick, the benefit of any doubt there may be in his case?—Yes, I think that that is quite fair.

33,136. Then it goes on to say: "So long as "sickness benefit depends largely on the certificate "of the doctor, the latter must be trusted"?—You must assume common honesty on the part of a doctor as well as common honesty on the part of a patient in the first instance.

33,137. In your opinion, should the medical certificate be deemed to be the sole justification for the payment of sickness benefit?—Not in the face of any circumstance that demonstrates that there is any doubt on the matter from another point of view. Suppose I gave a certificate to a person genuinely believing that he was disabled, and the approved society secretary found him digging up his back garden, when he should not have been able to do so if my certificate were correct, I should certainly say that sickness benefit might be refused in that case.

33,138. Leave out of account for a moment cases like that where the insured person would be guilty of a breach of the rules which should govern his conduct while sick. Should the position be this, that medical benefit should be administered in such a way that the approved society should, without question, accept a certificate from the doctor certifying that the insured

person is incapable of work?—Is not that the position at the present time, that he can so accept without question?

33,139. Do you think that that should be the position, that the society should accept without question?—That there should be no appeal?

33,140. Not that exactly. I will illustrate it by the case which you have just cited. Suppose instead of putting bronchial catarrh on that certificate—Which was genuinely present.

33,141. Quite so; but this was a case where you could not hastily diagnose the case, and you took a great deal of pains to diagnose it. Suppose for instance, that instead of putting bronchial catarrh on that certificate you simply put "cold" or "cough" until such time as you would be able to diagnose it completely, what do you say should have been the attitude of the society?—The most common sense way to get the difficulty quickly solved would be for the secretary to communicate with the doctor. I have had cases where I have put down after the diagnosis a distinct question mark, questioning my own diagnosis. It was held in suspense. It was merely a temporary diagnosis and has not been questioned by the society.

33,142. You think that the officials of an approved society would be justified in asking for further information with regard to certificates which on the face of them simply disclosed "cough" or "cold"?—Yes, if it is done discreetly; because the doctor cannot be rung up on the telephone to answer every case on his books. If done discreetly, as you went on experience would teach us all, and I should say that there would not be any question except in cases of real need.

33,143. Experience would teach them in this way that they would gradually come to know the doctors on whose certificates they could rely, and those on whose certificates they could not rely?—That would be one point certainly.

33,144. In the statement of evidence of the British Medical Association: "Taking real advantage of "the Act," it says: "For example, one of our "correspondents says he put a case of slight spinal "curvature in a domestic servant upon sickness "benefit for 26 weeks, and will put her upon it "again as soon as possible." Would you justify the attitude that the doctor takes up?—Yes, in this way. He has the full facts of the case before him. I can imagine such a case quite well. I thought it an unfortunate illustration myself, because on the face of it, it does not appeal to one. But a case of spinal curvature might be dependent upon a tubercular condition which was almost quiescent, and the common treatment for that, as is a matter of common knowledge from seeing people in spinal carriages, is to lay the patient flat on the back and keep him as quiet as possible over a prolonged period. Such cases might quite reasonably be treated in that way.

33,145. I do not ask about this particular case, because it is not your case. But it appears that this particular domestic servant was not incapable of work, that the curvature was such that she could do her work quite well, but the doctor thought that this was the proper treatment, with a view to ultimate recovery; but in view of the fact that she was capable of work, do you think that the doctor was justified in giving certificates for 26 weeks?—The very fact of the disease requiring this form of treatment would make her incapable of work. If you grant that this is the proper treatment, and that the doctor is justified in adopting it, then certainly he is justified in giving a certificate of incapacity to work.

33,146-7. Is it not possible to conceive cases in which a rest for 26 weeks might do a person good and even lead to complete cure, and yet in which that person might throughout the whole of the 26 weeks be able to do work, if compelled to work?—Yes. That lifts it out of this category, because we are supposing that this case quoted is one in which the rational treatment, and practically the only treatment, is this resting. I can conceive the other cases which you



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have in mind in which rest might possibly be the best treatment, but is not the only treatment. I do not like it myself.

33,148. What sort of discretion do you understand that the doctor should exercise in cases where a person comes to him who is not actually incapable of work, but the doctor is convinced that he may possibly become incapable of work, if he does not have some rest?—I think that even in the interests of the approved societies you would be justified in taking what the doctor says for granted, that the patient is going to become incapable of work shortly, if he is not treated and given a rest; and certainly the doctor would be justified in that case in giving a certificate.

33,149. Have you had any experience of friendly society practice prior to the passing of the Act?—Not since I have settled in practice for myself. I saw a little of it before I did settle down.

33,150. Could you throw any light on this passage in the outline of evidence: "The majority of our correspondents give expression to the opinion that they are in a much better position to give adequate attention to their patients than they were under old contract practice conditions"?—Yes. I have one correspondent who speaks particularly on that point, and he quotes a case of how in the old days of club practice he lost a friendly society, and lost something like 500*l.* because he refused to give a certificate, and the man concerned took steps to agitate against him in the society. I have the correspondence here, and he says that now he can deal with those who tend to malingering or stay too long on the funds much better than he previously could, inasmuch as he has only one person to deal with, and not with a whole club, and he winds up with exclamation marks, "Give me the Insurance Act!"

33,151. That has more reference to another paragraph where it is stated "Several practitioners state that they feel much more free to deal with suspected malingering now"?—This is as regards adequate attention. On that point my own feeling is this, that with regard to many of these insured persons we find that we can give them far better attention, at least as regards the number of visits, than previously we did to many of our private patients.

33,152. Why?—Because we have no sense of a bill being run up against them. We make these visits without any extra payment, and we feel free to visit every day if we think proper, until we feel quite sure that all cause for anxiety has passed away. I believe that a great many other doctors are in the same position. They feel that they can give absolutely fair attention.

33,153. How does that differ from the conditions under the old contract practice, because the doctor there did not feel that a bill was being run up?—No, but we feel now that we are being more adequately paid for the attention that we do give.

33,154. Then the explanation of that particular paragraph really is this, that the doctor is getting more money for his work?—He is certainly getting more money for his work than he did. Prior to the coming into force of the Insurance Act the common rate in Hull was 2*s.* 6*d.* or 3*s.*, and 1*s.* 6*d.* for children. That compares very unfavourably with the terms at present given.

33,155. That means that the doctor has measured the amount of work that he has done under contract practice by the amount of money that he has received?—No. The illustration I gave was not from any personal experience of contract work. My own feeling in attending insured persons is that I could attend them even better than I attend my own private patients.

33,156. But broadly the more money you give men for their work, the more heart they can put into their work?—That is human nature.

33,157. It does not mean that there is any other difference between contract practice and practice under the Insurance Act save that?—No.

33,158. Do you attach any importance to free choice?—Yes. It is a very valuable prerogative.

33,159. Do you think that patients attach a great deal of importance to that?—Yes, above\* a certain class. There is a certain class of bovine people who do not take much interest. We had 23,000 in Hull out of 100,000 roughly who did not take the trouble to select a doctor at all. We had to assign them last July. Beyond that there was a great number who simply drifted on to the doctor who had been the club doctor previously, but by the more intelligent artisan and the more sober industrious people I do think that free choice of doctor is valued.

33,160. There would be some little difference between private practice and panel practice. In the case of a private patient the doctor is influenced somewhat by the desire of the patient himself?—I do not quite catch your meaning as to the difference between the private patient and the panel patient.

33,161. The majority of private patients want to be cured as quickly as possible?—Yes.

33,162. Though some we know would like to be coddled by the doctor?—Possibly.

33,163. We are bound to recognise from the evidence, not before the Committee but before the general public, that at all events there is a disposition on the part of some insured persons to keep on the funds as long as they can?—If the money they draw as sickness benefit under the National Insurance Act and from other sources comes to anything like their wages, there will be a danger of their seeking to remain as long as possible on the funds.

33,164. That is something which the doctor must bear in mind?—Yes. At the same time, I do not think that it is the doctor's duty to inquire into the relationship of sickness pay to ordinary wages.

33,165. I am not suggesting that, but at the same time it must be borne in mind that there are some panel patients who have no particular desire to be cured and taken off sickness pay?—It may be so, but it has not been so to any extent in my experience.

33,166. Assuming that to be so, that the private patient wants to be cured as quickly as possible, and the doctor animated by the same desire sets out to cure him as quickly as possible, on the other hand, the panel patient does not want to be cured so quickly, and the doctor studying him does not set out to cure him so quickly?—But he would study his own convenience and get rid of him by curing him as quickly as possible.†

33,167. But the method of payment in the case of the private patient and of the panel patient is practically identical?—No. The one is capitation and the other is by fees.

33,168. I do not mean that, but the private patient, if he is not pleased with his doctor, can go to another doctor?—Yes.

33,169. The panel patient can do the same?—Within limits.

33,170. Do you think that doctors are influenced to any extent by the fact that the panel patients may transfer at the end of the year?—I do not think that they are to any great extent.

33,171. Yet you point out here in the evidence that the doctors have considerable difficulty. You say, "The suggestion is made that people who are often found to transfer should be watched. The doctor who makes the suggestion points out that out of 60 transferred from his list at the end of the year, 40 were people with whom he had difficulty concerning certificates. Another correspondent raises the question whether doctors should resist the transfer of persons whose claims on medical or sickness benefit are doubtful, or should give way to

\* "Above" means mentally and temperamentally. I find some of the very poorest quite acute as to their rights, whilst some of the best-paid artisans seem to take no thought.—J. D.

† I want it clearly recognised that I regarded this—and do now regard it—as a pure assumption.—J. D.



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"his natural wish to get rid of such persons"?—Yes. I should not give a transfer for a reason of that sort. Unless the patient makes some substantial complaint of neglect of treatment or could make a complaint on some professional grounds, I would not grant a transfer in such cases. Speaking for Hull, I may say that in the Hull area there were only 1,076 transfers at the end of the year, out of, roughly, 100,000 insured.

33,172. Only 77,000 of whom had made any choice?—That is the point; there were only 1,076 who transferred, and we have to remember that 23,000 of the insured had been assigned, so that when they were awakened up to the fact that they had been put on a doctor's list, some thought that they would prefer to be on one doctor's and not on another's. My own experience in this connection was that I had 13 transfers altogether, and I found that most of these had been assigned to me, and that I had absolutely no knowledge of them whatever. I had never come in contact with them, and did not know the individuals at all. Of the others, one I had refused to give a certificate to, and I had expected a transfer. One I had warned, because she had sent for me three times most unnecessarily, that at the end of the year she must transfer; so I gave intimation of transfer myself, and she also did. There was one removed to the other end of the town, quite  $3\frac{1}{2}$  miles off. He had had occasion to come to see me, and he thought it was a bit too far, and I agreed with him. It was quite an amicable case, because in January, just about 10 days before the new insurance year commenced, he had the misfortune to break a bone of the foot. I attended him for the 10 days and then said, "Well, I will see you through the whole thing." I saw him right through January, and then handed him over recovered to his new doctor.

33,173. Have you had any cases where you have felt the temptation to get rid of a patient because he has been some trouble to you medically?—No, I should never think of getting rid of a patient on medical grounds.

33,174. You tell us that you are responsible for this paragraph I have referred to, and, if I understand it rightly, it is a suggestion on the one hand that the doctor may resist it because he feels that the transfer would be unjust to him, and, on the other hand, that he feels that perhaps it would be a good thing because the patient is an undesirable one, and he would be glad to be rid of him?—No, my suggestion was that it would be almost natural for the doctor to wish to get rid of a patient who was troublesome, but, in spite of that natural desire, I say that it should be resisted, if the wish for transfer is simply because the doctor refuses to give certificates easily.

33,175. Do you think that the doctors feel it irksome to give any sort of explanation to the approved society?—Yes, to some extent. The relationship of a doctor and patient is so exceedingly confidential, and should be so, and to most of us who have done nothing but private work it has been so confidential that it is certainly a bit irksome sometimes.

33,176. That irksomeness is caused by the fact that while one authority is responsible for the administration of the medical benefit, another authority is responsible for the administration of the sickness benefit?—Yes, there may be something in that.

33,177. The authorities conflict?—I should not say that they conflict, but they do not run on exactly the same lines perhaps.

33,178. While the doctor in his own mind may think that prolonged treatment may be good for the patient, the society may feel that while the doctor is recommending that treatment with an ultimate view of the patient's recovery, still their funds are being depleted meanwhile?—That is no concern of the doctor. The doctor's concern is to do the best thing for his patient. My contention is that while in these early years the expense may be great, ultimately it will be to the benefit both of the insured person and of the society that absolutely the best attention should be given.

33,179. I am not going to agree that it is no concern of the doctor, but, assuming it for the moment, you would agree with me that it is conceivable that cases of that kind might bring about a conflict of opinion between those who administer the medical benefit, and those who administer the sickness benefit?—Yes, but that brings us to the point that many of the medical profession hold. We say that there is no excessive sickness, but that the sickness is genuine. It may be excessive as compared with the actuarial calculations beforehand, but for those the profession is not responsible.

33,180. On the other hand, you know full well that the societies are saying that the sickness is in excess of anything we have experienced, and that they attribute it to the fact that the doctors are giving certificates for minor ailments for which under the old conditions they would never have given them?—I think that that is a matter largely of assumption, and as far as the reports that have come in go, while there may be exceptional societies dealing with exceptional lives who are suffering, I think on the whole that the sickness rate is not proving so very excessive as was perhaps anticipated earlier in the year.

33,181. I want to suggest that there are two opinions upon the subject, and that the fact that these benefits are administered by two separate authorities could lead to a conflict of opinion sometimes to the injury of the doctor, sometimes to the injury of the society, and sometimes to the injury of the patient?—Yes, but would that altogether be remedied by the administration of the sickness benefit and of the medical benefit being in the same hands? The position would still be the same. The doctor's opinion as regards his patient would not be modified whether the sickness benefit were administered by the insurance committee or by the approved society. The difference would simply be that the committees would be shouting out about the excessive sickness instead of the approved societies.

33,182. Supposing that neither the committees nor the approved societies administered them, and that there was one national scheme of administration?—It would not alter the position so far as the doctor's opinion is concerned.

33,183. But the doctors would be more independent of the patient, would they not?—I think that the doctors are practically as independent of the patient as they can be at the present time.

33,184. You do not think that they are influenced in the least by the fear that they may make themselves unpopular by some action of theirs?—Speaking of from 15,000 to 18,000 medical men you cannot possibly say that there are not some—that there are not even a good many—who may be influenced by such matters, but the bulk of the men are honestly doing their work.

33,185. And you do not think that they would be more independent under a State medical service?—They might be more independent, but the question of a State medical service is another issue altogether. It might be worked, but, whether it would be more beneficial for the insured person or not, I cannot say.

33,186. Your personal feeling is against a State medical service?—I have not gone very carefully into that point. The panel system has only just been initiated, and you want a run for your money to see what it is going to be like. On the whole, I think that it is proving efficient.

33,187. Have you any suggestion to make for the improvement of the panel system, or are you satisfied with it?—I am satisfied with it at the present time. I know that the question has been raised as to the number a man should take on his list. I do not know that the time is ripe or proper for interfering on that point, because when you do interfere, you interfere with the free choice of the patient, and I think that, unless there are substantial complaints as to the attention given by the doctor, there should not be much interference. I am speaking of the 1,000 roughly for whom I am responsible. I have tried to imagine



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if I were responsible for nothing but panel practice what number I could attend, and I have come to the conclusion that I could easily attend 3,000 or 4,000. I am now attending to 1,000, and doing twice as much private practice, and, without being egotistical, I may say that I have put in an exceedingly large amount of work as secretary of the medical committee and as a member of the insurance committee. Therefore, I should say that 3,000 or 4,000 panel patients would not be beyond the limits of a capable hard-working man. This, of course, could apply only to a closely populated urban area such as Hull.

33,188. (*Mr. Warren.*) May I take it that in your opinion sufficient time has not yet elapsed to judge accurately as to the effect of the present administration of medical benefit and the administration of sickness benefit by the approved societies?—I think that the time is short.

33,189. Therefore, until one has had an opportunity of compiling more accurate data, you would not be in favour of any departure from the present system?—No. I think that it would be a mistake until you have some data to go on really.

33,190. Do you agree with what is stated in the outline of evidence of the British Medical Association, when they say that upon the introduction of national insurance it was expected that there would be a considerable increase in claims for sickness benefit, as compared with previous experience?—Yes, because you were increasing the insured of the existing friendly societies from 5,000,000 or 6,000,000 to between 13,000,000 and 14,000,000, and taking them in without medical examination. It could not conceivably be that the claims for sickness benefit would remain at the same low ratio.

33,191. And you were taking in a very large number different from the class of those previously dealt with by the friendly societies?—Exactly; the average health conditions are lower now than they were in the old friendly society days.

33,192. Does your experience in an industrial area like Hull lead you to the conclusion that, after all, you are not dealing with a much larger volume of sickness than you expected?—Yes, we are not dealing with a larger volume of sickness than expected.

33,193. May we take it that at Hull, in common with other places, there is a good deal of ignorance on the part of a large number of the insured persons as to the principles of national insurance?—No. I do not think that there is so much ignorance in Hull, because Hull was an exceptionally well worked friendly society town. There was an extensive friendly society membership in Hull before the coming into force of the National Insurance Act.

33,194. Do you think that, generally speaking, the insured persons in Hull appreciate the fact that they are materially concerned in the success of their particular approved society?—No, I should not like to say that. They are like a great many other people, and they do not think much of anything beyond the immediate benefit which they derive; that is to say, being able to come and see a doctor, and being able to get what medicine they want. I do not think that they trouble their heads very much about the approved society.

33,195. They do not realise that the day may come when the benefits may be reduced or their contributions increased?—I do not think that they think much about that. At the same time, I do not mean to suggest that the bulk of them are needlessly making claims. It simply does not occur to them to consider the matter.

33,196. If the ground had been so well covered by the friendly societies in the past, and they had been educated, do you not think that the general population of Hull would appreciate what that really meant?—Yes, amongst the old friendly society people it is appreciated.

33,197. It has been said that there has been a good deal of novelty in the new system that has attracted

persons to the doctors?—Yes, that obtained more particularly during the first few weeks.

33,198. And you think, from your experience, that that novelty is somewhat dying away?—I think so.

33,199. It would only be on the part of persons who had had no previous experience?—Largely.

33,200. Having once satisfied themselves as to the interior of a doctor's surgery and the procedure, their curiosity would be appeased?—Yes. I found that a few young men whom I regarded as belonging to good families in my private practice, kept dropping in because they were a bit out of tone and wanted a little tonic, and I believe that they wanted to see if the doctor was the same as before, when they saw him privately.

33,201. Have you any experience as to the effect of the three days' privation of benefit at the beginning of an illness? Does it, in your opinion, check malingering?—I do not think that it has had much influence.

33,202. May I take it that your experience as a doctor would lead you to expect malingering towards the end of a sickness and not at the beginning?—I do not like the term malingering. There is very little malingering. In the case of an illness lasting two or three weeks, and more so the longer it lasts, there is, perhaps, a little tendency for a person to wish to prolong it.

33,203. Therefore, as a check upon malingering, you would not regard the waiting period of three days as having much effect?—No, I do not think that it has. I think that the first three days off is rather a mistake.

33,204. Have you any knowledge as to whether employers encourage their servants to claim sickness benefit, and particularly domestic servants?—No. I have had two cases in which young men have come to me suggesting that their employer said that a fortnight's holiday would do them good, and that they ought to go on the fund and get sickness benefit, but in both cases I refused, and said that I was the judge whether they were capable of doing their work or not.

33,205. You have had no experience of domestic servants, perhaps?—Not very large. A fair number of the women on my list are domestic servants. I have known one or two cases where the servant was actually ill enough to go on the sick fund under ordinary circumstances, but where the mistress maintained her in her own house and she got her medicine and got about her work again without going on sickness benefit.

33,206. Is there a great deal of female labour in Hull?—Yes.

33,207. Do you think that it is suggested by employers, particularly in respect of females, when they are not quite up to the mark that they should abstain from work?—That is rather a difficult question to answer. Messrs. Reckitts employ a large amount of female labour, but they have been distinguished for years for the great attention which they pay to their employees' health. For some years before the coming into force of the Insurance Act they employed a doctor—the men had a club doctor whom they selected themselves—and also a dentist to attend to their female employees.

33,208. Therefore, you would not say that in any considerable number of cases persons suffering from minor complaints were compelled by their employers to abstain from work, and seek the benefits under the Act?—No, I do not think so. I have a case on my books at present of a girl with an abscess in the cheek. Her mistress was highly wroth with me because I suggested that she should stay at home for a week or ten days and have it attended to.

33,209. Do you agree with the statement made in the outline of evidence that people ordinarily honest seem to have less than their usual scruples as to taking advantage of the State benefit as compared with their attitude to the old friendly society?—No, I should not



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say so as regards sickness benefit. I do say that they come in bigger numbers, and quite rightly, to the surgery, but I do not think that they are taking undue advantage of sickness benefit.

33,210. And you do not think that it has affected their scruples as to honest behaviour?—I do not think so. I think it is a libel on insured persons. Of course there must be exceptions, but, as a whole, I think that the insured persons are quite honestly coming to the doctor when they think that they want treatment.

33,211. May I refer you to the statement in the evidence that there is usually a general idea that the State is some impersonal authority whose power had just been demonstrated by compulsory insurance and who must be capable of meeting unlimited claims?—That is one of those general statements that I do not like. I like specific instances.

33,212. And with which your experience is not in agreement?—No.

33,213. Are any number of your patients what is termed over-insured?—No. It is not the doctor's duty to inquire into the fact of over or under-insurance. I have considered that question particularly, and my own opinion and experience are that the persons who are well insured, or even over-insured, are amongst the most industrious, sober, and honest-minded of the insured persons, so that whilst on the face of it, of course, over-insurance might be a cause of excessive claims, still the character of the people who are over-insured is generally such as to militate against that.

33,214. Therefore, you do not regard the fact of an insured person being entitled to receive the same or more in sickness benefit than his ordinary wages as constituting a real danger to the finance of National Insurance?—It perhaps should make one more careful in looking into such cases, but, from my own experience and knowing casually those who are pretty well insured, I can say that they do not make greater claims on sickness benefit than are justly due to their condition. I might give an instance. I have one insured person who is an engineer on piece work, and he can earn 4*l.* or 5*l.* per week and is fairly regularly employed. He had an accident to his hand, and got a bit of his thumb taken off. Naturally, he was incapacitated from his employment, and I was going to give him a certificate, but he said that it did not matter. His employer happened to have some overlooking work which he thought that he could do, and for which he was going to give him 1*l.* per week. He would not, therefore, he said, bother the society at all. I do find that that spirit prevails.

33,215. He was prepared to take 1*l.* per week?—Yes, rather than walk about doing nothing. He was not capable of earning 4*l.* or 5*l.* per week with his damaged thumb and his insurance would probably have brought him 3*s.* or 2*l.* per week, but he preferred to go and oblige his employer and be content with 1*l.* per week.

33,216. The British Medical Association in presenting this proof attached a good deal of importance to sickness visitation?—Yes. I think that there is certainly benefit to be derived from discreet visitors.

33,217. Would you urge in respect of all the societies administering national insurance that they should adopt some system of reasonable sick visitation?—Yes, I think that it would be advisable, because the doctor cannot always be in contact with his patient, and there are possibly points which may escape his observation, seeing them, as he does, only at periods more or less widely separated.

33,218. If that system were generally adopted, do you think that the British Medical Association or the profession would be prepared to confer with those visitors from time to time in respect of doubtful cases?—There might be some little difficulty at first, because one is very jealous of any interference between the doctor and his patient. I do not think that any reasonable medical man, and most of them are reasonable, would object to being consulted in a case in which there was any substantial doubt, or, indeed, any doubt whatever.

33,219. Of course, you would be in favour of a closer contact between the medical profession and those administering the benefits under the Act?—Yes, I think that it would be beneficial.

33,220. And you think that it should be brought about at as early a moment as possible?—I think that it would be beneficial. It would unify the views of the two parties and would actually minimise the number of cases in which interference was thought necessary.

33,221. Therefore, we may take it that, in your experience, real malingering is rare?—Very rare.

33,222. Upon the introduction of national insurance the medical profession regarded it with a good deal of suspicion, and came in somewhat unwillingly. Is that so?—That is an old story, and it is largely financial.

33,223. May I take it that there is no reason to believe that any systematic attempt has been made by the doctors to take revenge upon the funds of the societies?—Absolutely, no. Certainly not in our area. It has been the other way about.

33,224. Would your experience lead you to suggest in all cases of pregnancy that it would be well if there were uniformity, in so far as that there should be payment of stated benefit some weeks prior to confinement and some weeks following confinement?—I think that that would solve a good many of the difficulties and would be beneficial.

33,225. You appreciate that at present there is a good deal of misapprehension, on the part of those administering the benefit, as to when it should be paid in cases of pure pregnancy, as compared with cases of complicated pregnancy?—Quite so. There is room for doubt as to when a case ceases to be absolutely normal and becomes pathological.

33,226. Do you know whether it is common in respect of the female labour in Hull for employers to suggest their abstinence from business, say for decency's sake, some weeks prior to confinement?—No, I have no information on that point. I do not think that there is a very large married women insured population in Hull. The female labour is mostly young unmarried labour.

33,227. Have you had to deal with many cases of persons endeavouring to make claims when suffering from misconduct?—No, but I have had one or two such cases to treat, and they have not made any claim.

33,228. With reference to a statement in the outline of evidence submitted, have you had any experience of agents endeavouring to act detrimentally to the interest of societies?—I had one case of pneumonia in which a friendly society or industrial society, or at any rate an approved society's representative, suggested that it was high time for the patient to be going off the fund. The second time the patient came to see me at the surgery after having been ill he told me that the society representative had suggested that it was time he was back at his work. I have the record here of the attendances made on this person.

33,229. (*Chairman*) That is not the question Mr. Warren was asking you. The question he asked was with regard to getting people on the fund who ought not to be there?—No, I do not know of any such cases.

33,230. (*Mr. Warren.*) There is the debatable point of what is really incapacity for work. In granting a certificate to an insured person, you mean incapacity for following his ordinary employment?—Yes, I think that naturally one must consider the man's ordinary employment.

33,231. Take the case you have just quoted of the man earning 4*l.* a week. You were quite prepared to grant him a certificate because he was unable to follow his ordinary employment?—Surely.

33,232. But he was quite willing to take a subordinate position rather than go on the fund?—Yes.

33,233. That is the view you take and the view generally taken by the profession of incapacity for work. You think that it means incapacity for



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following their ordinary employment?—I think that it can only mean that. There are very few people indeed who are so far incapacitated that they cannot possibly do something.

33,234. Your point was that they were capable of doing something?—Yes. The instance I put before the British Medical Association was that of a navvy having his left hand damaged. You could conceive of many things which that man could do, but I do not suppose that employers would look on him with favour if he went into the labour market and tried to get employment in some other department for three or four weeks until his hand got better. I do not think that that is reasonable or workable. You must have regard to the fact that the man is incapacitated for his own employment, and whether there is also a reasonable prospect of that incapacity being only temporary and of his being able to follow his own employment in a comparatively short time. It is a different question when the man has been off six weeks, and it turns out that he is never going to be able to follow his own employment again. Then the question arises as to whether he should not turn his mind and hand to some other employment.

33,235. (*Dr. Fulton.*) You say that there are not many cases of true malingering?—I do not think so.

33,236. And if excessive claims are made they are claims which have a basis on a certain amount of illness?—Yes.

33,237. Do you think, if there are excessive claims, that they spring from more people being put on the funds than should be, or from people remaining longer on the funds than they should?—I do not think either to any extent. I think that it is a genuine disability to follow their employment through sickness.

33,238. The complaint against the medical profession outside is that they do not take people off the fund soon enough, is it not?—I have heard it said so, but I think that that has got to be proved.

33,239. What is your opinion about it?—I think that they honestly do their duty towards the societies and the insured persons.

33,240. Have you found any cases in which you have been in difficulty in deciding in your own mind whether the person was fit for work or not?—No.

33,241. Take the case of a man recovering from pneumonia, getting about just ready for work. Have you any cut and dried rule by which to determine the day on which he is fit to work?—No, I do not think that it is possible to formulate such a rule. I should say that it is absolutely impossible.

33,242. If a society suggests to you, say, on the Tuesday, "So-and-so is fit for work next day," have you sometimes an honest difficulty in deciding whether he is fit to work that day, or whether it would not be wise to let him go on for the rest of the week?—No such case has arisen, but, when signing a certificate, I have certainly considered the question, "Are you fit for work today," or "Should you have a few days longer."

33,243. And what decides it in your mind?—I have decided it sometimes by saying, "I think that you can go back to work on Monday," or I might say, "After another week you will be quite fit for work."

33,244. Suppose it fell out that you had to sign the weekly certificate on the Tuesday, would you ever have any difficulty in your own mind of settling whether the person would be fit for work on the following Saturday or Monday?—I do not consider that at all. As it happens, most of the certificates want to be signed on the Saturday or the Friday night, but no matter when the certificate is signed, we consider whether the patient is incapacitated or not.

33,245. Do you consider whether he is incapacitated for another seven days, or does it sometimes cross your mind that he might be fit in another three or four days?—No. I think that the question presents itself in this way when you are signing the certificate. Is he still incapable of work? If so, he gets a continuing certificate. Is he capable of resuming work? If so, he gets a going-off certificate.

33,246. Are there not occasions in cases recovering from anæmia, gastric ulcers, pneumonia, and typhoid fever on which you might think a person was fit for work, and another medical man might take an opposite opinion?—Yes, quite honestly.

33,247. There is no scientific test which you can apply?—No.

33,248. You have been asked about pregnancy. Take the case of a woman with varicose veins. Is there any test to apply to a woman with varicose veins in a condition of pregnancy to help you to decide whether that degree of varicosity is disabling her or not?—Nothing but your own previous experience.

33,249. And in that case particularly you would have to consider what was her ordinary occupation?—Quite.

33,250. If she were engaged in a laundry, and had to stand ironing, you might feel justified in giving her a certificate of incapacity. Whereas, if she was not doing work of a standing nature, you might hesitate about it?—Yes.

33,251. Have you got any views about the dating of the first certificate?—Yes, I think that the doctor should date his certificate from the time that he knows a person is incapable of work through sickness.

33,252. Do you think that a sickness certificate should be valid for seven days, or do you think that you should have the power of limiting the extent of its validity?—If machinery could be adopted to limit its extent, it would be desirable. In one or two cases in which I have given a certificate, the person himself has not been anxious to go off work, or, at least, to stay off work. I have thought that two or three days might put him right, but he has said that he would prefer not to go on the fund. I have said, "You are 'incapable of work to-day, and will be to-morrow,' but I do not know what you will be like the day 'after. Here is a certificate to go on with, and if we 'find that you are still incapable, the three waiting 'days will have passed, and you will get your benefit.'" In some cases we have found that the initial certificate was not used, and that the insured person had recovered.

33,253. On the other hand, if he recovered on the Thursday, and you had at once issued the initial certificate, it would entitle him to the three days' sick pay?—There are three days' waiting.

33,254. Supposing he never turned up until the Saturday?—A person such as that would never get a certificate. It only arises where a person, say, comes in suffering from influenza. I say to him, "You had 'better go home to bed and stay there a couple of 'days.'" He replies, "I should like to get to my 'work.'" I say, "No, let us see what you are like in 'two days. There is your certificate. If you find 'you do not require it, there is no harm done."

33,255. Supposing he took that certificate and never turned up until the Saturday?—Yes, but I should be visiting him.

33,256. Supposing he was coming to see you?—I should not give a certificate in such a case.

33,257. Not to a person coming to the surgery?—No, I have not done so.

33,258. Supposing you had a man with tonsillitis and a temperature of 99½, and you advised him to have a day at home, and he said that his society insisted on having a certificate on the first day?—I should give him a certificate, but I should be visiting that man.

33,259. You realise that with a large panel it is not always possible?—It might not be possible with a large panel.

33,260. It is not possible for a man individually to follow up every case like that?—Perhaps not, but I have not found the work oppressive.

33,261. You find some people with a temperature going to work?—Quite so, I have done it myself.

33,262. Do you find a disposition to run on to the end of the week?—To finish up on a Saturday or a Friday, according to when the week's work begins?



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It seems to have become such a custom in friendly society work that it is almost general. Not being able to draw a hard and fast line as to the absolute period when incapacity terminates, I do not think that there is much practical harm done.

33,263. For the same reason, is there any practical remedy?—I do not think so.

33,264. You seem to object to referees being part-time officers?—I do not object, but on the whole, I think, wherever it is possible to establish them, that they should be full-time officers.

33,265. Do you think, if a local consultant were employed as referee, that his relations with the doctors in the area would have an influence on him?—It might be possible.

33,266-7. Surely that would only hold good on the assumption that he was going to go contrary to their decisions in every case. In the ordinary consultation of two medical men, the question of opposition does not crop up as a rule?—No, but that brings us to the point of the exact position of the medical referee. I hold that the so-called referees existing at the present time are no referees; they are simply consultants sent on behalf of approved societies. In the first place, an insured person is not bound to submit himself for examination by that consultant, though the society may stop their payment.

33,268. If they do not do so?—Yes, if they do not do so.

33,269. (*Chairman.*) It is a loose way of talking to say that they are compelled. They are, under the rules, in the ordinary colloquial sense compelled, because they are fined if they do not submit themselves to the examination?—That is the rule of the society. Take the case of the deposit contributor, there is no rule compelling him.

33,270. That is another matter. I did not say that they were all compelled. I said that some were by the rules of their society?—When the consultant gets there, if his opinion is divergent from that of the panel practitioner, I do not see how the insured person can be bound by the opinion of that consultant.

33,271. He is sometimes?—Or penalised by it.

33,272. He has always got a right of appeal?—Exactly. I think that whilst referees being consultants on these lines might be beneficial, the panel practitioners should come to a common opinion.

33,273. As a matter of fact, that is not what Dr. Fulton was putting to you. He was discussing the question of a whole-time referee or a part-time referee, appointed by some outside person.

33,274. (*Dr. Fulton.*) That is so, and Dr. Divine thought that if the referee were a consultant, practising in a definite area, his relationship in other respects with panel practitioners, would be to his detriment. That was on the assumption that his first duty was to declare people off the fund?—Exactly.

33,275. Is that necessarily his first duty?—It would not be if they were appointed independently, but if they were appointed by the approved society there would be a tendency in that direction.\*

33,276. A tendency, but it does not necessarily follow?—No, but you can see perfectly well that a man in that position has to see a panel doctor's patient and to form an opinion which may either coincide or not with the opinion of the panel doctor, and if it does not, there is a certain amount of conflict. I do not think that it would be a desirable position for the consultant to be put in.

33,277. In clear-cut cases there would be no conflict?—Certainly not, but clear-cut cases would not arise.

33,278. And in those cases which were dubious, surely the panel practitioner would have no objection, unless he had very strong feelings that his patient

was not able to work, to his being declared able to work, especially as that would relieve him of the trouble of attending him any longer?—Personally, if I were of the opinion that a person was incapable of work, and, after discussing it with another authority, I still remained of the same opinion, I should certify him unfit. You want to have an authority, a true medical referee, who can say decisively, independently of the doctor and independently of the society, that this person is fit to go to work.

33,279. Supposing you had a centrally appointed referee, who came to Hull and declared one of your patients fit for work, when you said that he was incapable, would you still certify him?—Yes. He would have to be employed under regulations which would take the responsibility off me.

33,280. Those regulations could apply to the part-time man as well?—Yes, but I am thinking of almost subconscious cases, which must always come in, where one part of a man's work brings him into different relationship with his fellows in another part of his work.

33,281. Would not that relationship make for smooth working?—It might and it might not.

33,282. If there were some doubt, would it not be right that the benefit of the doubt should be on the side of the patient?—Exactly.

33,283. So that any influence the local practitioners might have on the consultant would be really for the just working of the Act?—Yes, there is something to be said for that, but in this, as in a great many other things, we have got to benefit by experience and feel our way.

33,284. You realise that to appoint part-time consultants as referees in large towns would be a simple way of doing it?—I should not speak so strongly as to say that I object to part-time men, but I think on the whole that full-time men are preferable.

33,285. That is a greater financial responsibility for the State, is it not?—Quite.

33,286. Once you had appointed them, you could not very well get rid of them?—That has its good and bad points.

33,287. On the other hand, if it were a consultant employed as a part-time referee you could appoint him for a term of years, and, if you did not require his services any longer, you could dispense with him?—Yes.

33,288. You have had no previous contract practice?—No.

33,289. You realise that the men who were in contract practice did get into the way of sizing up their contract patients?—They must have done.

33,290. And where those patients are still panel patients, they are still able to size them up?—Yes.

33,291. If there is a large mass of new patients, they are not in a position to size them up?—No.

33,292. To the man who has not been doing contract practice, all the patients are new to him, except those who were his private patients before?—In my own case 50 per cent. were private patients.

33,293. But you did not know anything of their proclivities for going on the sick fund?—I did know as regards some, but not as regards the majority.

33,294. You were asked a question as to the position of the societies with reference to the certificate of the doctor. You were asked whether it should be a cheque on the funds of the society. In what light do you regard your certificate? First of all you certify as to the fact of the illness, do you not?—Yes, and the fact of the person's inability in my opinion to follow his ordinary employment.

33,295. "Incapacity" means that for him to go to work would be detrimental to his health?—Yes, it either means that he is absolutely unfit, or that it would be seriously detrimental to his health for him to pursue his work.

\* I should go so far as to say there would be a strong tendency. The consultant would have primarily his employer's interest in view.—J. D.

\* I do not agree that the doctor would be relieved of attendance; he might want attendance even if at work.—J. D.



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33,296. In many cases too it means that in order to treat him, you require him to have rest?—Quite.

33,297. And without sick pay he cannot get that rest?—No.

33,298. When you hand him a certificate it is not really an order on the funds of the society, is it?—No.

33,299. It is a voucher which practically says that in your opinion he is entitled to ask for sick pay?—It is a record of my opinion, that he is unable to follow his employment through sickness or disability.

33,300. You do not go any further than that? It implies that in your opinion, and so far as you know the rules of the society, he is entitled to sick pay?—Quite so. I assume that that certificate is quite sufficient to prove his title to sick pay.

33,301-2. Would you go so far as to say simply his title to ask for it?—No, he asks for it, and he presents the certificate to prove his claim.

33,303. You were asked about a whole-time service. Do you consider that competition helps to keep the doctors up to the mark in their work?—I think so.

33,304. Do you think that if the doctors were whole-time officers they would be less prone at all to give medical certificates for incapacity than they are at present, especially if there was one whole-time scheme administered presumably by the State?—I think that in any case the doctor has to face his problems honestly. He has got to proceed on what evidences his training enables him to discern, and I think that under a State system the results would be pretty much the same.

33,305. As far as the majority are concerned?—Surely.

33,306. There will always be exceptions?—There must be in such a large number.

33,307. If in a State service a man in a locality got the reputation for refusing certificates, what would be the result, do you suppose? Do you think that an effort would be made to have him removed through political influence?—If there were any means of doing it, I should think that there would be wires pulled to accomplish it.

33,308. You can see that if a State medical man became unpopular in a district, political influences might be exercised to secure his transference?—Yes; one would have to know what the terms of the contract were, and what the terms of tenure were. I presume that it might be made so unpleasant, that he would find it desirable to seek removal.

33,309. In any case, he would not be quite beyond the effect of the criticisms of his clients?—No.

33,310. You said that it might be irksome to give information to the approved society. You mean that if you were plagued at all hours of the day about it?—Yes, the difficulty is to define in one's mind the class of case in which it is at all necessary to make application. Some secretaries might be very fussy, and make inquiries about practically every case, which would be irksome.

33,311. Do you sometimes find it irksome to have private patients ringing you up on the telephone when you are busy?—I do.

33,312. And you resent it, because it interferes with your work?—Exactly.

33,313. Your duty to the patient you are attending at the moment is your first consideration. So that if any such system were established it would have to be under regulations as to the time taken and the amount that was done?—Yes, there would have to be a great deal of discretion shown.

33,314. Would you think that it should be done directly through the sick visitor and the doctor or through an intermediary, such as the clerk of the insurance committee? Could you suggest any way of seeing that unreasonable requests were not made on the doctors and on their time?—I have not thought of the question particularly.

33,315. You said in answer to one of the questions that the doctors are adequately paid now. Did you mean more adequately compared with contract prac-

tice?—I was comparing it with the conditions existing in Hull previously.

33,316. It was a comparative term?—Quite comparative.

33,317. Have you any idea what your remuneration is per attendance on your panel?—I am very fortunate. I am getting about half-a-crown an attendance, but my list happens to be for natural reasons rather well selected, living on the outskirts of the town, and getting practically only very good lives.

33,318. And is that the common experience in Hull?—No, mine is exceptional in Hull.

33,319. What is the lowest rate of remuneration that you know of in Hull?—The lowest I worked out was 1s. 2d. an item of attendance, taking consultations and visits altogether. That was only for that limited period of 31 weeks.

33,320. You would hardly call that adequate?—Hardly.

33,321. Of course, the difficulty is that the men who are the worst paid have the hardest work?—Yes, but taking Hull again, one has to consider that a great number of those men were doing shilling work previous to the coming into force of the Act.

33,322. (*Miss Wilson.*) You said that a smaller number of women get certificates than men in the first figures that you gave us?—Yes.

33,323. Have you any reason to think that the women's claims are, generally speaking, longer than the men's?—No, I do not think so.

33,324. How do you account for fewer women having to be put on sickness benefit? Do you think that there is less sickness among the women?—I think our experience shows that there has been less than seems to have obtained elsewhere. I simply present these figures as they came out. I have no explanations for them.

33,325. You have no explanation of any kind as to whether you think it is a peculiarity of Hull, or whether you would expect to find similar figures elsewhere?—I have no explanation. I was rather surprised at the way the figures turned out after reading about the excessive female sickness in other places.

33,326. (*Dr. Smith Whitaker.*) You said that the committee that these complaints against you went before was the medical benefit sub-committee?—Yes.

33,327. Why did they not go to the medical service sub-committee?—The first one arose before the new regulations came into force. It is only under the new regulations that complaints by secretaries regarding certificates come automatically before the medical service sub-committee. Even last year it could have been sent to the medical service sub-committee, but it did not go automatically, and therefore it went to the medical benefit sub-committee.

33,328. Can you tell me anything as to the composition of the medical benefit sub-committee? What proportion of doctors would there be on it?—There are only Dr. Milburn and myself.\*

33,329. What is the number of members of the committee?—20.

33,330. You gave in reply to a question the number of certificates that you have refused. I think you said that they were very few—two or three?—Yes.

33,331. But of course there would be a very much larger proportion of cases, would there not, in which people applied for certificates that you did not feel justified in giving or they seemed to expect a certificate, and you, shall I say, convinced them that they ought not to have one?—There were some but not a great many.

33,332. Those cases were cases of point blank refusal. But there would have been other cases in

\* I should have said there are four medical members. Last year Dr. Milburn and myself were the only medical members, and as we are the most regular attenders of the medical members, the others for the time slipped my memory. There were present at this meeting Dr. Milburn, Dr. Murdoch, and myself, and eight lay members.—J. D.



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your experience in which a patient evidently thought that he might have one, and you did not think he should?—I have had them ask if they could not get a certificate to go on sick pay, and I have said "You can manage for a day or two, and then if you are worse, we will consider it."

33,333. You were asked by Mr. Wright as to the alleged inadequacy of club practice in the past, and the reason you gave was the inadequacy of remuneration. Why did the doctors accept that remuneration?—I do not know. That is what I asked for 15 years before the Act came into force. That is why I would never have anything to do with it.

33,334. Have you no idea of the reasons that led them to accept inadequate remuneration?—I daresay in the case of a good many young men starting practice it was something to do, and a little to get to begin with, instead of sitting doing nothing, and they gradually acquired one little club after another, until the total amount in the year was a substantial amount, although the pay was poor for the work done, and they went on year after year, and they did not like to drop what was a sure thing, even if it was small. I know of one case where clubs have descended from father to son, and sentimental reasons obtained for keeping them on.

33,335. Have you had any difficulty in Hull with cases in which you desired further opinion or consultation?—No.

33,336. What do you do in an ordinary case in which you are somewhat in doubt as to the proper line of treatment?—I have only had one case of consultation in my own practice. It was met by seeing the consultant in the ordinary way and paying a consultant's fee. It was a patient who was practically moribund, and he died two days after. It was simply for the ordinary feeling of satisfaction to know that everything had been done that could be done.

33,337. You have had no case where you found it desirable to call in one of your colleagues—another general practitioner?—No.

33,338. Have you had any cases which you have sent to the out-patient department of the hospital for second opinions?—None, I sent one for an X-ray diagnosis.

33,339. What about eye cases?—I have not had any serious eye cases. Nothing more than external diseases that I have treated myself.

33,340. What do you do with a case of refraction? Supposing you suspect astigmatism?—I should send him to the out-patient department or if he were in a position to consult a local ophthalmic surgeon privately, he could go there.

33,341. In the case of headaches, which might be due to hypermetropia or astigmatism, what would you do?—When that suggested itself to me I should advise consultation at the out-patient department, or again, if his finances permitted, to consult privately the ophthalmic surgeon.

33,342. Would you have any difficulty in getting those cases attended to?—There would not be in Hull. There is a good service.

33,343. Supposing you had a case of anæmia and dyspepsia, and on examining the mouth you came to the conclusion that it was due to the septic condition of the mouth, what would you do?—That would have to be arranged in the same way.

33,344. Have you a dental clinic at the hospital?—Yes, there is a dental department.

33,345. And is it adequate to the requirements of the district? Could you get all insured persons treated there who needed treatment?—I do not know if it could be done if the teeth were gone into systematically, but I have not heard of any case of difficulty in having those who were recommended attended to so far. I daresay that there is a lot of dental work, if one went systematically into it, that wants doing.

33,346. Do you think a very fair proportion of your patients who are generally run down are really suffering from defective teeth?—I think that I have taken

notice of the teeth in such cases, and have had occasion to advise a good few to have their teeth attended to.

33,347. You cannot recollect any case where a patient has continued to suffer from the effect of carious teeth or septic gums that you have not been able to have attended to?—No.

33,348. Would you extract teeth yourself in a case where you thought it necessary?—Yes, I have done it often privately.

33,349. A single tooth, to relieve an abscess?—Yes.

33,350. But you would not, of course, clear out the mouth?—No.

33,351. Could you get any X-ray diagnoses made when you thought desirable?—Yes, there are means of having it done free for the absolutely poor, and there is an arrangement for a fee of 10s., for those who can afford a small fee, and then, of course, there is one specialist in X-rays and radiology.

33,352. Have you a good electro-therapeutic department in Hull?—Yes, I think that it is fairly adequate.

33,353. Suppose you had a case for high frequency treatment or ionic medication, would you get that?—It would not depend on my opinion. I might send it to the hospital with an expression of opinion that that was desirable, but it would still be left to the hospital authorities to decide whether it was desirable or not.

33,354-5. But there would be people at the hospital who could do it in a case in which all were agreed that it was desirable, and they would have no hesitation in doing it?—That is so. So far as their accommodation went.

33,356. How much does that qualification amount to? Do you think, as regards the existing demand in Hull for treatment of that kind, that it can be met?—I think so. I have not had any complaint.

33,357. With regard to bacteriology, could you get any bacteriological examination made if you wanted it?—We have means through the corporation of getting an examination of diphtheritic swabs and blood examinations in the case of suspected typhoid.

33,358. And of course tubercle would be examined for?—That is examined for by the corporation too.

33,359. What about other bacteriological work if required?—That would have to be referred to the hospital too.

33,360. They have a pathologist at the hospital?—No one who is a pathologist only.

33,361. But the pathologist would do it for you, if you wanted to have it done?—I am not quite sure on that point.

33,362. If you had a case of your own, in which you wanted such an examination, and you had not time or did not feel prepared to undertake it?—I should recommend it to a hospital, and I think that it would be done there by one of the staff or perhaps by the house man.

33,363. Suppose you wanted the blood examined in a doubtful case of anæmia, could you get it done or would you simply refer the patient to the hospital?—I should either have to refer him to the hospital or to a practitioner who does that work.

33,364. Is there a practitioner in Hull who does that work and gives special attention to it?—Yes.

33,365. If you referred the insured patient to a practitioner, he would have to pay?—Yes, but of course, that brings us into the question of treatment beyond the adequacy of an ordinary practitioner. It is outside the Act in a sense.

33,366. What I want to ascertain is what facilities there are for obtaining such services in cases in which they are required?—I do not think that they would be very adequate as regards other bacteriological examinations than those for diphtheria and tubercle.

33,367. A patient who could not afford to pay would have to do as best he could without?—Yes.

33,368. Would you in such a case feel called upon to send a specimen up to the Clinical Research Asso-



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ciation, or to a practitioner who would undertake it, and pay his fee out of your own pocket?—That is rather a hard question.

33,369. I do not suggest that there is an obligation?—If he were a poor person who could not afford to pay a fee, I think I might stretch a point and get it done for him. Clearly one could not undertake unlimited liability of this sort.

33,370. At any rate, such a case has not occurred?—No.

33,371. What about institutional treatment? Do you think that persons requiring treatment in bed in an institution could get it?—No, the hospital accommodation is rather inadequate.

33,372. Have they a special women's department?—There is a small hospital for women and orthopaedics, besides a general hospital.

33,373. Do you think the opportunities for in-patient treatment of gynaecological cases are sufficient?—They are fairly adequate.

33,374. Altogether, may I take it from your evidence that the existing facilities are not such as you would think necessary for a fully equipped service?—Yes, I think that we could do with a hospital much larger than we have at present.

33,375. And as regards these other facilities for special diagnosis and treatment apart from hospitals?—I think more means are wanted.

33,376. Of course you have a considerable number of cases where you have to rely largely on subjective symptoms—on what the patient tells you?—Yes.

33,377. That being so, your capacity for checking the patient in those cases is limited, of course?—Yes, limited from the very nature of the assumed case, and in common with every other medical man.

33,378. And if the patient had an inducement, such as being heavily insured, and receiving more money when he was ill than when he was at work, that would affect the number of cases that get past such a check as you are able to give?—Yes, it would have that tendency.

33,379. So that though you personally have not had brought prominently under your notice the effect of over-insurance, you realise that there is considerable danger?—Yes, from the nature of the case there must be.

33,380. (Chairman.) Do you remember saying in the course of your examination, that you thought that doctors generally were doing their duty to their patients and to the societies?—Yes.

33,381. And you thought from such knowledge as you had that no improper and unjustifiable claims, roughly speaking, were being made on the funds of societies?—Yes.

33,382. Supposing you had doctors who had come before you, sitting on a Committee, and repudiated the notion that they had any duty to anyone except to their patients, would that modify your view?—Not greatly, because I think an honest regard for the duty towards the patient would not necessarily involve any hardship on the society.

33,383. No, but it is a different point of view, is it not?—The points of view must necessarily be different. The doctor's point of view is towards his patient primarily.

33,384. Supposing you find that people take the trouble to come here and tell us that they do not recognise any other duty of any kind whatever?—I do not think that they have considered the question fully, surely.

33,385. Very likely not, but do you not think that if they had not considered the question fully when they came here, they are not considering it fully when they are acting in the country?—I do not know that that would affect the question if they honestly performed their duties towards their patients.

33,386. Supposing we find that the doctors come here saying that they repudiate the idea that the society has any right to ask questions at all, or get into communication with them, not in the way in which you

have done, saying you cannot be rung up on the telephone by people asking silly questions, but they recognise no obligation at all to answer any questions, indeed repudiate it?—I think that that would be unreasonable.

33,387. Do you not think it probable that that would account for what is happening?—It may, in the sense that it will give an impression to the societies that the doctors are opposed to them.

33,388. Does not that illustrate the habit of mind?—That is a habit of mind that is natural to the profession, inasmuch as we have always been taught that our first duty is towards our patient.

33,389. It is quite clear from the way you are talking that you understand that phrase and act up to it, and realise that everybody, whatever professional duty they are doing, cannot only have one duty. I can fully realise your point of view. When you find people who have not thought about it, and if they have thought about it are not capable of forming that conception, is it not rather apt to make one a little suspicious?—Yes.

33,390. Especially when it is joined to this state of affairs that you find that some societies in particular parts of the country have very heavy sickness claims?—Yes, but still I should like to know the whole circumstances surrounding the society.

33,391. I am only suggesting what sort of effect it would have in your mind?—As a general proposition it must necessarily.

33,392. If when you examine the certificates you found one given for 17 weeks and 3 days for diarrhoea?—I should like the case recorded in the Medical Journal.

33,393. It might have a strong scientific interest?—It might have. I have seen such cases mentioned, and I think that they are absolutely absurd.

33,394. Supposing you took all the certificates of a society and found that there was an enormous proportion of certificates of that nature, would not that shake the judgment that you have just given?—Yes, it would, and it has done, whilst I have been reading these things, but it has occurred to me, if these things are so, if they can be authenticated, what have the representatives of the societies been doing?

33,395. That is justified and apt and appropriate in the mouth of any medical man. It is obviously right to be made, and if I were talking to a representative of a society in that chair, I should be making it now, but at the moment we are talking to a representative of the profession?—I should say the procedure when societies have such cases, would be to make a complaint to the insurance committee against the doctor.

33,396. No doubt, but it is no use shutting our eyes to the fact that there are many society agents and officials who are careless, negligent and afraid?—But one side must not be looked at too much without regard to the other. In Hull in the insurance committee I have heard wild statements made, and I have worked them down by challenging them immediately. For instance, one statement was made that doctors had refused to have patients on their list, the inference being that a great number of patients were being neglected in Hull. I met that by saying "Can you produce a single case in Hull in which an insured person has been unable to get a doctor?" and such a case could not be produced.

33,397. What I am putting now is by way of hypothesis, but I should not put a hypothesis like this, unless I were satisfied within limits of its truth. I do not think that there is any disagreement between you and me. If these facts were proved to your satisfaction, that would shake what you so confidently state to some extent about the profession, would it not?—To some extent, but still if I am convinced, even in spite of these complaints that the doctor is honestly considering his patient's interest, I do not think that that interest will be in the end adverse to the interests of the society.



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33,398. With that I should absolutely agree. If we could only persuade the medical profession that there is only one interest in this matter, as indeed there is, that the whole thing is a community and that what injures one injures all the rest, and what injures all the rest injures the one, that is the proper way in which to look at it. But when you get people continually asserting that there is a particular interest which has to be considered in contradistinction to

the other interests?—These are impossible people who make all the difficulties.

33,399. But there are a great many of them? Why have they not been brought to book?—That I cannot answer.\*

\* This answer has to be correlated to the answers to Questions 33,394 and 33,395.—J. D.

The witness withdrew.

Dr. R. J. FARMAN (*nominated by the British Medical Association*) examined.

33,401. (*Chairman.*) Are you a Licentiate of the Society of Apothecaries and a medical practitioner in general practice in London, and on the panel of the London Insurance Committee?—Yes.

33,402. You practise in Kennington?—130, Upper Kennington Lane.

33,403. How many insured people have you on your list?—Between 1,300 and 1,350.

33,404. How many are men, and how many women?—I could not give you the numbers, about half and half.

33,405. What are they for the most part?—Factory girls, charwomen, waitresses and shop assistants. The majority of the men are labourers or carmen, artisans and mechanics.

33,406. Are they the higher or the lower paid workers?—My patients, I think, are rather the upper working class. I was rather fortunate in closing my books rather early after getting my own patients on.

33,407. What sort of proportion do these people bear to your total practice?—Rather more than one-third.

33,408. Are they mostly people who were your patients before the Act came into operation?—Mostly.

33,409. Were they club or private patients?—Private mostly. I had less than 200 club patients altogether.

33,410. Were you a doctor to a lodge or club?—Two lodges of Foresters, one of Oddfellows, and the others were slate clubs.

33,411. They were all men?—All men.

33,412. Have all the 200 come on to your list now?—No, I should say that I have about 150 altogether of the old members on.

33,413. Do you think from your experience that unjustifiable claims are being made on the funds of the society?—I have not had any experience of unjustifiable claims except in two cases, and in neither of them did I grant a certificate.

33,414. Have you not had other cases in which people have been trying to stop on longer than they ought to have done?—From that point of view yes, with girls in particular. Men, as a rule, I find very anxious to get off the fund.

33,415. And the girls not?—No.

33,416. Does that mean that you have to use a good deal of pressure to get them to go back to work?—A fair amount of pressure, but if I put it tactfully to them, I have no trouble.

33,417. Have you any kind of idea what proportion of people among all those you see get certificates?—I should say during last year it would not be 15 per cent. that had certificates from me.

33,418. Do they come to you to be treated for trivial ailments?—Yes.

33,419. Things they would not have come for before?—Absolutely.

33,420. What makes them think of that?—One reason is that I think at first they came to see what sort of doctoring they were going to get under the Act, and since then because I insist on their coming.

33,421. Do they come to you for a lot of things that an ordinary person would not go to a doctor for?—Yes.

33,422. Do you insist on them coming for these things?—I tell them to come. It is their right to come, and I put it to them that they ought to come.

33,423. I mean the sort of things which the ordinary human being would doctor himself for?—They come for pimples on their neck.

33,424. Do you encourage them to come for pimples on their necks?—Yes.

33,425. Why?—Because they have no reason to think that these things may not develop.

33,426. Do you find it hard work?—No, not at all.

33,427. You have plenty of time to see all that come?—Absolutely.

33,428. And give them what you consider adequate attendance?—Yes.

33,429. Have you had any cases referred to a medical referee?—Yes.

33,430. How many?—I think altogether, since the referee was appointed, about 27.

33,431. That is the London referee under the London Insurance Committee?—Yes, only one, Dr. Crosse of Nightingale Lane. All my patients are in his district.

33,432. Do you know what happened to the 27?—They have not all been to him. 15 out of the last 20 I had were at work, when the notification came that they had to go to him, and out of the remaining 12, only three were sent back to work.

33,433. What was supposed to be the matter with the three sent back to work?—One was a woman who was at the climacteric. She had a great deal of pain, and no one could quite agree whether she could work or not. I thought that she could not, and she has not been able to work since. The other two were anaemic girls. I do not think that they ought to have been sent back to work.

33,434. You disagreed with the decision at which he arrived?—Yes. I do not think that they were quite fit at the time.

33,435. What about the other 15?—They were all back at work.

33,436. How did it happen?—They had been on some time.

33,437. Did they go back to work because they apprehended that they would be sent back?—No, they had been back a week before there was any talk of their going.

33,438. Who was it who referred them?—The societies.

33,439. Did you have notice that they were going?—Yes.

33,440. Did you communicate with Dr. Cross?—Yes, in each case. I always communicated with him.

33,441. Did you see him?—No, I have never seen him.

33,442. What did you communicate? Did you send a long statement?—If a person has gone back to work, I simply send the last date on my record card and say the case went back to work on that date, and he does not expect them to come. In cases where they go and have to be examined, I usually send him as full an account as I can of the history of the case.

33,443. (*Mr. Davies.*) Is it your opinion that there is greater sickness than was anticipated would be experienced?—It is the sickness that I anticipated



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would be experienced, and it is being gradually wiped off.

33,444. Is it some arrears of sickness that you anticipated, and you are getting the better of it?—Yes, because before the Act came into force I very often had young girls or men who were private patients come to me and complain of things that I knew they ought either to rest for, or to have a prolonged course of treatment, and they were unable to afford it, and I always anticipated seeing these people in as soon as arrangements were made.

33,445. You would consider the experience we have been having these last 12 months or so as an abnormal sickness?—I think so.

33,446. More abnormal than we should get in times when they are not so prosperous as at present—if we get some unemployment?—That would bring in another factor altogether. In a district like mine it will bring in semi-starvation and that sort of thing, as it has done in the past.

33,447. You are getting the sickness that you expected you would get, and yet it is a sickness usually supposed by approved societies to be considerably heavier than was expected. Having regard to the fact that we have been working off arrears of sickness, should we expect a reduction, and would the reduction be commensurate with anything which you might anticipate under a wave of unemployment?—I should certainly anticipate more sickness again during a period of unemployment.

33,448. That would bring us to a higher rate than now?—Yes.

33,449. Have the approved societies in the district complained to you about the number of sick certificates which are given?—No. I have had no communication except with one society, and in that particular instance I was asked why I had not certified a patient as being sick.

33,450. You are on the London Insurance Committee?—No, on the panel committee for London.

33,451. Has any complaint been sent to the panel committee about over-certifying?—I have not heard of any.

33,452. Have you heard any complaints of lax administration by societies?—No, I have only heard of one instance of a girl who was anaemic. She was on the funds for three weeks. She was perfectly able to go to work at the end of the three weeks, and I told her that I should sign her off at her next visit. When she came up, she said she did not want to be signed off the fund, because her agent had told her that as she was going away to a convalescent home for three weeks she ought to remain on the fund and draw the money whilst she was away. That is the only time.

33,453. Is it your opinion that there is an excess of women's sickness over what was anticipated?—There may be over what was generally anticipated, but certainly not over what I anticipated. In fact I was surprised that we had not more sickness.

33,454. Do you believe that there is a good deal of women's sickness that is not genuine, for which societies get certificates?—I do not think so.

33,455. Not even in the case of pregnant women where they are certified as being ill, when they are really not ill?—I do not know of any cases which have been certified as being ill during pregnancy who have not been ill.

33,456. You have never had any of your cases refused because they were cases of pregnancy?—No, I have always had some complication.

33,457. Have you had anything to do with the administration of friendly societies in the way of sick visiting?—Yes, and I used to find sick visitors of very great use too.

33,458. You know what is said in the outline of evidence submitted by the British Medical Association. "Several correspondents draw attention to the fact—that the agents of approved societies, chiefly collecting societies, encourage the insured persons to get the full benefit from their society." Do you know

anything of that?—There is that instance I gave of a girl who was going away to a convalescent home, and I have had remarks made to me by patients when I have been signing them off, that the agent has thought that they might stop on another week.

33,459. You mean by agent, I suppose, a person representing an Industrial company rather than the old form of Friendly Society?—Yes, I think so.

33,460. (*Chairman.*) Is it so or not?—I cannot always say. I have not always got the name of the society, but they always speak of him as the agent.

33,461. (*Mr. Davies.*) The difference is, that if it had been an older Friendly Society man, he would have been referred to as the sick visitor?—Yes.

33,462. It invariably happens now that a person who represents one of the larger companies is spoken of as an agent, and in this particular instance in each case he has been spoken of as an agent?—Yes. I can definitely say that there has never been a case of a friendly society secretary or sick visitor urging them to remain on.

33,463. (*Chairman.*) You mean that you have never heard of a case?—I have never heard of a friendly society official urging them to remain on.

33,464. (*Mr. Davies.*) And the sick visitor as representing the pure friendly society movement is a person that you think is discreet, because you say that there is a strong consensus of opinion as to the value of properly trained and discreet sick visitors?—Yes. I think what is meant by that is, that I have been told of cases where sometimes a sick visitor who is newly appointed has come to a doctor for information, and he has received that information, and then he has gone to the patient and said, "The doctor says so and so."

33,465. Is that of recent days or previous to the insurance days?—Within the last two or three years at any rate it has been told me.

33,466. Do the doctors now give the same information as freely if the sick visitor comes and asks them about a certain person?—I always give the information, and I am the secretary to our local panel association, and I think I have been able to persuade all our members, nearly 40 in number, to adopt the same attitude. They tell me they find that the adoption of that attitude has made things very much pleasanter for them.

33,467. They take it for granted, when a man comes for information, that he is the sick visitor?—They usually ask for some sort of guarantee, unless they know him.

33,468. You have not entered into correspondence with the approved societies, and asked them to give the names of certain officers who could be sent, and to whom you would speak freely then?—No, I have not done that.

33,469. Have you had a meeting of the doctors and the representatives of approved societies to discuss all these various problems?—No. We have never had it suggested to us.

33,470. Do you think that it would be helpful?—I do not know whether the medical men would agree to it exactly. I think that they would rather take individual cases.

33,471. The Act has to be worked, has it not, between the doctors and the approved societies. The doctors give certificates to the persons who are supposed to be ill. The certificate has to be deposited with some approved society official, and between the two of them they have to decide as to whether that person has a right to sickness benefit, and do you not think it would be well for them to meet together to discuss the various difficulties and come to some amicable working arrangement, which would remove a lot of serious trouble?—I think it is felt that it is better to limit it to specific cases, and take each case as it arises.

33,472. Why does that opinion seem to have grown?—It may be a wrong idea, but the feeling is that anything of that sort would be, as it were, subordinating the profession to the societies.



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33,473. Surely not, if each party was to set up a small committee which should confer together and have all these cases referred to them to remove friction?—I think possibly it might be helpful myself, but I do not think that it would be generally agreed upon.

33,474. Do you think that it would help to remove these difficulties if the approved society men said the doctor was giving certificates freely, and had not the thought about approved societies that he might have, and that sort of thing, and the doctors saying something about the approved society man, that he did not quite understand, because he had never met him?—Yes. I think the case for meeting is very good indeed, but as to whether there would be any benefit arising from the meeting, I do not know.

33,475. You have not tried it?—No. I know the general feeling in South London is very much against it.

33,476. That is one reason why I should break it down, to show, when they had met, that they are both reasonable parties?—Yes. It might develop into something of that sort, and having done it myself and persuaded other medical men in the district to meet the individual agents and representatives, it certainly is arousing a very much more friendly feeling between the two, and such a thing as a meeting or a joint-committee or two committees working together might be allowed to develop from that feeling.

33,477. Would you be surprised to know that such arrangements already exist in some of the largest areas, and that they have found the meetings of great advantage to both parties?—I should not be at all surprised to hear it, but unfortunately in London we seem to stand on a different plane altogether from most other parts of the country.

33,478. Is it the desire to keep the profession absolutely separate from the approved societies so that they should not come under the supposed control that they used to have?—That is the feeling behind the whole thing. There are some of us who are anxious—everyone I think is anxious—to make the thing work as smoothly as possible, but there is a grave suspicion in the minds of a great many medical men that they might possibly come under a sort of domination.

33,479. The feeling the profession have is that the approved society has nothing at all to do with them, and that they work for the insurance committee?—Exactly.

33,480. And that their duty is to the insurance committee or to the insured person, which?—To the patient first and to the committee second.

33,481. And the friendly society if necessary?—Yes.

33,482. Do you think that that leads to the best method of checking sickness by having the people so far apart?—I do not see that that would check sickness very much. I think that the best thing to check sickness is the doctor's own desire to get rid of his patient as quickly as possible—to get him well.

33,483. Could you tell us how many sick certificates have been refused by the doctors in your area to people who asked for them?—No, I could not tell you that.

33,484. Have you had many cases yourself where people have asked you for certificates, and you have said "No"?—I should say I have refused at least 10 per cent. that I have been asked for. I do not find the people round my way at all anxious to go on the funds. In many cases I have had to put them on forcibly, as it were.

33,485. Because they were really ill and wanted to go to their work?—Yes.

33,486. Does that arise from the fact that they get more money when they are working than when they are playing?—I think in many cases that that is so. They have dependants and they find the amount they will get from insurance and the other benefits they will receive is not sufficient to keep their wives and families and pay the rent.

33,487. So the question of over-insurance does not come in with them?—No.

33,488. Have you given any thought to the question of a salaried service of doctors under the control of the local insurance committee, or maybe the Commission?—Yes. I have given a great deal of thought to it, but I cannot see how it would improve matters.

33,489. You think the present system is as good as it would be under a service of that kind?—I certainly think so—really better.

33,490. Why?—Because it would depend a great deal to my mind on the supervision. In some parts it would be laxer than in others.

33,491. But in that case, under the supervision of a central authority they would have more control than they have now?—I do not think that they would have more control. I do not think that they could alter men's nature very much.

33,492. What control is there over the doctors now? It is that an insured person may remove himself from the list?—But they can make their complaints.

33,493. If the doctor gives a certificate to everyone who comes, and keeps on good terms with them, they are not likely to complain, and yet there is another party in the business which may have to complain by reason of that complaisance?—I have heard of complaints being made by approved societies against the doctors for granting these certificates.

33,494. That is what I mean, and they are out of court largely?—I think you would find that if a friendly society or an approved society had suspicions that a doctor was doing that sort of thing, and were to make a complaint to the panel committee for the area, the panel committee would take very serious notice of that complaint.

33,495. (Mr. Wright.) You told us that you were the medical officer to some Foresters courts and Odd-fellows lodges. Did you find that the officials of the Foresters or the Oddfellows were trying to exercise any undue measure of control over your actions as medical officer?—No, I never have any trouble with them at all.

33,496. Did you feel just as free as you feel at present in your dealings with your patients?—I did.

33,497. You would not agree therefore with this paragraph of the British Medical Association's evidence: "Several practitioners state that they feel much more free to deal with suspected malingering now than they did in old contract practice as they merely have the individual to deal with and not a club, and are therefore more independent"?—I have never had much experience of malingering or suspected malingering. I have never found very much.

33,498. Why did you tell Mr. Davies that you considered that your duty was to the insurance committee?—Because our agreement is with the insurance committee.

33,499. It is simply the fact that the insurance committee is the body that enters into the agreement with you that makes you place them in that position?—The position of employer.

33,500. You owe your duty to them?—Yes.

33,501. What kind of duty or responsibility do you think that you owe to the approved society?—I do not know that we owe them any direct duty except that we have to cure their members as quickly as possible, or relieve them as soon as we can.

33,502. Do you consider that you have nothing to do with them practically?—We have nothing practically to do with them.

33,503. When you issue an initial certificate, do you consider that the mere fact of the issue of that certificate entitles the person to whom you issue it, if he applies to his society, to sickness benefit?—I will not say to sickness benefit, but it entitles him to benefit, I should say. We certify that, owing to the state of his health or other conditions, he is unable to work.

33,504. You know that if he is rendered incapable of work by some specific disease or disablement, as a



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matter of fact he is entitled to benefit if he is an insured person?—Yes.

33,505. And, therefore, when you issue the certificate, you realise that you are issuing something which will entitle him to claim that benefit?—Exactly.

33,506. Do you insert the nature of the complaint upon the certificate?—Yes.

33,507. Do you always put the exact specific complaint from which the person is suffering?—Up to the present I have had no reason to do otherwise.

33,508. You have not found any difficulty in regard to that?—No.

33,509. You have found no cases where, in the interests of the patients, you have found it unwise to divulge on the certificate the exact nature of the disease?—I have not.

33,510. You have had no case where you considered that it might injure the person in his employment, if you stated the exact disease from which he was suffering?—No, I have had none.

33,511. You recollect that both those suggestions are contained in this *précis* of evidence submitted by the Association?—I can quite conceive of conditions where it would not be wise to put the exact nature of the disease on an initial certificate.

33,512. I think we all can do that; but what I want to know is whether you, in your own practice, have had experience of it?—Not at all.

33,513. So far as you are concerned, it is purely hypothetical?—Yes, so far as I am personally concerned.

33,514. How do you interpret the expression "is thereby rendered incapable of work"?—As unable to do the usual work by which he or she earns wages.

33,515. First of all, may I take it that in every case you would ask the occupation of the person?—Always, because that has to go on the record cards we keep.

33,516. Apart from that, you would require to know it, would you not?—Yes, I should always ask them that, because it makes a great deal of difference in one's method of treatment very often.

33,517. Having ascertained the occupation, does the knowledge that you get influence you in signing the certificate?—Yes.

33,518. Do you interpret it as being unable to follow the occupation he tells you he usually follows; is that your practice?—Exactly, that is my practice.

33,519. Do you think that it is the practice of the other doctors in your area?—I am certain it is.

33,520. Have you ever talked it over with them?—We have discussed that question many times, and we have tried to hit on some method or some way of looking at it from a different point of view, but have been unable to.

33,521. Practically, so far as your area is concerned, there is a sort of understanding between the doctors that they must interpret "work" as the person's usual occupation?—Yes, as the person's usual occupation.

33,522. In addition to taking into consideration the nature of the work, is any consideration given to the fact of the person being employed or unemployed at the moment he applies?—I do not think so.

33,523. In the case of a declaring-off certificate, for instance, supposing a person comes to you on the Friday, and you find that he is sufficiently recovered to justify you in giving a declaring-off certificate, but he tells you that he will not be able to start work until Monday because he would not be allowed to work for the last half day of the week, would you consider yourself justified in telling him to come again on the Saturday night, and thus enable him to get his sick pay for the Saturday?—I do not always take that into account. I do sometimes, it is true, more particularly for this reason, that in so many cases the man has not got the form for declaring off at the time he is really fit to go off.

33,524. (*Chairman.*) I do not quite understand that answer?—The approved societies hand a continuation certificate to the patient on a certain day in the week; that is handed to me, I sign it and hand it back to the agent or official, and until a certain time again, the patient has no certificate form which can be signed. For instance, one man brings a certificate to me on Tuesday, and hands it in on Tuesday night; he does not get another certificate form there and then, and probably will not get it again till next Tuesday. A patient may say to me: "My agent called 'upon me this morning, and says that he is coming to 'see me to-night,' and I say to him, 'Well, bring 'your paper in to-morrow morning, and I will sign 'you off.' If he says, 'I shall not see my agent, till this day week.' I tell him to go off before then, if he is fit to go back.

33,525. (*Mr. Wright.*) Am I to understand that it is the common practice that insured persons come to you, that you discover they are fit for work, and that you are unable to declare them off until they pay you a visit on some day subsequently and bring you the necessary form?—Exactly. I have had a case like that within the last three weeks. A man was anxious to go to work, but he received no form from his agent until 10 days after he had been back at work, and then he brought it in to me, and I signed him off.

33,526. But he ought not to have been at work?—He had been at work because I told him on his previous visit that he could go to work.

33,527. He had no right to be at work if he had obeyed the rules of the society, had he?—It would not have been my fault.

33,528. But he was breaking the rules of the society?—By going back to work without a declaring-off certificate, yes.

33,529. You say that there is some difference between certificates; the certificates of various societies differ, of course?—Yes.

33,530. Taking the Oddfellows, for a moment, the continuing certificate and the declaring-off certificate are both on one form?—I know the form well. In that case, if a man came to me this morning and I found that he was fit for work, I would tell him to bring his paper either to-night or to-morrow morning for signing off.

33,531. As a matter of fact, he should always bring his paper with him every time he comes?—They do not, they forget it just as they do their medical cards.

33,532. Supposing you find that he has not brought his paper, do you not think that you would be justified in giving him a little trouble and saying, "You must go and fetch your paper"?—Yes, but it gives me more trouble. A common thing is for folks to drop in, especially when they think they are going to be signed off, just about the end of surgery hours—say, at 11 in the morning, when one is anxious to get off on one's round of visits—in the hope that one will say, "Come in to-night or to-morrow morning."

33,533. Do you think that that is a common practice?—That is not at all an uncommon practice.

33,534. You realise that there must be a good many days' sickness benefit paid that ought not to be paid, if that is so?—I do not know that, because the certificates usually say, "up to and including" that particular day. If a man does not turn up at night with his declaring off form, but comes in the next morning, I sign him off for the night before.

33,535. You always do that?—Yes. You know that a great many of the certificate forms say, "I have this day examined so-and-so." I would put on the certificate "26th March" if it was presented to-night; and if it was presented to-morrow morning I would sign it "26th March" and say, "but this certificate was presented to me on the 27th for signature."

33,536-7. You mean that you would insert the actual date?—The actual date with a note.

33,538. (*Mr. Warren.*) Have you given any attention to the question of medical referees?—Yes, a good deal.



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33,539. In your opinion, is it desirable that medical referees should be appointed?—I think if referees of the standing we have in London were appointed for the whole of the country, it would be very beneficial.

33,540. You think that it would serve a very useful purpose?—I think it would serve a very useful purpose.

33,541. Do you think that it would be of service to the general practitioner?—The referees would be of some service to the general practitioner; they are not of great service to us up here, but I think that they are of great service to the friendly societies and the approved societies in some cases.

33,542. And to the insured person?—Yes.

33,543. They would afford good service to the profession when a second opinion was required?—I have never heard of them being of any use to us in that way.

33,544. If they were appointed generally for the whole of the country, in whose hands should the appointment be?—I should say in the hands of the insurance committees.

33,545. Would that be preferable to their being appointed by the Commissioners?—I should think really that the various insurance committees would know the men of proper standing in the different areas better than the central authority would.

33,546. And if they were appointed by the insurance committees, then they should be paid by the insurance committees? Is that what you would recommend?—Yes.

33,547. Would that be preferable to their being paid by the Commissioners?—I do not see very much preference one way or the other as to where the money came from.

33,548. Would you think that they would be more likely to act impartially if appointed by the Commissioners than by the insurance committee?—I do not think so; with a man of good standing it would not make any difference from whence his salary came.

33,549. He would not be influenced by whatever body appointed him or from whence his salary was drawn?—I do not think so.

33,550. The area in which you are working may be described as a fairly representative working class area?—Yes, it is round my particular neighbourhood.

33,551. Have you found it true in your experience, as was anticipated by the profession generally, that there has been a considerable increase in the claims for sickness benefit as compared with your previous experience before the advent of the Act?—We expected that, because prior to it so many people had no insurance against sickness.

33,552. And they had no adequate medical benefit prior to the Act?—Exactly.

33,553. Is it right to assume that, during the earlier working of the Act, the profession have been disposing of considerable arrears of sickness?—I think so. If I might elaborate that, we are able to get at so many of these anæmic girls, for instance, who suffer from dyspepsia and indigestion, and all that sort of thing. Where those ailments are caused by bad teeth, those teeth are being removed, mouths are being cleaned, and that sort of thing is being done, removing the focus of the trouble, and we shall not have those people ill in the same way in the future.

33,554. Would you expect within a reasonable time that the arrears of sickness would be fairly wiped off?—I think so; things are quietening down now.

33,555. There will be a marked falling off in the claims for medical benefit?—I think so in the future.

33,556. May I take it that you found that there was considerable misunderstanding on the part of insured persons as to the real meaning of National Insurance?—Yes; of course a great many of them do not know what insurance means at all, to start with. They seem to think that they are paying in fourpence a week for which they are entitled individually to ten shillings a week whenever they like to ask for it, in some cases.

33,557. And that it is fairly accurate that they are getting some of their own back, and that they regard the resources of National Insurance as inexhaustible?—Yes.

33,558. And they are not very much concerned with the financial stability of their society?—No, they think that that is not their concern at all.

33,559. In the outline of evidence presented by the British Medical Association, they speak of the natural tendency to laxity where the State is concerned. Have you found that it has made the ordinary honest person less honest in regard to the operations of National Insurance?—No, I do not think so really, taking it on the whole.

33,560. But they say "That people, ordinarily honest, seem to have less than their usual scruples as to taking advantage of the State benefit as compared with their attitude to the old friendly societies"?—They have been less scrupulous in this way. We will say a man belongs to a slate club and he hesitates, or he used to hesitate, about going on his club because he was reducing his yearly dividend, now he feels that there is nothing to be divided up at the end of the year, and he is not doing himself any harm by going on the club.

33,561. There was a good deal of pride in the ordinary friendly society member in his society's prosperity, was there not?—Yes. That was a more commendable pride because it was not the mercenary point of view, but the slate club member had a mercenary point of view. As regards the friendly societies I found that they used rather to brag one against the other about the small amount of sickness that their particular lodge had.

33,562. Would you say that many of your insured persons, men particularly, were over-insured?—No, I think that the better insured a man is the less likelihood there is of his going sick at all.

33,563. You do not think that over-insurance is a menace to the success of National Insurance?—Around me so many of the people had neither the opportunity nor the means to over-insure. I have, however, several cases of men belonging to several societies at once. In one family I know the father and son belong to four clubs each, and only the son has been ill and I had a great deal of trouble in getting him to go sick at all, though it developed into a very serious illness in the end. He was receiving at least from 10s. to 15s. more by being sick than when he was at work.

33,564. You do not attach any importance to over-insurance?—I think that there are very few people who over-insure with the intention of making anything out of it.

33,565. Have you found that the waiting period of three days is of any value?—It was of great value at the commencement. We were under a misapprehension, I suppose. We were in the habit in my district of telling people, "Well, you had better try this, go home and keep yourself quiet, and come back again at the end of two or three days, and we will see how you are." At the end of two or three days they would probably feel very much better, and say, "I do not think that I will have the certificate after all." I really think in that district—it does not happen to me particularly—the giving of the initial certificate on the first day is rather a bad practice. If it can be altered, it would be a good thing for the societies.

33,566. Do you think that the first three days' deprivation of benefit checks claims in respect of minor complaints?—I do not think that it does. People rather feel now that if they have got something not very much the matter with them, it is just as well to have the initial certificate and wait those three days, even if they go off at the end of that time without having drawn benefit at all, because they are beginning to find out that in a second illness they do not have to wait.

33,567. And so they seize the first opportunity of working off the period of deprivation?—Yes.



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33,568. Is it a check, as it was assumed it would be, to malingering?—I do not know that it is. I have not had much experience of it in town, but I did in the country some years ago. The waiting period now for sickness is very much the same as the waiting period under the Workmen's Compensation Act, and a man who is going to malingere does not trouble very much about that waiting period; he will malingere if he wants to. I do not think that that checks him at all.

33,569. You do not think that it has been of any value in that respect?—I do not think so. With the genuine case I really think that it was a check to going on the funds.

33,570. To put it from the old friendly society point of view, malingering was to be apprehended more towards the end of the sickness than at the beginning?—That is the point exactly.

33,571. With regard to pregnancy, you would have a considerable experience in your district. As to the payment of benefit during periods of pregnancy, would you advise us from your experience that there should be uniformity in the matter of benefit; that is to say, that for four or six weeks prior to confinement and for a period of some weeks after, benefit should be paid?—I do not think that it would be wise, because there are not so many of the pregnant women in my district who claim or ask for benefit beforehand. I have not much midwifery now, but out of 40 or 50 cases during the last six months of insured women who were confined, I only had three who claimed any benefit or who thought that they were entitled to any benefit beforehand.

33,572. Have you any number of married women who are employed persons?—Yes, nearly all the people in my district work, both husbands and wives.

33,573. You have had no volume of cases in which benefit was claimed prior to confinement, then?—No, a very small number, and in each case there was some controlling factor. In one case it was quite uncontrollable vomiting for which we had to send the woman into the hospital, and the other two cases were very bad cases of varicose veins.

33,574. Do you find any number of the insured persons in your list suffering as the result of misconduct, who claim certificates for sickness benefit?—I have not had one who claimed.

33,575. (Dr. Fulton.) You have done contract work before the Act?—Yes.

33,576. Are you conscious of any difference in your mental attitude when you issue a certificate now under the panel system from your mental attitude when you issued a certificate under your old friendly society contract?—No, none at all.

33,577. Did you look upon yourself then as the guardian of the society's funds when you signed a certificate?—No.

33,578. Did the matter enter into your consideration at all?—Not at all.

33,579. Had you any thought of anything except the condition in which you found your patient and what you thought was best for him to do?—That was the only thing I thought of, and the only thing I think of now.

33,580-1. Your first consideration is the patient's interest?—Yes, to get him well as soon as possible.

33,582-3. And to give him a certificate if you think he really requires it?—Yes.

33,584. And if you think he is well enough, you suggest to him that he should go to work?—Yes.

33,585. You have always done that, and you do it now?—Yes.

33,586. You are not conscious that the change in the method of administration has made the slightest difference to you in the way you issue certificates?—No, not the slightest.

33,587. Do you think that that is the experience of men who were doing contract work previously, and are doing insurance work now?—Yes. There is one thing which causes trouble to so many men in London

who are doing panel work at the present time, and that is that they never had any experience of contract work before they came on the panel, and they are only just beginning to know how to treat their patients. I am using the word "treat" in the way of dealing with them. A great many of these doctors have been brought into contact with people of a different class entirely to what they have been used to.

33,588. They did not understand their ways of thought?—No; that is exactly it.

33,589. May I draw your attention to a statement in the outline of evidence: "Nearly all our correspondents state that the increased number of claims which are on the border line between justifiability and unjustifiability are due mainly to women." Is that your experience?—Yes.

33,590. Do you find that you are often in an honest difficulty as to whether their claim for a sickness certificate is justifiable or unjustifiable?—I do not think so in regard to the initial certificate.

33,591. What about the going-off and continuing certificates?—Then it is very difficult to say within a few days whether a patient is well, or not quite well.

33,592. In many cases you are without any scientific test to apply to them as to capability?—There is none that I know of.

33,593. That leads one up to the so-called "cribbing" of odd days. Did you in the old days find that the patients tended to round the week off when once they were on the club?—No, I do not think so.

33,594. They did not want to start work on the Friday or Saturday after they had been off for a fortnight?—I think the usual thing—it is the same now as it was in the old days—is that we find so many people who work on through a week until they have completed a week, they struggle through it before they come to the doctor. Then it looks rather like a strange coincidence that they should finish up at the end of the week. I do not get many people who finish in the middle of a week.

33,595. In some firms they pay from some day in the middle of the week to a day in the next week, and you think perhaps the patients are making up the week?—I do not find that that troubles them very much. I have not been asked for certificates to be allowed to remain on until Monday or Tuesday, or whatever the day may be.

33,596. Speaking of your experience previous to the passing of the Insurance Act, you say that people struggled on for a week and, when they came to you, did they sometimes say that they thought that they would go on the box for a week?—They did, and they have since the Act came in. They always had a week or a fortnight, and did not go on for two or three days.

33,597. Have you ever come across a friendly society that did not pay for less than a week?—I cannot say that I know of a friendly society.

33,598. Or a slate club?—I knew that some of the works clubs of Nottinghamshire used to pay for not less than a week, but I have not had any experience of that in London.

33,599. Did they favour the idea of going on for a week?—They used to.

33,600. It was an acknowledged thing, that if you went on, you went on for a week?—Yes; in fact, it was the usual thing. You will find somewhere in the north of Nottinghamshire now that the doctors have their certificates printed "has been unable to work for 7 days." There is no blank space for the number of days to go on. It is printed "7."

33,601. Do you find that the employers in your district resent the people going back in the middle of a week?—I have not had it brought to my notice.

33,602. You agree with the statement in the outline of evidence, that "Many correspondents raise the question of the definition of 'justifiable,' and point out the difficulty in deciding in very many cases whether a patient's claim is justifiable or not"?—No, I have not had much experience of that.



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33,603. There is this further statement: "It is very difficult for a doctor, however honest he may be, to contradict a patient who declares himself unable to work." Do you agree with that?—You cannot always tell the patient that he has not got a pain which he says he has.

33,604. Have you found difficulty in regard to patients you have known as honest people for a great many years, when they come to you, and say that they are ill, in refusing them a certificate, although you cannot find any objective symptom?—I cannot say.

33,605. Those cases have not come under your notice?—No.

33,606. Further on, the British Medical Association's outline of evidence says: "Under a salaried State service the medical man, if he were conscientious, would always give the advantage of any doubt to his patient." Do you agree with that?—I think that he would do exactly the same thing as now.

33,607. You think the fact that he was a State servant would not make any difference in his attitude?—I do not think that the name of the service would make any difference to the doctor's attitude.

33,608. You think the doctor always gives his certificate honestly, and if there is a doubt he gives it to the patient?—I think so.

33,609. Is that the experience in workmen's compensation cases also?—I think it invariably is so.

33,610. Is that the attitude which the county court referee adopts, from your experience and observation?—So far as I know.

33,611. Is that the attitude which the referees of the London Insurance Committee adopt also?—Some of them; in fact, most of them, I should say.

33,612. It was suggested to you that under a State medical service there might be effective supervision to keep men up to their work. Do you think that that is possible?—I do not think so.

33,613. There is the example of the Local Government Board inspection in the case of vaccination, is there not?—Yes.

33,614. Is that comparable to the supervision of an ordinary medical attendant?—I do not think it could be, because there you get definite objects to look at, you have the baby's arm with four marks, or you have not those four marks. You can count them. In case of ordinary sickness I do not see how they could be properly supervised. It would be absolutely necessary for an inspector to be living with a medical man for a month to see that his work was done properly.

33,615. It would need a very large staff of inspectors to live one day a year with every medical man in the country?—Exactly.

33,616. One day a year would not be of much use?—No, you would want a month every year.

33,617. Do you agree with the statement which I find in this evidence, which purports to be an opinion expressed by Mr. Lloyd George: "You could not check malingering by doctors' certificates. . . . Therefore you must depend really on each member to be almost a detective to spy on his associates"?—I should think that there is not a great deal of truth in it; though I do not say it is not true.

33,618. You found in your previous experience of friendly society work that a sick visitor was a good thing?—Yes.

33,619. Do you think that there ought to be a means of finding out whether patients stop out after hours or not?—I think that it is a very important point. A good many of these cases might possibly get well quickly if approved societies would advertise their rules a little more freely, and see that they were carried out. Many of the approved societies' members know nothing whatever about the rules.

33,620. Did you in your previous experience of friendly societies find that men declared themselves off the funds before they were fit for work because they resented the restriction upon their liberty?—I found that to be fairly common. They do not like to stop in in the evening. They wanted to go out as quickly

as they could, because they did not care for this restriction.

33,621. If it had not been for these restrictions you think that the claims in the old days would have been heavier?—They might have been to a small extent. There was enough to make an appreciable difference, but not a very large difference.

33,622. Do you find in the case of girls drawing sick pay that their sick pay is always devoted to their recovery?—No, it is not.

33,623. Is that your experience in London?—My experience is that it is often commandeered by the mother in many cases, or by the parents.

33,624. Is it always spent on necessities for the sick girl?—Not always. I know of one case where a girl received 7s. 6d. in the middle of the day and the mother had drunk it all before bed-time. The mother was not an insured person.

33,625. This outline of evidence says: "Several practitioners state that they feel much more free to deal with suspected malingering now than they did under the old contract practice, as they merely have the individual to deal with and not a club, and are therefore more independent." From your previous experience of friendly society work in various parts of the country would you agree with that?—I cannot say that I feel any more independent than I did, because I never had any trouble with clubs.

33,626. You were never unfortunate enough to make an enemy in a club, were you?—I do not think so.

33,627. But you know of cases which occurred in other men's practices?—I have known of it, where secretaries have been very officious, marching into a man's place at all times and asking for really unnecessary information; but it has never happened to me.

33,628. But it is not really so much of secretaries I am speaking as of individual members who took offence at something the doctor did, and always had their knife in him afterwards?—It never happened to me.

33,629. The outline of evidence of the British Medical Association refers to people who transfer because the doctor is too strict. Do you think that the transfer of patients at the end of each year should be made more difficult?—No, I think it should be easier. I think that it should be better advertised than it is.

33,630. Do you think the fact that a patient could transfer easily from one doctor to another might be made use of as a means of intimidating a doctor at the end of the year?—I think he should be allowed to transfer quite easily at the end of the year. I do not think that it should be allowed at all during the year. It would be advisable for societies to keep in touch with the people who had transferred, because they could very often put their fingers on weak spots by keeping in touch with these transfers.

33,631. Do you think that when a patient wants to transfer, he should be asked to give a reason for it?—I do not think that that would be necessary. If the societies kept lists of their members under the heading of the particular doctor they were with, and if they found that a particular person had been having a good deal of sickness during that particular year and then that he had transferred to another doctor, they would be able to keep an eye on him, and see whether that particular doctor, for instance, was gathering together all the malingerers in a district. I believe that it has been done a little bit.

33,632. Would you agree with the statement made by a previous witness that it is rather worrying for a medical man to have a doubt about a patient, to have a person coming to you and being certified when you think he ought to be at work, but when you cannot be quite certain about it?—Yes, it is very annoying.

33,633. If the referee assisted you to get rid of persons like that, you would not resent it?—I should not at all. But I think that it should be left as much as possible to the medical man to get rid of



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him. Steps are being taken by which we shall be able to do that more effectually in London.

33,634. Will you tell us what sort of steps are being taken?—For instance, in Lambeth we have a pretty powerful panel association now, and we are arranging for a kind of clinic amongst ourselves by which we can have doubtful cases brought up before four or five of us, and come to some definite conclusion perhaps in cases of difficult diagnosis, and in others where the question is: ought the patient to be at work or not.

33,635. But you cannot compel patients to attend there, can you?—Not exactly, but you can put a good deal of moral pressure on them, and not give them certificates.

33,636. Is that system actually at work now?—It is not at work yet: it is only just beginning.

33,637. So you are practically constituting yourselves into little bodies of referees for each other's benefit?—Yes.

33,638. Do you think that the number of patients on a doctor's list should be restricted?—Yes, most decidedly.

33,639. Have you any idea of the number to which it should be restricted?—I think that it should be restricted to 2,000 in any urban area.

33,640. Even in the crowded London areas where distances are not great you think that 2,000 is as many as one man can look after irrespective of his other practice?—Yes.

33,641. No matter how little private practice a man might have, you think that he should not have charge of more than 2,000 insured persons?—I do not think that he should, because he must have some private practice: it is impossible for a man to be called into house after house, and never be asked to see an uninsured person.

33,642. Do you as a matter of fact attend the dependants of insured persons?—Yes.

33,643. As you did the dependants of your old club patients?—Yes, within a reasonable area, say a mile or so, I attended the whole of them.

33,644. With reference to the names of diseases to be placed on certificates, do you feel that it is very important that the society should have the exact nature of the disease from which any member is suffering?—I do not think that it is important at all except for statistical purposes. I do not see any reason why they should have it at all, myself.

33,645. Have you found any difficulty from the relations of your patients raising a bother if diseases like consumption or heart disease or cancer were put on the certificate?—I have had no trouble at all in that way, personally.

33,646. Do you know any man who has had?—I know of one man who was rather worried the other day. A man came to him in a very depressed condition with a sore on his lip. The practitioner saw at once that it was epithelioma (that is, cancer of the lip). The man told the doctor that he was afraid it was a cancer, and that if it was a cancer he should go and commit suicide. The doctor did not know what to do because the man ought to have been operated upon at once, but he did not want to put this on the certificate, so he certified him as suffering from a sore lip, which was rather a weak thing to do, because I do not see how that could incapacitate a man entirely.

33,647. How would you have got out of that difficulty?—I think that I should have advised the man to go up to the hospital, and have it operated upon to prevent it becoming malignant. I should have put on the certificate "tumour of the lip requiring removal," and I should have told him that he might avoid its becoming malignant by an early operation.

33,648. What would you do in a case like this: Supposing an unmarried woman came to you complaining of diarrhoea and declined to let you examine her, although she was manifestly unfit for work. How many weeks would you certify her as suffering from diarrhoea without insisting on an examination?—It would not be a matter of weeks, but of how many days, four or five, or two or three I should say.

33,649. Supposing that she resolutely refused to allow you to examine her?—I should let her take the risk of going off the funds.

33,650. Even although she was manifestly unfit for work?—Yes.

33,651. Supposing you found when she was examined that she had a malignant growth in her rectum, and her friends refused to allow you to put "cancer" on the certificate, what would you certify?—It is so hypothetical a case that I would rather not answer the question.

33,652. Do you think that diarrhoea would have been an insufficient diagnosis in a case like that?—I think that one ought to put some cause of the diarrhoea down.

33,653. If you certified cancer, you would not feel bound to state the cause of the cancer, would you?—No.

33,654. If you look at the British Medical Association *précis* you will find they suggest using some euphemism for the real name of the disease. You really mean an interchangeable term, do you not?—I do not know about that.

33,655. If you did not wish to place on the certificate which had to be handed to the patient the word "cancer," what alternative phrase would you use?—I should put down "new growth."

33,656. Would you call that a euphemism or an interchangeable term?—I think that I should call that as interchangeable term.

33,657. Or supposing you put carcinoma?—That would be an interchangeable term.

33,658. And an accurate description of the disease?—Yes.

33,659. Have you found any difficulty with the going-off certificates of various societies in that some societies pay for the day on which the going-off certificate is dated, and others do not?—I have never troubled to make inquiries as to the time.

33,660. And the patient has never troubled to tell you?—The patient has never troubled to tell me. I have noticed some certificates say "up to and including to-day," and others put down simply the date underneath the signature.

33,661. Of course, you would agree that uniformity in that practice is desirable?—Yes.

33,662. If a doctor does not know whether a day is payable for or not, he does not know what he is doing quite?—No. Of course, in some societies they leave it to the patient to put on his own time.

33,663. Not to declare himself off?—No. In the Hearts of Oak, for instance, I sign a man off on one compartment of the certificate, and immediately below that there is a portion for the patient to declare himself off, and then the patient is left to put in such and such p.m. or a.m.

33,664. Do you think that it is useful to have the hour of going on or coming off put on the certificate?—It is useful where they have rules as to hours of certification.

33,665. Do you think that rules of that sort are useful in keeping down sickness claims or in saving half day's pay?—I think myself that there should be some grace allowed to the patient. It would keep down claims in a great many cases I have heard of, if the going off certificate were sent in two days after the commencement of the illness.

33,666. It leaves the door open to abuse somewhat, does it not?—Yes.

33,667. Have you had patients bringing you a declaring-on paper from a society with a request to ante-date the certificate?—I have had it done.

33,668. And the ante-dated date put in in pencil on the certificate by the agent with a suggestion from the member that they should be put on the funds before you have seen them?—Yes.

33,669. Have you had those cases often?—Yes, I have had several of them, but I have never accepted the suggestion.

33,670. Do you think that the officials of various societies encourage their members to stay on longer than they need do?—I think they do in some cases. Some of the approved societies do, especially where



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[Continued.]

they have life insurance in connection with them. They like to make their societies as popular as possible, and they also try to get arrears of death premiums paid out of sickness benefit.

33,671. Are you saying that of your own knowledge?—Yes, I am. They suggest to people that they should stop on.

33,672. Your patients have told you that, I suppose?—Yes.

33,673. Mr. Wright asked you about the certificate of the Manchester Unity. Is there any going-off form on that continuing certificate, and is there any portion for going-on?—There is at the bottom, but I forget the exact words.

33,674. There is a place at the bottom of the certificate for the patient to declare himself off: is there any space for the doctor?—Yes, in the ones we are having in our district now, there are the words "I concur."

33,675. Is that a new form?—It may be: I have only seen it quite lately. A number of certificates are changed from week to week almost.

33,676. Does dropping in at the end of surgery hours make any appreciable difference to their going off, in your practice?—No.

33,677. If they dropped in at 11 o'clock in the morning they would not go to work, would they?—That is so.

33,678. Do you sign them off or tell them to come back at night, and you will declare them off then?—The latter.

33,679. Does that make any difference to the societies' funds?—No, because nine out of every ten papers I get say "up to and including to-day," so it does not make any difference.

33,680. Are the referees in London whole or part-time people?—I really could not answer that question.

33,681. Have you any views as to the comparative merits of part-time or whole-time officials as referees?—I should think that the whole-time referee would be better suited for the work.

33,682. Do you agree with the statement made outside, that there is no use in sending for a panel doctor in a serious case like pneumonia, because he would not have time to see to it. Has that been your experience?—No. We have had many cases of pneumonia in my district, and all of them have been attended to at once.

33,683. And the same, I suppose, is true of perforated stomachs and appendices?—We do not go on with those cases; we do what we can at the time, and get them away to the hospital as quickly as possible.

33,684. In other words, you put them in the hands of a surgeon?—Yes.

33,685. Is that as much as is done in the West-end, in a fashionable practice?—Yes, quite as much.

33,686. (*Miss Wilson.*) You spoke of your arrangement for a clinic to which persons could be referred. Do the doctors pay each other for attendance at that clinic?—No, we have no question of money in it.

33,687. Do they examine only the people referred by doctors, or can the societies or the people themselves apply to the clinic?—At present it is limited to the members of the panel association, and it will be limited only to patients of those who are members at present.

33,688. Who are referred by the doctors themselves?—Yes, referred by the doctors themselves.

33,689. Do the members of the panel association refuse to take each other's patients if the patients want to transfer because they have not been put on sickness benefit, or for some other reason of that kind?—It is possible we should refuse if that reason were given, but we never get reasons given for their desire to transfer.

33,690. Have you any arrangement for warning each other about these discontented patients?—We do that.

33,691. If you thought they were likely to transfer, you would have a sort of black list of them?—Yes, we have made an arrangement like that; we do not look with favour upon transfers at all now as between ourselves, except at the end of the year.

33,692. Supposing a patient of another member of the association came and asked you to take him, would you make inquiries from his former panel doctor before you accepted the transfer?—I should, and I think that that would be the usual custom.

33,693. You said that the certificates were changing week by week. Could you tell us rather more about that?—The forms of certificates, I meant. One large approved society has had numerous forms during the last 12 months. In the first place they wanted us to put on the name of the patient, what he was suffering from, our name, qualifications, address, date, and so on; it was quite a long certificate. Then that was altered, and we had just simply a continuation certificate. "I certify that So-and-so is still unable to work." Then we had the new certificate as suggested by the Commissioners. At one time the patient had a separate form on which he wrote his declarations week by week; now the society have amalgamated the two forms into one and made it rather complicated, but still it is quite easy to work.

33,694. Is it only the case with that society, or are there other societies?—There are other societies, too. Another large approved society has changed its certificates three or four times during the last 12 months.

33,695. Does that apply more to one type of society than to another?—More to the friendly society than to the industrial society.

33,696. Have you come across any certificate which requires you to certify that a person was incapable of any work whatsoever, including housework?—No, I have never seen any of those at all.

33,697. Have you got a sufficient number of women on your list of any one class to be able to generalise from them, as to whether you find more sickness among clerks than among factory workers, or have you just a few of each, so that you could not give us any information on that?—I find factory workers are more prone to disease than other people.

33,698. What do you put that down to?—I think it is a great deal due to small wages and hurried meals and not good enough food. I think that the conditions under which they work in the factories are quite good.

33,699. Do you find a greater number of them who have not had sufficient treatment in the past as compared with the girls of rather different class, who are clerks and so on?—Yes.

33,700. And that a certain amount of illness is due to that?—Yes, undoubtedly.

33,701. You said that some of the girls were very difficult to get back to work; to what do you attribute that?—They are practically as well off, or rather better off, when they are on the funds than when they are at work. At least, the difference is so little that it is rather better for them to stop at home and get quite well. They are not quite well when they go back to work as a rule.

33,702. They are still feeling below par, but they are not what you would call incapable of work?—They can work, but they are not quite well. I think in a great many cases it rather does them good to send them back to work; it helps them, because it gets them away from their homes.

33,703. They are perhaps too useful in some cases?—A great deal too useful, I am afraid.

33,704. (*Dr. Smith Whitaker.*) You were speaking of cases of declaring-off notes where the difficulty arose through the patient not having a form with him when he came to see you. Do you think that it would be advantageous if doctors could be supplied with forms of continuing certificates and declaring-off certificates of all societies?—I think so.

33,705. I am not assuming that you should have a different form for each society, but one or two agreed forms which societies generally would accept?—I think that that would be a good idea.

33,706. From your experience do you think that it would effect any saving from the societies' point of view?—I think it might.

33,707. You would give declaring-off notes in some cases possibly two or three days sooner than you do



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now through the patient not having the form?—Yes, I think so.

33,708. As to this difficulty about naming the disease on the certificate, you personally have experienced no difficulty in the last twelve months, but you have evidently given some thought to it, as you recognise that there are cases where there may be difficulty?—Yes, I do.

33,709. I suppose that difficulty largely arises from the fact—at any rate in some instances—that people generally who have not had a medical training have an exaggerated fear of some names?—Yes.

33,710. Many patients are frightened at the expression “heart disease,” because they think it means danger of sudden death almost at any moment?—Yes, that is so.

33,711. If you have a case of heart disease there are several descriptions that might be given that would as accurately describe it as the expression “heart disease,” and some of them, possibly, more accurately?—Yes.

33,712. Looking at the object of the certificate, it is that you should convey in the space on the certificate the nature of the affection by which the patient is incapacitated?—Yes.

33,713. Would you agree that whatever term you used, you have to make your selection from the terms that you could with equal accuracy use in regard to a disease; but whatever term you use, you would agree it must be one that at any rate does not mislead the society?—Yes, I quite agree with that.

33,714. People talk about synonyms and euphemisms, and that sort of thing, and those ought to mean something, first of all, which is not intentionally applied to mislead the society; there is no doubt about that, I take it?—That is so.

33,715. And, secondly, that the doctor ought to be on his guard against using a term, that even unintentionally on his part might mislead the society?—Yes, I think so certainly.

33,716. Another difficulty is, some doctors have suggested that, instead of writing “heart disease” on the certificate, you could put *morbus cordis*, but when people discover that that means the same thing as “heart disease” they will possibly attach the same fears to the term?—Yes.

33,717. So that if you are going to avoid alarming the patient in cases where an exact description of his condition might alarm him, you must use some term, apparently that is not really descriptive—you would be driven to that in the long run?—Yes.

33,718. Does it not look like it, if education advances far enough?—Yes. With this popular “Encyclopædia of Medicine,” for instance, it would be impossible to invent terms which would not be found out by the people.

33,719. This argument against frightening the patient comes sooner or later, does it not, to using a term that is not accurately descriptive of the disease, on the certificate?—I suppose it does, but it is rather a long way ahead to look.

33,720. Does not another remedy suggest itself that the doctor might use a general description on the certificate which applied to the patient's condition but also applied to a dozen other conditions, some comparatively trivial, provided that at the same time he informed the society separately as to the true nature of the case. You might call a case of heart disease a case of debility?—Yes.

33,721. It is not satisfactory for the society to have “debility” written on certificates?—That would be one way of doing it.

33,722. If you write “debility,” it would involve at the same time informing the society that this really meant heart disease. Do you think that that would be possible?—It would make unnecessary work, because it would be just as possible to inform the society in the first place, and not to put the disease on the certificate at all.

33,723. If you put no disease on the certificate, would not that frighten your patient still more?—If it was the general custom to give everybody certificates without stating anything, it would not frighten them.

33,724. Do you think it is possible that you should have a general practice of giving certificates that did not contain the name of the disease?—If we had to notify the society, I think that we might notify the name of the complaint that each patient was suffering from.

33,725. Would it be practicable to have a system by which a certificate given to the patient merely stated “incapacity,” and, independently of it, give the society in every case the name of the disease; would not that be very troublesome for everybody?—I think that it would be; if one were not to name the disease on one certificate, one should not have to name it on another certificate, because of the difficulty you mentioned yourself, that the patient would naturally think: “My husband had a certificate stating the name of his complaint; I suppose I have something very terrible the matter with me, because the doctor is afraid to put it down.”

33,726. So long as you have a general rule as to the disease being named in the certificate, if you have any advice to give over this special difficulty it must be to use some term which will not put the patient on the alert?—That is so.

33,727. And if you use a term which will not put the patient on the alert must you not, in fairness to the society, give them independently a certificate or statement of the true nature of the disease?—You must put down the nature of the disease truly but as mildly as you possibly can in those particular instances.

33,728. Do you think it is possible to use on the certificate a term that will not have the exact effect you want to avoid as regards your patient, of alarming him, and yet will give the society the information it is entitled to have?—You must take each patient individually. One patient may be educated to a slightly higher degree than another. Cardiac failure might be quite a true description in one case, and it might be quite obvious to the patient that that meant some heart trouble; but even that patient might not understand that mitral regurgitation had anything to do with the heart; and if one were to put down the exact disease of the heart very often it would not convey anything to the patient at all, but ought to be quite sufficient information for the society.

33,729. But considering a possible case where you could not find a word to use without raising the fear of the patient to the extent you wanted to avoid, do you not think it is conceivable that you might sooner or later come across a case where you were in that difficulty?—I suppose it would be possible, but I cannot conceive of any condition of the heart where it would not be possible to put down the exact position of the organ in terms that the patient would not understand.

33,730. And would be fair to the society?—Yes, quite fair to the society.

33,731. In London, if you had a case of perforated gastric ulcer, I suppose that you could get it probably into hospital at once?—Almost immediately, within an hour or two.

33,732. Such cases always would be so treated, if there was time to get the patient moved at all?—Yes, unless it was an elaborately fitted house. In these cases, even if we had a surgeon in the neighbourhood who would undertake to operate, it would be impossible to perform the operation in the cottages and lodgings of these folks.

33,733. Have you had any experience of country practice?—Yes.

33,734. I suppose nowadays, with the improved equipment for dealing with abdominal surgery, there are local surgeons who would be prepared to operate on perforated gastric ulcer?—Yes.

33,735. You might feel that it was your duty to operate on such a case rather than risk removal to a distant town, and either you would do it yourself or get assistance?—Yes.

33,736. The difference between town and country is that in the town hospitals and operating surgeons are readily available to perform such operations, while



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in the country these aids not being readily available, general practitioners operate?—Yes.

33,737. As regards your practice in London, if you have a case you cannot completely deal with, either because you want help of some kind in diagnosis, or because you want another opinion on the treatment of the case, or because the patient needs to be treated in an institution, do you think that you have available all the help you need for your insured patient?—I have found no difficulty in any of those three cases.

33,738. Supposing you had a case in which you wanted an X-ray diagnosis?—I have never had a single case refused at any hospital.

33,739. If you had such a case, you would send it to the hospital, and get any help you needed without any trouble?—Yes.

33,740. Take a case of anæmia in which you wanted an examination made of the leucocytes or of the red cells?—I have always sent such cases to Charing Cross Hospital, and I have always had a report on them as soon as possible.

33,741. But you have to pay for that?—No, it has always been done for us.

33,742. Then in regard to second opinions in doubtful cases, you could send those up to the out-patient department, could you not? Have you ever had any difficulty in getting a case reported on?—I have always had the report on a case the same night or the next morning.

33,743. What is your procedure?—I generally give the patient my card, and send him up with his name to the particular hospital, and to the particular department of the out-patients' department.

33,744. In fact you use the skilled staff at the hospital as gratuitous consultants?—Yes, at present.

33,745. They do for you in regard to patients who cannot afford the services of a consultant, what the consultant does for you in regard to patients who can afford it?—I think that they do exactly the same now as they did before the Act came into force.

33,746. (*Chairman.*) Do you think that there is a certain amount of improper nibbling at the funds?—Yes, in some cases.

33,747. Is it enough to make an appreciable difference?—Of course the multiplication of days and that sort of thing makes a considerable difference.

33,748. And sometimes puts you in a difficulty which you do not know how to prevent?—I must quite honestly say that I have not had much experience of that in my practice.

33,749. Do you think that there is much certification by doctors who are afraid to lose their patients?—I have heard of it. We have one or two members who brought that question forward some three or four months ago at one of our meetings, and I advised them not to be afraid of that at all. They took my advice, and have not suffered from it since; but they certainly were afraid of refusing a certificate for fear of losing their patients.

33,750. It really was moving their minds and making them give certificates they knew they ought not to give?—I will not say things they ought not to give, but things they felt very doubtful about giving.

33,751. Perhaps there was more of that concealed than was talked about?—I should think very likely.

33,752. So you do think that something needs to be done to screw up the profession—I do not mean the whole profession, of course, but some members of it—to take a more serious view of this?—I think that the screw is being put on from the inside as well as from the outside.

33,753. How is that screw being put on in Lambeth, for instance?—We rather touch a man's honour in the matter. We have not been able to do a great deal in that way, of course. Two or three men have had warnings that they will not be allowed to remain members of the panel association, if certain practices we have heard of continue.

33,754. Do not misunderstand me, we are accepting the idea that the doctor's first duty to his patient is to get him well. But, while taking the line the Lambeth doctors have taken, is there not something which lays responsibility on the doctor as well as getting the patient well? I do not know who the responsibility is to, but it is to someone or something?—Yes, we ought to show good results.

33,755. It is something, whether to society at large or to honour, or to whomsoever or whatsoever it may be?—Yes.

33,756. Have you found among doctors generally a repudiation of any duty to anyone except to the patient, a kind of indurated condition, and if so, would you think that that might make them a little bit reckless?—I think it might.

33,757. What can you suggest should be done in that regard? You say that your panel committee is working from that point of view, but supposing we find that people elsewhere in the country are not taking that view, what do you think we ought to do?—I think myself if the certification is deliberately untrue, notice should be taken of it in the proper quarter.

33,758. You know the difficulty; a doctor sees a man, and it is very difficult indeed to know exactly what passes between them. No one says there is a deliberate conspiracy between them, the patient saying, "I am not ill, but I want a certificate," and the doctor saying "Yes." That is not the question?—No.

33,759. It is very difficult to substantiate in any particular case, is it not, and it looks rather as if it will have to be got at by some general means?—Yes, and I think one of the means would be to have a more perfect system of sickness visiting.

33,760. Do not you think that throughout this outline of evidence there is a little too light an assumption of the doctors having general accusations made against them, none of which they are guilty of, and that the whole blame lies somewhere else? Take this, for example: "The present Inquiry premature. Repeated expression is given to the opinion, that whatever the feeling of the doctors might be as regards acceptance of service under the Act, having undertaken the duty, they are doing their best honestly and fairly to carry it out. . . . The opinion is freely expressed that an inquiry of this kind is premature, considering the fact that it is dealing with a gigantic system only in operation for a year—an absurdly short time to judge a system which has revolutionised a large section of the medical practice." Supposing you consider those statements in the light of what you have just now been saying, and in the light of the fact that some societies are having a sickness experience which is 200, or 250, or 300 per cent. in excess of what had been anticipated, do you not think that this is rather bombast?—I think that everybody will admit that there have been a great many causes of complaint; but the causes of those causes are not the same in all cases.

33,761. We are all agreed as to that. We might for the sake of this argument probably say that if we had an approved society witness in that chair we should ask him, "What are your faults"? You see what I mean?—I do exactly; I think that you will find these causes that have obtained will be removed in time.

33,762. You understand that the urgent necessity is that one cannot wait for three years, say?—One quite sees the urgency, but it does not seem to be seen outside in the profession.

33,763. You realise that there are many societies which have been bled white by certificates for diarrhœa running 17 weeks and 2 days. That is the sort of thing one cannot wait a year to see about?—I think it is not wilfully done on the doctor's part; I think it is rather kind-heartedness.

33,764. That may be. You do not think it is due to any obliquity, but to a little difference of vision perhaps?—Yes.

The witness withdrew.



## FORTY-SEVENTH DAY.

Wednesday, 1st April 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT :

SIR CLAUD SCHUSTER (*Chairman*).

Dr. T. M. CARTER.  
Miss MARY MACARTHUR.  
Mr. WILLIAM MOSSES.  
Dr. LAURISTON SHAW.

Mr. A. H. WARREN.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.  
Mr. ALEXANDER GRAY (*Secretary*).

Mr. J. ARTHUR DAWES, M.P. (*Chairman of the London Insurance Committee*), examined.

33,765. (*Chairman*.) Are you member of Parliament for the Walworth division of Newington, a member of the London County Council, and chairman of the London Insurance Committee?—Yes.

33,766. You have 1,475 doctors on the panel in London?—Yes.

33,767. What is the greatest number of patients which any one doctor has?—5,177.

33,768. The average number on the doctors' lists is 909?—Yes.

33,769. The number of doctors who have fewer than 500 patients is 500; the number who have between 500 and 1,000 is 261; the number who have between 1,000 and 1,500 is 189; the number with between 1,500 and 2,000 is 151; the number with between 2,000 and 2,500 is 84; the number with between 2,500 and 3,000 is 50; and the number over 3,000 is 48?—Yes.

33,770. You have about 250,000 people who have not made a selection?—That is a very speculative figure indeed; it may be 228,000, it may be 250,000, or it may be 215,000.

33,771. You have such a large floating population who are in and out?—Yes, it is purely an approximate figure.

33,772. You have 2,033 people who were treated at institutions, and 1,549 people making their own arrangements?—That has been slightly increased during the last month by a matter of another 100, I think.

33,773. What kind of people are the 1,549?—They are people who have had their own doctors for a certain number of years. The committee did not fix exactly whether it should be five, six, or seven years, but the insured persons said that they particularly wanted to retain their own doctor, and they were allowed to do so; and persons who were under treatment and made application were allowed to make their own arrangements if they wished. That is the sort of case that is covered. Generally speaking, the policy of the committee is to allow persons to make their own arrangements, assuming that they know exactly what they are doing.

33,774. In the case where own arrangements have been made, have you any reason to suppose that certification has been more difficult than in the other cases?—No.

33,775. At the close of the year you say that 7,480 people changed their doctor?—12,409 is the whole lot.

33,776. 7,480 did during the year?—Yes, that was with consent; you have to get three consents. The others made the statutory change.

33,777. I think you say that during 1913 there were 71 complaints made to the medical service sub-committee from insured persons with regard to treatment, and that there were four cases of complaint by practitioners with regard to the conduct of insured persons?—Yes; that is, of course, for 1913. We have got other figures since.

33,778-9. Of the 71 complaints you found that 28 were substantiated?—Yes.

33,780. What type of complaint did those 28 cases represent?—Mostly neglect. The large majority were cases where the practitioner had failed to go in time, or had neglected the insured person. We had one or two cases of abusive language, and I think one case in which there was an allegation of drunkenness, but I am not sure whether that was substantiated or not. A good many of these cases were in respect of one or two practitioners; you must not take it that there were 71 doctors involved.

33,781. When you did find that they were substantiated, what action did you take? What is the general policy of the committee?—If the insured person had incurred expenditure, we required the doctor to repay that person, though I am not quite sure that we were legally entitled to do it. We also passed an addendum that no further payments should be made to the doctor until the repayment had been made. In the other sort of cases we arranged for the transfer of the person to another doctor.

33,782. Did you censure the doctor formally, or do anything of that kind?—In one or two cases we thought that the doctor's conduct was worthy of severe reprobation, but we have no right to censure them.

33,783. It is a little difficult when you have finished it all up to know what to do, unless you come to the conclusion that you ought to report him to be taken off the panel?—Yes, we do feel that a great difficulty; we have only one sanction. That is the extreme one recommending the removal from the panel. We have no other sort at all.

33,784. 43 cases were unsubstantiated. Some of those were thought trivial, and others frivolous and vexatious?—Yes. We mostly came to the conclusion that the other 43 were frivolous and vexatious.

33,785. In the four cases of practitioners' complaints you came to the conclusion that they were all justified. Did you have the persons removed?—Yes. They were put on the list of another doctor.

33,786. Did you get another doctor willing to take them?—They were taken. I cannot tell you whether the full circumstances were explained to the doctor, but they were taken.



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[Continued.]

33,787. Those were complaints of treatment by insured persons. The complaints made by societies with regard to certification, &c., do not go to the medical service sub-committee?—The only ones that go to the medical service sub-committee are cases of actual complaint by insured persons of neglect or abuse, or complaints by the doctor of abuse on the part of the insured person.

33,788. Did you get complaints from societies with regard to certification, ante-dating, or post-dating, or not using the right expression, and so on?—It was stated in very general terms. We have had one or two cases where actually the doctor said that he intended to give certificates at large, because he had had a row with the approved society or disapproved of the Act.

33,789. What did you do in those cases?—We took no notice; I just mention it. It was mere vulgar abusive letters. The doctor had some other complaint. Otherwise, except in so far as we have got a large number of members of friendly societies on our committee, we should not deal with this question at all at the insurance committee as such, but we were told that there might be a great deal of excessive sickness caused through the wholesale giving of certificates.

33,790. Do you think that that is true?—I do not think so.

33,791. You think that it is a sort of grumbling based on insufficient instances?—Yes, but there is this tendency on the part of the doctor to give a certificate to enable the person to get sickness benefit wherever there is a doubt. I am inclined to think that it is only human nature that the doctor should go on giving certificates rather than deprive the person of sickness benefit, and send him back to work when there is a possibility of his not being fit for it. I think that there might be a slight tendency to give certificates in that way. If there is a doubt, the doctor would probably give it in favour of the insured person. The danger of course might be that the person would say, "I will go to another doctor" and he might take away himself and his family, and the doctor might lose a remunerative patient.

33,792. Have you heard things of that sort openly stated?—Only by way of rumour and gossip. I have no case of the kind.

33,793. I suppose that representatives of the approved societies upon the committee did show an undercurrent of grumbling every now and again?—I am bound to say that I have not heard much grumbling.

33,794. At any rate you did think that it was desirable to set up some system of medical referees?—Yes; we thought that it would save the societies to do that.

33,795. Tell us what that system was?—We appointed a certain number of doctors—I think six in different parts of London—and we then intimated to the societies that these men had been appointed, and that if they wished cases referred to a medical referee they should send a notice on the proper form. We then at once gave notice to the referee. I am afraid that for a short time, a month or so, there was a little delay that caused a certain amount of grumbling in sending the cases to the referee. We asked that the society should pay one-third of the fee, which is 7s. 6d., the committee paying two-thirds.

33,796. Have the societies pretty generally come into the arrangement?—No, they have not. Of 2,000 applications dealt with, 1,037 were received from one society alone, and there were 722 from two other collecting societies, and only 241 were sent in by 81 other societies.

33,797. That is remarkable. To what do you attribute that? Is it to the fact that referees are unnecessary, or what?—It is rather difficult to say, but I think that it was generally because the Commission would not sanction our having referees to deal with section 11 cases.

33,798. (Mr. Wright.) May we know what class of society it was that sent in the largest number of cases?

—It was the Prudential and the other two were collecting societies also.

33,799. (Chairman.) If the Commission had allowed the referee to be used for the purpose of certifying for section 11, you would have got a lot of other people?—It is thought so. I do not feel in a position to express an opinion myself, but it was stated many times that if that had been done, there would have been much more use made of the referees.

33,800. That would have been using them for some other purpose than an Insurance Act purpose?—Yes.

33,801. We have had a great volume of testimony from different parts of the country as to the necessity for some form of referee being set up. Do you think that if referees were set up in London as a permanent arrangement, there would be more use made of them?—I imagine that the difficulty would be that unless he could travel about there would be some trouble in getting people to go to him from, say, the other end of Wandsworth. There should be some arrangement by which he should attend at local offices or go about to the places to see the people. Our men are dotted about; there are three in the north and three in the south of London. We tried to get them into districts.

33,802. Are the people who are acting as referees, people who are also on the panel, or people who are in private practice?—I could not tell you off-hand. There are one or two of them certainly not on the panel. The others I think are, or were.

33,803. That arrangement in a sense is only a temporary arrangement?—Yes. The Commission only authorised it for a time.

33,804. Suppose that that arrangement comes to an end, what would you prefer to take its place? No referees at all, or referees paid by fees, or referees paid a salary?—I should have thought myself that the work was quite big enough to have salaried referees, and I should have thought also that they ought to be persons appointed by the Commission. I am only expressing my own opinion on that point.

33,804a. There is a little difficulty in the way of their being appointed by the Commission. You are acquainted with the general rules of the societies, and know that there is a right of appeal to the Commission if there is any dispute about sickness benefit?—Yes.

33,805. If the referee were an officer of the Commission, probably he would have already given some sort of opinion on the subject at an earlier stage?—You mean that he is judge in the first instance and also is the Court of Appeal.

33,806. Yes?—I do not think that it makes very much difference whether he is appointed by the committee or the Commission, but the referee is a little bit outside the duty of the committee, except as regards deposit contributors. Those are the only people with whose sickness benefit we are concerned at all.

33,807. There is not much difficulty with them?—No. Certainly I think that referees are highly desirable—I think I can say that that is the view of the large majority of the committee—as a protection for both sides, from the point of view both of the doctor and the society. When it comes to a question of the point of view of the insured person, that does not seem to have come forward so prominently. We do not seem to have had complaints from the insured person.

33,808. It is very difficult indeed to get the insured person to take up the matter; that is the difficulty which we feel here ourselves. You cannot think of any means whereby his view can be elicited except through his representatives?—That is raising a large question. I could make a suggestion on that point, viz., that the Commission should establish district offices. We have not on the committee funds to enable us to establish anything like the necessary number of offices. One in each borough would mean 29 different offices with 29 different staffs, and we could not do it. But if the Commission find, as we find, that the insured person is inarticulate, I should have thought that something of that sort might have been done with a view of getting persons who would



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perhaps go three or four streets, or even perhaps 300 or 400 yards to see after the matter. I do not think that it is laziness or anything of that sort, but they are unwilling to travel up to a central office.

33,809. Have you noticed any obvious deficiencies in the medical service itself, which would be likely to increase the call on the funds of societies? I do not mean the character or quality of the actual doctors, but the limits of the service?—Yes, I think so. I think that the service ought to be considerably extended.

33,810. Do you mean right up to the highest walks of medicine?—Not at the moment; that might be done by degrees. But in the first instance you could have dental treatment or the provision of trusses.

33,811. Has the dental difficulty actually come before the attention of the committee?—No, it has not come specifically before us, except that it has been mentioned as a cause of sickness which might be obviated, if dental treatment were included. I believe that one or two cases have actually been done by one or two of our panel doctors.

33,812. That was the removal of teeth?—Yes.

33,813. Besides that there is the supplying of new teeth?—Yes.

33,814. Would you think that it would make a substantial difference, perhaps, if there were some provision for dental treatment in connection with insurance?—I am not a doctor and cannot tell you, but from what I have heard I think decidedly that it would.

33,815. Do you want to say something about trusses?—Yes. We have had a number of not exactly complaints perhaps. They come to me personally; I am rather taking my own experience, but I assume that it is the experience of the committee as well. Persons have suggested that trusses should be supplied. They are not within "surgical appliances" as defined by the Commission.

33,816. The two things are a little different, because it would be technically possible for the Commission to add trusses to the list of things, but dental treatment is outside the range of what the Commission could do?—Is it outside the range as contemplated by the Act in view of the powers given to the Commission?

33,817. I think, having regard to the fact that dental treatment is specified in the schedule as being a possible additional benefit when you have a surplus, that there is strong ground for the inference that it is not an original benefit. So the two things are a little bit different?—I did not know that, but from our experience I think that there is no doubt about the need for it.

33,818. We have not had very much said up till now about trusses?—I have had rather more said about trusses.

33,819. The trouble is that so very often you get the mouths of insured persons in such a condition owing to bad teeth, that they will continue to have dyspepsia for the rest of their lives, until they get something done to their mouths?—Of course the root of the thing is the dental treatment in the schools.

33,820. That is a far-reaching thing?—Still it is being done.

33,821. That points to some linking up between the various services which is outside our reference?—Yes.

33,822. You have given us a sketch description of the situation so far as it affects us. Is there anything which you would like to add?—I do not think that there is. I would call attention to what we think is a desirable extension of this service, but as a committee we are not so much concerned with this. We do not get direct complaints, and except so far as is covered by the paper which we have supplied you, I do not think that there is anything that I can add to what I have already said.

33,823. Of course, one of the things which strike one listening to people who come here is that there is a certain lack of continuity between the complaint, as to where it originates, and any particular place where it can be dealt with. One has an uneasy feeling that

perhaps there is a great deal going on which the committee never hear about, because no one ever opens his mouth to say anything about it?—People, I suppose, grumble to their neighbours and friends and so on, but I think that they are afraid of making a formal complaint. They do not know into what it will lead them and perhaps in the case of an insured person they may think that it will lead to the loss of a day's work or something like that.

33,824. There is the same difficulty with regard to societies. At any rate the smaller societies do not know how to formulate their complaints?—I think that that is so. Of course in London we do not have so many. You have got thousands of societies on the list you sent out, but I think that they are largely centralised in London.

33,825. (*Mr. Wright.*) You were good enough to give us some figures with regard to the use which was made of the referees appointed by your committee and you pointed out to us that out of some 2,000 odd cases referred, over 75 per cent. came from the large societies?—1,759 cases out of the 2,000 came from three societies.

33,826. Those societies were the societies established by the industrial insurance companies?—Yes.

33,827. What deduction do you draw from the fact that so small a percentage of cases was sent by the old friendly societies?—I am told that they prefer their old system of refereeing, and that they go on having their own referees.

33,828. Is it within your knowledge that they have their own referees?—It is only what I am told. I have not any first-hand knowledge that certain societies have got referees, or that they appoint them *ad hoc*. I am not sure whether they are permanent officials or not.

33,829. Have the representatives on your committee of the old friendly societies, such as the one represented by your vice-chairman, ever remarked upon this extraordinary state of things at all?—It has been mentioned, but I have not had any special reason given except the one I gave just now, that the Commission would not agree to the committee's suggestion that they should look into questions under section 11.

33,830. Have you any knowledge as to whether more care is exercised in scrutinising medical certificates by these societies which made use of the referee?—Generally speaking, for myself, I should have said that it was rather the other way, and that the societies such as the Manchester Unity would probably be rather more careful than the bigger societies, and that their being used to deal with them and so on, would enable them to deal more carefully than these new ones.

33,831. I am asking these questions, because it rather seemed to me to point to the fact that these other societies were paying sickness benefit upon the mere production of a doctor's certificate without troubling to make any further inquiry?—I should hardly have thought so, where the society was decentralised or where you have got the lodges, but I cannot speak from first-hand knowledge.

33,832. You have not fixed any income limit in London?—No.

33,833-4. Are there many approved institutions?—No. Our policy has been rather not to approve the institutions.

33,835. Can you tell us what proportion of the insured persons were receiving medical treatment through approved institutions?—I can only give you this figure, 3,232 out of approximately one-and-a-half millions.

33,836. Have you the number of institutions approved in your area?—I have not got the figure here, but I can have it supplied. We were not entirely satisfied that the insurance claims would not be saddled with a great deal more than the cost of treatment of insured persons.

33,837. Do you think that the panel doctors consider themselves responsible to the insurance committee for the proper performance of their duty?—I think that in the beginning they did not. They rather took



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a certain amount of prejudice against the whole thing, thinking that the committee was going to be a kind of inquisition, and was going to do all sorts of things to interfere with their professional duty, and so on. I think that that feeling has very largely died away, and that now they do feel more that they are responsible.

33,838. Do you think that they feel that they are responsible now to the approved societies?—It is very difficult for me to answer that. I think that the medical profession is a very honourable body of men who, knowing that the societies are trustees practically for the funds, do the right thing and the honest thing. On the other hand, it is not immune from black sheep any more than any other profession, and we get a certain number of people who do not do what they should do; but, taking them altogether, there is no reason to suppose that practitioners are not doing their duty to the societies.

33,839. I am not reflecting on the medical profession, but you had 71 complaints made by insured persons?—Yes.

33,840. When you were considering those complaints, did the doctors suggest to you that their duty was to the patient wholly and solely, and that they had no sort of duty or responsibility towards the approved society?—I should think not. I should think that they would try to hold the balance fairly. You mean that they would simply look at their own patients' interests and say, the rest may go?

33,841. Yes?—I do not think so. I have got here specimen cases of the complaints, if the Committee wish me to give some. The first complaint is one that the practitioner neglected to render treatment to the insured person, and was under the influence of drink. The committee found that that was not substantiated. Then there was a complaint forwarded by an approved society on behalf of the insured person alleging neglect on the part of the practitioner. In the committee's opinion the complaint was substantiated, and the practitioner was severely censured in connection therewith, and a copy of the report was ordered to be forwarded to the Commission. Then there is a complaint that a practitioner did not give adequate attention to a patient. The committee having given careful consideration to this case, state: "We have come to the conclusion that the practitioner did not understand exactly what was required of her"—apparently she was a lady doctor—"according to the terms of her agreement. They recommend that no further action be taken." Then there is a statement by an insured person that a practitioner did not exercise proper care in the diagnosis of an injury, and also that on a previous occasion when an insured person after an accident attended in the surgery, he was informed that the doctor did not see panel patients on Sunday. This complaint was not found to be substantiated. Then there is a complaint of neglect, and that the doctor was in an intoxicated condition on one occasion; that was found not to be substantiated. Then there was a complaint that an insured person suffering from temporary deafness requested the doctor to syringe the ears. The practitioner refused to do so, and the person then went to another doctor. The committee found that this was substantiated and required the doctor to refund. Then there is another case which is a long story, but practically it is neglect, and the committee found that it was substantiated. There is one to the effect that the practitioner made a charge against the insured person, and the committee did not find that to be substantiated.

33,842. Have you any case in which the charge was that the doctor paid too much attention to the insured person in furnishing certificates very freely?—No, that would not come before the sub-committee.

33,843. Before what committee would a complaint go, if made by an approved society, that a practitioner on the panel had unjustifiably furnished a certificate to an insured person?—That does not come, except gratuitously, within the functions of the insurance committee.

33,844. Would you not receive any complaints of that character?—I do not think that we have any

power. The insurance committee has not got any powers at all with regard to sickness benefit, except in so far as it affects medical service.

33,845. Suppose any complaint were made that a doctor had post-dated or ante-dated a certificate, would not your committee have jurisdiction in that case?—I am not quite clear whether the medical service sub-committee would have. That is rather misconduct, and I am not quite clear whether that is within their right or not.

33,846. May I take it from you that, at all events, you have not had many complaints before you, certainly not formally, of ante-dating or post-dating?—I cannot remember any cases.

33,847. What about complaints on the part of approved societies, that a doctor had refused to specify to their satisfaction the complaint from which the insured person was suffering?—That has been mentioned. We had a recommendation before our committee last week. I have not got the minutes here on the question of certificates. That was on the recommendation of the medical service sub-committee, but they seemed a little bit doubtful then as to whether it came within the strict wording of the terms of their reference. They said, in effect, that the societies should supply the form of certificate, that it was not reasonable for the doctor to have to write out a long certificate, and they thought, on the whole, that the society was in a better position, and should supply the doctors with the form of certificate.

33,848. Suppose that the society receives from one of its members a certificate that the insured person is suffering from debility, and the officers of the society say, "We are not satisfied with that, we want a complete diagnosis of the case," and they approach the doctor, and the doctor refuses to recognise the society, and says to them, "I have 'certified' 'debility,' and that is all I am going to 'give'; would you feel justified in dealing with the complaint of the society in the case of that sort?—The society on behalf of the insured person—yes.

33,849. Not on behalf of the insured person?—I am not clear about the other. I am not sure that we have got power to do it. I do not think that we have. If the complaint was on behalf of the insured person that the medical treatment or diagnosis was incorrect, that is clearly a case to go straight to a medical service sub-committee.

33,850. If it was incorrect?—Yes.

33,851. But if it was incomplete?—I do not think that it would. I do not think that we have got any power to deal with cases of that sort.

33,852. That being so, have you thought that possibly excessive sickness claims may be caused by the fact that there is so little real association between the approved societies and the insurance committees, the one administering sickness benefit, and the other medical benefit?—I have always thought that there was a great deal of what you might call cleavage—a rather strict line drawn where the insurance committee ends and the society begins; or perhaps, I may put it another way. By the Act of Parliament or the regulations for London, there are certain almost what you might call watertight compartments within which the insurance committee and the approved societies work. It is not within the competence of the insurance committee to alter those rules.

33,853. Do you think that probably a better administration of benefits would be obtained if there were one authority administering both sickness benefit and medical benefit?—That is a very big question. I think that the only way in which that could be done would not be by the present machinery at all, but by the State taking over the whole concern. There I get to a question on which I certainly would not like to dogmatise as to how far you should interfere with the approved societies—I mean, how far the principle of the old friendly societies should be interfered with.

33,854. Do you think that it would tend to better administration if the State did administer itself or through bodies like the insurance committee?—I think that there is a certain amount of—I will not exactly



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say overlapping—but I think that there could be a great deal less difficulty, if one authority administered the whole thing.

33,855. (*Mr. Warren.*) You have had cases before your committee of serious complaints made against doctors, who were said to have neglected their patients, so that other doctors had to be called in, and in some cases your committee have had to compel the doctor against whom the complaint was made to pay the account?—Yes, we have had some cases, but not many.

33,856. In the outline of evidence furnished to us you quote one case where a doctor has 5,177 patients on his panel?—Yes.

33,857. In your opinion is one man capable of dealing with this number of patients?—The extraordinary thing is that that man is able to carry out his work. He has got this enormous number of persons because he is an exceedingly popular doctor. I do not know him personally, but he does appear to give satisfaction. I should have said, *prima facie*, that it would be quite impossible for any man to deal with that enormous number of persons, but this man does manage to do it. He is now making arrangements, I was told last week, for two partners.

33,858. Does he also take on private practice?—I think not. I think that he has given up his private practice, and that it is now purely an insurance practice, but it is a very curious thing that that man does seem to do his work excellently.

33,859. Therefore, in your opinion, it would be exceedingly difficult to arrange any satisfactory limitation as to the number of patients that a panel doctor should take?—I do not think that it would be very difficult, as a general rule, if the doctor said, "I am taking only insurance practice." Probably we have not got sufficient data to come to any conclusion at the present time, but after a time you could probably fix some kind of limit. The difficulty is that one man might be able to take only from 1,500 to 2,000, when another could take up to 3,000 or 3,500. It depends on the capacity of the man.

33,860. May I put it that there has been a general idea that, all things being equal, 2,000 would be a very fair number of persons to have upon the panel of any one doctor?—From information which we have had and things that come before us a good many times. I should put it rather higher. I should have said 2,500 myself, that is, taking a capable doctor, if he has got no private practice.

33,861. You say in your outline that there have been cases of practitioners furnishing certificates without seeing the patient?—That was reported to the committee; I could not give the exact particulars of those cases.

33,862-3. You cannot quote any particular case or cases?—No, I have not got them.

33,864. Have there been many?—There have been very few comparatively where the doctor has given certificates without seeing the patient.

33,865. With regard to charges for certificates, you say that in the early part of 1913 this obtained more than at present. May we take it that that practice is dying out?—I think that you may take it that it has ceased altogether. I think that there was considerable misapprehension. In one or two cases that came before me personally, the doctor expressed his great regret. There were certain special circumstances in which he had made the charge. He expressed great regret that he had made it when he was not entitled, and I think that you may take it that it is not done now.

33,866. Has it come to the knowledge of your committee that there has been any number of prescriptions given by doctors which were not taken by the insured person to the chemist?—We should only get the prescriptions from the chemist when they were actually taken to him, but I cannot say that I have any knowledge of persons, who have received prescriptions, not taking them to the chemist.

33,867. Has it been in any way brought before the committee?—No, it has never come before the committee.

33,868. During the year, 12,439 persons changed their doctors. Do you think that they changed them for any other reason than because of complaints?—Yes, I think a very large number were in the case of doctors who, in the first instance, would only take a certain number, and had refused a number of their old patients and then found that they could take more, or where people who were rather stampeded into going to the nearest man at first, and then thought that they would like to have somebody else, and a friend had said, "So-and-so is a very good doctor, had you not better go to him?" Those would be the 12,000.

33,869. For the reason that the friend had found the doctor whom he recommended particularly tractable?—If you mean in the way of giving certificates, I would say no. I am rather generalising now from the knowledge of my own parliamentary constituency and the people who have talked to me about it. This is a matter we have never dealt with on the committee itself as to their reasons, but I should say that it was that sort of thing very largely, because people rushed off to doctors when they had to choose a doctor within 48 hours. But 12,000 is not a very large proportion out of one-and-a-half million people.

33,870. You would not give the Committee to believe that that was owing to any extent to the facility with which insured persons transferring could get certificates?—I have no reason to think that. I think that a very large proportion of these came from districts not very far from your own borough of Bethnal Green.

33,871. You have had four complaints from practitioners regarding the conduct of insured persons. Were they very serious complaints?—No, they were cases where the insured persons came drunk to the surgery, and there was one case of abusive language and swearing at the doctor. There was nothing more serious.

33,872. Have your committee experienced any difficulty with regard to pregnancy cases?—It has been brought to our notice that there is a difficulty with regard to incapacity caused by pregnancy.

33,873. What opinion have you formed as to what should be done with regard to payment in cases of pregnancy?—I am now giving strictly my own personal opinion, and not that of my committee, because the committee have not dealt with that particular phase of the thing. I should have thought myself that where a woman was incapacitated by pregnancy, she should have the sickness benefit.

33,874. That in all cases of pregnancy there should be a benefit paid?—I can only say what I imagine was the intention of the Act. My view of the principle of the Act was that that should be done, but I am now expressing my own personal view on the very difficult question on which there is great difference of opinion on my own committee.

33,875. With regard to deprivation of sickness benefit during the first three days of sickness, have you any views as to whether it really is a check upon malingering, or have you not got any experience on that?—I have strong views on the subject, but these are views which, perhaps, I ought not to express here; they are in my capacity as Member of Parliament. If I had not taken such a strong view, I might have given an answer.

33,876. May we take it that the committee, of which you are chairman, have not formed any definite opinion or given expression to any opinion that the State should administer the whole of the National Insurance?—We have not expressed any opinion on it. If I am asked the question, I would say that if there were some central authority over the whole thing, it would probably conduce on the whole to better administration.

33,877. (*Miss Macarthur.*) I am much interested in the experiment which the London Insurance Committee has been making with medical referees. Have you, as the result of these referees, come to any conclusion as to the proportion of cases of flagrant malingering?—We have the figures here as to the



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cases substantiated and otherwise. Out of the 465 applications in regard to men, 148 were declared capable of work, and 230 were declared incapable. Of the 1,535 applications, in the case of women, 621 were declared capable, and 541 incapable.

33,878. You would not say that the 621 women who were declared capable were all malingerers?—Certainly not.

33,879. Would you say that only a small proportion could be defined as actual malingerers?—Certainly. I do not believe that there is any extensive malingering.

33,880. Would you agree that a large number of these people who are declared capable of work were possibly physically unfit in some sense or another?—I think that they were. I think that in a large number of cases declared “capable of work,” the words are taken to their extreme limit, but I think that some of the referees have felt bound to do it.

33,881. Do you know if it has been the experience of the referees that a large number of people declared capable of work have been certified for debility, weakness, rheumatism, dyspepsia, and so on?—I should think so.

33,882. Had your referees any conference to discuss the meanings of the words “incapable of work”?—That was a matter that never came officially before the committee, but I believe that they had a meeting on one occasion. What they discussed, or why they had the meeting, I really do not know, except that I understood that it was to get some sort of uniformity.

33,883. Do you know, as a matter of fact, that they decided on a form of words in doubtful cases?—No.

33,884. I put it to you that the referees have, in many cases, certified that so-and-so is incapable of work for the present, but is not prevented from performing work of a light nature?—I did not know that they had agreed on that, or that it was an agreed form of words. I know those cases have occurred.

33,885. If the referees gave certificates in that form, it would not be very helpful to the societies?—No, it is not at all.

33,826. It would still leave the onus of decision on the societies?—It has left it very much to the different societies, and therefore you do not get uniformity in the societies. One society will take one line and one another.

33,887. So you would deprecate a report of that kind?—I should certainly deprecate a report of that kind. What is wanted is some more definite instructions as to what “incapable of work” really is.

33,888. Take the case of a report that a certain woman “is incapable of work as a charwoman, but I am of opinion that she could do other work if she could obtain it.” Would you think that a satisfactory report from the referee?—From the society’s point of view it would be highly unsatisfactory. On the other hand, it is the best that the referee can do. He says as a fact that this woman cannot do scrubbing work on her knees, but if she could be given work as a caretaker, she might be able to do it.

33,889. Would you expect a society to stop or to continue benefits on that report?—I should imagine that it would largely depend on the point of view of the society which had to adjudicate on that.

33,890. So, as a matter of fact, again you would agree that a referee would not be very helpful with a report of that kind?—No. But I think that he would have done his best.

33,891. I suppose your referees have found a great difficulty with cases of pregnancy?—Yes, I believe that they have.

33,892. Can you give us any idea what attitude they have, as a matter of fact, taken?—I believe different referees have taken different attitudes. I have not heard lately as to what they have done, but at one time, undoubtedly, referees did take different views.

33,893. Is it a fact that one of your referees made a report to the effect that he was instructed that pregnancy *per se* was not sickness, and that he therefore certified a woman who expected to be delivered in about three weeks as capable of work?—Yes, I believe that there was a case.

33,894. You would agree that that is a very unsatisfactory position?—Very unsatisfactory, certainly. The London Insurance Committee gave no such instructions. I know where that is from, of course.

33,895. Have your referees drawn the attention of the committee to the fact that it is very difficult to report upon cases where special pathological examination is necessary?—I did not know that they had made a formal report to the committee to that effect. I would not say that they had not.

33,896. You do not know whether any arrangement has been made for special examination at suitable institutions by your referees?—I do not know.

33,897. Do you consider that the societies have shown discrimination in the cases they have referred to the referees. Have they sent proper cases or has it been a haphazard selection?—We have had no suggestion that proper cases had not been sent, but such a very small proportion of societies have sent them at all.

33,898. Is it a fact that some societies asked that certain questions should be put to the referees, and the committee decided that those questions should not be put?—I do not remember it. But you are speaking as if it had occurred, and I am not prepared to say that it is not so.

33,899. Was it suggested by some societies that questions of this kind should be put to the referee whether the patient is subject to any constitutional or chronic disease or infirmities, and, if so, for how long they extend, whether a minor operation would dispose of the trouble, whether it is an accident or an industrial disease for which compensation or damages can be claimed, and how far the illness is the result of misconduct, and have the committee considered the desirability, or otherwise, of putting these questions?—I am not aware of it. This may have happened at some sub-committee meeting. I do not undertake to be present at the whole of my sub-committee meetings, and I do not remember it.

33,900. Does a survey of the cases dealt with by the referees show that the period of incapacity is prolonged by the lack of facilities for proper measures to expedite recovery?—Do you mean that the service does not go far enough?

33,901. My suggestion is rather that there are measures which could be taken which are not taken to expedite recovery by the insured person, or the doctor, or by other parties?—I have no doubt there are these cases. I should not have said that they were widespread, but I have no doubt there are these cases.

33,902. I think the Chairman has asked you about the lack of suitable appliances, and also cases of defective teeth. You cannot enlarge on that at all?—I cannot enlarge further than that I personally think, and I believe my committee adopt it, that it is highly desirable that that should be extended. Certainly dental treatment should be dealt with in some way, and in the matter of appliances, I have specified one, and there may be others.

33,903. With a view to reducing excessive sickness?—Certainly as a preventive measure.

33,904. So that you would admit institutional and other treatment?—I certainly should. I feel very strongly on that particular subject.

33,905. It is not your intention to have any conference of your referees or to get any definite report from them which would help us in this inquiry as the result of their experience?—We have not yet had a formal report from the referees as such.

33,906. (*Dr. Lawriston Shaw.*) Can you tell us whether anything is being done by the London Insurance Committee to secure for their insured persons



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greater facilities for hospital treatment and so forth?—The whole thing is under consideration by a sub-committee that is investigating the question of medical benefit generally.

33,907. Have you found any evidence that insured persons cannot get into hospitals?—I heard some months ago that the hospitals were declining to take insured persons, but I think that that was very largely under a misapprehension, and I think now that the hospitals are not discriminating. They are perfectly willing, and I think that they are justified, to assist in cases where the complaint is such that the panel practitioner cannot properly deal with it. I have every reason to think that the hospitals are giving what I may call superior treatment—the more expert treatment—which you would not expect from the ordinary panel practitioner.

33,908. And if it is found that persons require additional specialist services as they are called, would you think it reasonable that it should be done by extension of the hospitals or by setting up some special form of service for your insured persons?—My own personal view would be that the hospitals would have wished to do it.

33,909. And you think from the insured person's point of view that it would be suitable for them?—I think so certainly.

33,910. With regard to some questions that Mr. Wright was putting to you, I should like to ask you if you do not remember that there was an extension of the reference to the medical service sub-committee recently in order to include the question of certificates?—Yes. And they reported last Thursday, and I gave the effect of what they reported.

33,911. That was the first report, upon complaints connected with certificates. Do you not think in the future that we shall have more reports from the medical service sub-committee with regard to certificates?—I really do not know. It is quite possible. I have never attended a meeting of the medical service sub-committee, and I am not sure what they actually do. It is a statutory committee, and I have no right to be present.

33,912. I thought as a matter of fact that a clause in the agreement which is now signed between the doctor and the insurance committee makes it necessary for the doctor to give all certificates in connection with the Insurance Act?—Yes, the words are in the schedule. There was a good deal of discussion as to the exact wording of it.

33,913. There is something in the agreement about certificates, and the London Insurance Committee regarded that as a reason for submitting these questions of certificates to their medical service sub-committee?—Yes, I think they have.

33,914. I was afraid that you let Mr. Wright think that the London Insurance Committee did not feel that it should deal with this question at all?—I did not mean to give Mr. Wright that impression.

33,915. You have made it clear to us that the medical service sub-committee has dealt with certificates, and probably will deal with certificates under certain circumstances?—Under certain circumstances, certainly.

33,916. With regard to the complaints that you have had, that some certificates have been signed without the doctors seeing the patient, do you remember that this was chiefly in connection with patients who were in hospitals at the time?—Yes. I see the difficulty. The point was, that the panel practitioner had recommended that the patient should go to a hospital. The patient had gone to a hospital, and the hospital doctor did not feel that he was called upon to give a certificate. Obviously the person, if in a hospital, was incapable of work, and it was suggested that the panel practitioner should give a certificate. But I am not now aware of any case in which he actually gave a certificate. There were certain suggestions made that he might do it on a letter from the hospital or something of that kind, and I think that we came to the conclusion that that might be a reasonable way out of it, if the hospital doctor refused

to give it. I thought that you meant the case where a doctor had wrongfully given a certificate without having seen the patient at all. That question was raised, and I think it was got over by arrangement.

33,917. With regard to the large number of patients who changed doctors during 1913, is it not a fact that most of these resulted from the doctors having stayed off the panel for the first three months, owing to some antipathy to the Act, and then coming on, found that their patients had already been allotted to some other doctor?—I should think largely that, and also the committee having authorised the use of a limited panel.

33,918. In all cases, at any rate, the consent of the doctor, on whose panel the patient was already, had to be obtained?—You had to get their consent, and generally speaking, one found that if the doctor realised that the insured person did not want to remain on his list, it was much better that he should go elsewhere. He did not want to have an unwilling patient.

33,919. Have you had some evidence submitted to the insurance committee which suggested that doctors vary very greatly in their capacity to work?—Yes, we have.

33,920. And in that respect you would say perhaps that that is not a peculiarity of doctors?—No. It equally affects the legal profession.

33,921. With regard to the referees, would you tell us whether there is any organisation of these referees into what might be called a board of referees, or is each man on his own?—I really do not know. I heard that they have had a meeting. There was some question of it, but I did not know that they had formed themselves into a board.

33,922. If they had a meeting, it was not at the instigation of the committee in order that the committee could give them instructions as to what they were to do?—No. It was a voluntary meeting, to try to get some sort of uniformity, or discuss the arrangements generally, I think.

33,923. But nothing that they could have decided amongst themselves would really be binding upon them in regard to their conduct of their work from the point of view of the insurance committee?—I should not think so.

33,924. Each referee as a matter of fact is on his own responsibility as far as the insurance committee is concerned?—Quite. We simply recognise each individual referee as such.

33,925. And if you have had a conjoint report, that was merely from the point of view of mutual convenience instead of having six separate reports?—That is so, but I do not know that we have had an actual formal joint report.

33,926. (Dr. Carter.) Of course there are very many congested areas within the area of your insurance committee in which there is an insufficiency of doctors at present at work?—There always has been an insufficiency of doctors to the number of the population in certain districts—Shoreditch, Bethnal Green and so on.

33,927. Are you of opinion that there is any amount of excessive sickness in those areas on account of the insufficiency of doctors?—I should have said that the excessive sickness was rather due to the conditions under which the people themselves lived—the congestion.

33,928. But so long as that insufficiency of doctors obtains, there would be to that extent an excess of sickness?—Probably. It would rather follow.

33,929. Has the London Insurance Committee taken into consideration how that insufficiency of doctors might be met?—They are now making an investigation into that very point. Up to the present they have only exhaustively dealt with one district, but they are going to take certain districts, and they are getting out a good deal of information as to the population and the number of doctors per head of population, but they have not yet come to any formal decision except that, in the first instance, very early in the



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proceedings, we passed a resolution that in certain districts the number of doctors was insufficient. If you imported doctors into those places the difficulty has been found of men going voluntarily into those places and then finding that they cannot get a sufficient list of persons. The people do not go to them. There is a certain amount of vested interest and an indisposition to go to new people. I do not know why.

33,930. So that at present that problem is one which is unsolved?—It is at present unsolved. We do not know how serious that problem is except generally. Generally speaking, in certain districts of London, the medical service always has been insufficient.

33,931. But the insured person is practically promised an adequate medical service, in so far as it can possibly be obtained for him, and the insurance committee undertakes to supply that service in so far as they possibly can. So it is a very difficult problem for the insurance committee to deal with?—That is a thing to which I am by no means blind.

33,932. But the problem is not capable of immediate solution?—We are getting further data based on our experience as to how far that goes. I am only giving my own general view and the committee's general view. It is common knowledge that there are not sufficient doctors for the population in certain parts of London.

33,933. At present you are not able to say that the problem is not so acute that you can leave it simply to the operation of economic causes by which, if there is money to be made in an area, gradually doctors will gravitate to the area?—We do not consider that it has become such a scandal that we ought to close the panel in any particular district as we are entitled to do. It is not as bad as that. But I think that we shall probably have some recommendations to make by the time we have finished our sectional investigations.

33,934. You feel that simply leaving it to the gradual process of economic correction would probably require too long a time?—It may be. I cannot give you a definite answer to that.

33,935. With reference to the referees who were appointed, have the doctors themselves a right to send cases to referees?—No, the doctors have not. It is only approved societies who have the right. In every case the approved society pays.

33,936. You have not considered that if the doctor found himself in a condition of difficulty with respect to the fitness or otherwise for work of a patient whom he was certifying, he might send to the referee?—I think it is very desirable from the doctor's point of view, because it would relieve him of the responsibility largely in doubtful cases. That is a method I intend to bring before the sub-committee.

33,937. If the referees' work is of benefit to the approved societies as at present, would it not continue still to be of benefit if the doctors had facilities for sending cases in which any doubt arose to the referee? Would it not all the more be of benefit?—I think that it would. But there would come the question of how far the approved society would be asked to pay for the referee over whom they had no control.

33,938. Even though the referee would result in benefit to them?—It might or might not. They might not think it would. I cannot tell you. But if you allow the doctors at large to throw the responsibility off on to a referee, I can see that a great deal of unnecessary expense might be incurred by approved societies. On the other hand, I have a thing definitely before me which happened last week. I propose to bring the matter before the sub-committee of my committee to see what, if anything, can be done.

33,939. You have no procedure as to how the doctors would send cases?—No, we have not yet.

33,940. When the patients are sent to the referees by the approved societies, do they in all cases communicate with the practitioner in attendance?—Yes. It is intimated to them in every case.

33,941. And he is given an opportunity of attending at the consultation?—Yes. He has the right of access.

33,942. Or of communicating anything that he may wish, even if he does not himself go, to the referee which he thinks of material importance?—Yes.

33,943. You look upon that as a very important part of the procedure?—It is very desirable, yes.

33,944. I think you said that the work of the referees might tend to establish some uniformity in the interpretation of incapacity for work and standardise it?—I am not sure that it is not for the Legislature to define incapacity.

33,945. At any rate, this would tend to standardise it as a matter of practice?—Yes, I think that it would.

33,946. Do you think that it would be possible to have all the certificates issued in an area sent for the review of the referees? Simultaneously with it being sent through the society for the purpose of sick pay they might be sent to the office of the referee for supervision?—I should imagine that in London you would want an immense army of referees to deal with it at all satisfactorily.

33,947. A great deal of it would be simply routine office work, as long as they had a review of what was happening as regards sick pay?—It would mean a good deal of delay, I take it, and a good deal of machinery. I should doubt whether that is practical actually.

33,948. You mentioned a very interesting point that for the purpose of the insured persons becoming more articulate it would be useful to have district offices set up with staffs. Could not such district offices be used similarly for such office work—the revision of certificates—with the referee appointed there?—I am not an approved society official, but I should have thought that there would have been considerable difficulty. You might have an insured person living in the south of London belonging to a lodge of the Manchester Unity in the north, and if you had all this to be sent to the north and then back to the south again, I should have thought that it would have caused a good deal of difficulty and delay.

33,949. Still, it is an administrative difficulty?—Yes.

33,950. As an insurance committee you have no direct knowledge of the amount of sickness claims in the area at present?—No, only what one gets from outside. One occasionally hears statements made in the House of Commons, for instance.

33,951. As a committee you have no knowledge of whether the claims in your area are excessive or not?—No, we have none except what one casually hears from members of the committee, who are members of approved societies, which occasionally in an indirect way may come before the sub-committee.

33,952. I take it that you will agree that an approved society simply has knowledge of the claims of its particular members?—I imagine so. I do not know how far they have interchange or co-ordination.

33,953. And the members of societies are scattered all about the area very indiscriminately?—I think that it must follow from the rather migratory habits of certain persons.

33,954. So that it would be very difficult for an insurance committee or an approved society to have any knowledge of the exact sickness experience, excessive or otherwise, in any given locality?—It is a little early in the day to say exactly, but I should have thought sooner or later, and I should imagine rather sooner, statistics might have been got out.

33,955. As regards a particular locality?—I should have thought so. I should not have thought that it would be quite impossible.

33,956. If such a service were set up in all areas, and the sickness claims respecting that area were referred to an office, there would be more readily at hand data showing the sickness experience of that particular area?—Yes, probably.

33,957. And of localities within the area?—Quite. It was largely for getting information that these district offices rather commended themselves to me.



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33,958. And the purpose of the Act in section 63, which deals with excessive sickness in a particular area, would be much more readily put in operation by such a service as that than obtains now?—Certainly,

I think that it probably would, and I think that you would find that some particular area was more or less of a plague spot, and you could put your finger upon it.

The witness withdrew.

Mr. J. E. LILLEY (*Clerk to the Manchester Insurance Committee*) examined.

33,959. (*Chairman.*) Are you the clerk to the Manchester Insurance Committee?—I am.

33,960. In Manchester, I understand, the system of remuneration of doctors is by attendance by reference to a scale agreed between the practitioners and the committee?—That is so.

33,961. That scale only being a kind of token scale, relating to the distribution of the money?—Yes.

33,962. Can you tell us how many doctors there are on the Manchester panel?—At present, 301.

33,963-4. Is that more or less than you started with?—It is slightly less than we started with in January 1913. I think we had 310 then.

33,965. What has happened to the other nine?—Since January 1913 some have gone off, and some have come on, the difference on balance being nine.

33,966. When 1913 was going to begin, you reconsidered the question of how they should be remunerated, and they voted upon it, and came to the conclusion that they wanted this same arrangement?—They did.

33,967. You cannot tell us how many people there are on the list of any doctor, because they have not lists?—No.

33,968. Can you tell us how many insured people there are in the area?—Yes. The average of the six counts of the register for the year 1913 is 262,698.

33,969. Perhaps you could give us some figures which would show how, in fact, the work is being distributed amongst the doctors? It is very unevenly distributed, is it not?—Yes, I put in a statement, showing the number of doctors who have treated, per month, less than 100 insured persons and the number over 100 for each hundred up to a total of 1,300.

33,970. From that statement I see that in the last half of January 1913, there are 308 doctors giving treatment of whom 214 treated less than 100 persons, 60 between 100 and 200 persons, 22 between 200 and 300 persons, 8 between 300 and 400 persons, 3 between 400 and 500 persons, and 1 between 600 and 700 persons?—That is so.

33,971. I do not think that there is any object in going through all these details for each month because there is no substantial variation in them, and all we want to know is, more or less what happens. The list runs up until in November and December there is one doctor treating between 1,200 and 1,300 insured persons?—Yes.

33,972. In October, one doctor treated between 1,100, and 1,200 insured persons, and in September, October and December, one doctor treated between 1,000 and 1,100 insured persons?—That is so.

33,973. On the whole, the number of doctors treating less than 100 persons tends to hang somewhere about 150 and 170?—Yes.

33,974. Turning to another way of testing it, we have the amounts they get paid. You have put in a paper showing, I suppose, the amount of the credits. It shows the credits, not the actual amount paid or the amount actually paid after the scaling down?—They are the estimated actual amounts to be paid for the year 1913-14.

33,975. As a matter of actual fact, you are not going to pay anybody between 1,800*l.* and 2,000*l.*?—Yes, in one partnership.

33,976. Even after the scaling down?—Yes.

33,977. There are 116 single accounts and ten partnership accounts up to 100*l.*?—Yes.

33,978. I do not know that the partnership account helps, because we do not know how many partners there are?—In some cases there are two, in some three, and in others even four.

33,979. So that they do not really assist us to get to know what we want to know?—No.

33,980. There are 47 single accounts between 100*l.* and 200*l.*, 25 between 200*l.* and 300*l.*, 25 between 300*l.* and 400*l.*, 21 between 400*l.* and 500*l.*, 11 between 500*l.* and 600*l.*, 8 between 600*l.* and 700*l.*, 12 between 700*l.* and 800*l.*, and after that they get very few. Beyond 800*l.* there are 25 altogether, and 283 less than 800*l.* That is the best way of taking it. They may vary from 800*l.* to 2,000*l.*?—Yes, in the 25 cases.

33,981. Of the 308 doctors, or thereabouts, who are giving attendance, nearly one-third were drawing less than 100*l.*, or are still drawing less than 100*l.*?—Yes.

33,982. We need not go into all the negotiations between your committee and the doctors, because we are primarily engaged in considering sickness benefit, and not medical benefit. There is one further thing you want to tell us, and that is that a doctor has no motive for wanting to inflate his visits beyond such an amount as would bring him in 800*l.*?—For the current year, that is so.

33,983. Does that apply to 1913-14?—To 1914 only.

33,984. This last document we have gone through, is the "estimated amounts payable for the year 1913-14"?—It will not apply to those figures.

33,985-6. When does 1913-14 end?—January 11, 1914.

33,987. For this coming year nobody will get more than 800*l.*?—Every practitioner on the list, except six, has given an undertaking not to claim more than 800*l.*, and to accept 800*l.*, no matter how much work he does.

33,988. Whereabouts do those six come? Are they among the people who are taking more or less?—I cannot say exactly. I should imagine that they are among the people getting more.

33,989. Six is a substantial number of all the people getting more?—It is six out of 25 assuming that they are all getting more, but I do not know that the six are necessarily part of the 25 entirely.

33,990. Could you tell me, besides, how many persons, if any, were allowed to make their own arrangements?—Yes, we allowed 27 persons to make their own arrangements during the medical year, and 23 exempt persons were required to make their own arrangements.

33,991. What does that mean—an exempt person who came in under the Act of 1913?—Yes, and 51 have been recommended for travellers' vouchers.

33,992. What about systems and institutions?—We have approved the Post Office medical system only.

33,993. Did you have other applications and refuse them?—We had three other applications at the beginning of the medical year. Two of them we did not recommend for approval. The third we sent on to the Commission, but it was never actually approved, and I believe that it does not now exist.

33,994. I think that we more or less understand what happens in cases of capitation. Your people can change as they like in the course of the year or the day, if they think fit?—Yes.

33,995. What do they do when they go to a new doctor?—They now present their medical cards which he signs when he gives treatment.



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33,996. What used they to do?—During the past year, 1913, they merely produced the red medical ticket, and on the production of that ticket the doctor generally gave treatment.

33,997. Without writing anything on the ticket?—Yes.

33,998. Or keeping it?—He did not keep it or sign it.

33,999. They could at once go on down the street to another doctor?—They could.

34,000. And nobody could tell whether they were doing it or not?—No.

34,001. Now they go to the doctor, and he writes something on the ticket?—He signs the card. We have a special card in Manchester. It rather differs from the card issued in other areas.

34,002. Have you got it. Would you like to put it in?—I would. (*Produced.*)\*

34,003. The doctor having written his name on this, can the man still go to somebody else?—He can.

34,004. Does that man also sign?—Yes.

34,005. There is room on this card for the signature of five doctors, if they take a line each?—That is so.

34,006. Of course, you have not got any of these cards back again yet?—No.

34,007. What is the eventual destination of this card?—I do not know. It will remain with the insured person.

34,008. You will not know a bit more at the end of the year than you know at the beginning, how they are going about?—No, the committee will not know, but any individual doctor will see whether a patient has been to another doctor previously, and he can ask him questions, and find out why he has left that doctor.

34,009. This has been running since when?—Since January 1914.

34,010. How is it working? Are the doctors asking people questions?—I do not know.

34,011. You hear a good deal of talk?—Yes, but I have not heard anything about this. The doctors are very satisfied with this card.

34,012. Do the doctors on your committee tell you that they are finding a lot of signatures in front of theirs?—I have not heard that they have noticed other signatures. I do not think that there are many insured persons who do go to one doctor after another.

34,013. That is just your view?—Yes, that is my view.

34,014. I take it that there are two forms of complaints, roughly, with which you have to deal—complaints relating to the service, and complaints relating to certification and such like things?—We have not had many complaints; I mean specific complaints.

34,015. What specific complaints have you had?—I have got a summary of them which I will put in. Shall I run through them?

34,016. Yes. These are each separate complaints?—These are specific complaints. I have taken the headings of the complaints as suggested in the memorandum issued by the Committee, and under the heading "Ante-dating and Post-dating Certificates," there are the following:—Society complained that practitioner had furnished a certificate of incapacity and a declaring-off certificate on the same day.

34,017. What is the meaning of that?—In common phraseology, he had signed the man on and off at one and the same time.

34,018. That is such an absurd thing to do, that I do not think it can quite mean that?—The society stated that the explanation of the practitioner was that he furnished declaring-off certificates on Saturday for the Monday morning. I communicated with the practitioner concerned, and obtained an assurance that the practice would be discontinued, and that in future a declaring-off certificate only would be given when the patient was fit to resume work. In this particular

case, a man went to the doctor on Saturday. He had been under treatment for some time, and he went for a continuing certificate. The doctor thought that he was fit to go to work, and he said "You can go on Monday. I will give you a certificate now, and sign you off at the same time." He gave him a continuing certificate up to the Saturday, and a declaring-off certificate, as supplied by the society, the same day.

34,019. That was a perfectly right thing to do?—I do not think so. I think that he should merely have given him the declaring-off certificate, which is, in effect a continuing certificate up to the date of it.

34,020. What did it matter if he gave him the other certificate besides? He was entitled to benefit up to the day the certificates were given and no more?—The doctor dated the declaring-off certificate for the Monday, so that he might possibly have counted the Sunday.

34,021. It is just a question of the Sunday?—Yes, in this case.

34,022. It is not very serious; it is a sort of misapprehension?—Yes.

34,023. You will probably agree in thinking that the best certification would be a certification which stopped at the moment when the declaring-off certificate was given. The declaring-off certificate ought to be the end of it?—Yes.

34,024. You ought only to pay up to the time of that certificate?—Certainly. In another case the society complained that the date of the certificate had been altered from January 14th to January 13th.

34,025. By whom was it altered?—By the doctor. The 14th had been crossed out, and the 13th put in. The doctor said that the certificate had not been altered, but, unfortunately, the actual certificate got mislaid, in the course of the post or transit from one party to another, and on communicating with the society and telling them what the doctor said, they said, "We will not carry that complaint further."

34,026. How was it dealt with?—On receipt of the complaint I transmitted it to the doctor, and when he sent his reply I forwarded it to the society.

34,027. You acted as a sort of post office between the two?—Yes, I carried out the procedure of the medical service sub-committee, as usually adopted. I transmit the complaint to the person complained of, and any reply to the complainant. In most cases that ends the matter.

34,028. In doing so are you taking the preliminary steps in a matter which might eventually go to the medical service sub-committee, or do you take the view that it does not concern them?—No, we adopted the procedure prior to the actual submission of a case to the medical service sub-committee, but we did not find it necessary actually to submit any cases.

34,029. You acted as an official, taking just the sort of preliminary steps you would take before you laid it before the committee?—Yes, and I did not actually lay it before the committee, because it had disappeared. The majority of them were capable of adjustment. In the majority of cases it was owing to a misunderstanding generally on the part of the doctor; he did not quite know what he was supposed to do.

34,030. I have not the least idea what this particular complaint means?—You mean as regards the alteration of the date. The society presumably objected to seeing the date January 14th in writing on a certificate altered to the 13th. In a third case the society complained that one of their members called on the doctor on Tuesday, July 29th, and the doctor considered him capable of work, although weak. The patient complained that the works were closed until the following week, and the doctor then signed the declaring-off note on July 29th, and dated it for 4th August, afterwards altering it to 5th August, when it was further explained that 4th August was Bank Holiday. A copy of the complaint was forwarded to the practitioner, who replied that on 29th July he examined the patient, and formed the opinion that he was not capable of following his employment, and he

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considered that the time given (to the 4th August) was necessary to enable him to become fit for work. The doctor added that the patient stated that he wanted the money, and gave him the impression that the matter was urgent, and he signed the certificate at the patient's request with the understanding that the society should be asked to consider his claim and the practitioner's expression of opinion as to when he would be fit for work. The practitioner further expressed regret if he had done wrong. The correspondence was submitted to the medical sub-committee.

34,031. What is the medical sub-committee?—The medical benefit sub-committee.

34,032. It is a committee of the insurance committee?—Yes. They directed that a copy should be forwarded to the local medical committee for their observations. The reply of the practitioner was also forwarded to the society who were dissatisfied, and requested the matter to be submitted to the medical service sub-committee. A copy of this communication was also forwarded to the local medical committee, as they already had the matter under consideration. The local medical committee reported that they proposed to go into the matter with the doctor, but in the meantime they expressed the opinion on the general questions involved that it was correct for a medical man on any given date to furnish a certificate expressing his opinion that a patient would be able to resume work on any later given date, but that it was incorrect to furnish any such certificate on other than purely medical grounds.

34,033. Have the Manchester Insurance Committee accepted the first half of that proposition—that it was correct for any medical man on any given date to furnish a certificate expressing his opinion that a patient would be able to resume work on any given later date?—They have not expressed acceptance or otherwise of that opinion. Subsequently, the local medical committee had the doctor before them and reported that, after hearing his explanation, they were satisfied that he did not intentionally sign a misleading certificate, but, in their opinion, he had committed an error of judgment which he would not repeat. The local medical committee added that they would recommend to the local members of the profession that no post-dated certificates should be issued without a plain indication of the date on which they were actually signed. The medical sub-committee directed that a copy of the correspondence should be transmitted to the society concerned, which instruction was carried out, and no further communication on the subject has been received. Presumably, the society were satisfied. In the next case the patient complained that the doctor refused to furnish a certificate. Upon investigation it was found that the patient did not apply until three weeks after the commencement of the treatment, and the doctor refused to post-date the certificate in accordance with instructions. The society was communicated with, and, under the special circumstances, the practitioner furnished a special certificate to suit the needs of the society, and benefit was accordingly paid to the patient.

34,034. Did that go to the medical service sub-committee?—No. The doctor said that he was prepared to furnish a certificate if the society specially desired one. They did specially desire one, and he furnished it, but it was furnishing a certificate three weeks after the illness commenced, a certificate covering that period. In the next case the patient reported that he had omitted to ask the practitioner for a declaring-on note until two days after calling in the doctor, who then refused to furnish the certificate required as from the date of commencement of illness. Upon inquiry from the practitioner I was informed that he had attended the patient five times, and on the day on which he was going to work he asked the doctor for a declaring-on certificate for the first time. The practitioner then informed the patient that it was irregular to furnish declaring-on and declaring-off certificates at the same time, and that he ought to have asked for the initial certificate earlier. The substance of the practitioner's explanation was forwarded to the patient. The prac-

titioner stated that he was willing to furnish the declaring-on certificate upon the request of the insurance committee. In the next complaint the doctor reported the case of a patient who consulted him on December 11th, 1913, on which date an initial certificate on Form Med. 34 was provided. No further form was presented to the doctor for completion, but on December 23rd the patient received two weeks' sickness benefit (paid solely upon the initial certificate). On the 5th January the patient presented a final certificate which was completed, and he returned to work the following day. The society, however, refused to make any payment in respect of the period 23rd December to 5th January, unless the doctor signed a continuation sheet for December 29th, on which date the practitioner did not see the patient. The matter was reported to the society, whose representative requested the doctor to furnish a certificate dated 29th December, which certificate was thereupon furnished to the society. The society were informed that their request was directly opposed to the instructions issued to doctors in memorandum 173 I.C. In that case a fortnight's sick pay had been paid on the initial certificate only, that is to say, the certificate given the first day the man became incapable of work.

34,035. The society had no right to ask for any such certificate, and the doctor had no right to furnish it if they did ask for it, is not that so, if I rightly apprehend the facts?—I do not know what rights a society have.

34,036. No society has a right to ask a man to state that which is untrue?—I suppose not. They did actually make a payment.

34,037. That is their look-out?—Of course it is, and then they refused to make a second payment in respect of the third week, unless they got a certificate for a particular date.

34,038. Are they still going on doing that kind of thing?—I do not know. This is the only case that has actually come under my notice.

34,039. All the next series of cases are cases about failure to state the nature of the illness. Are complaints of that nature still coming forward?—They did a good deal at the beginning, but not now.

34,040. It is no use going through them in detail?—I do not think so. They are all very similar in character.

34,041. What does it come to? Is it a reasoned objection to state the nature of the illness, or just a general objection?—At the beginning there was a fairly general objection to stating the nature of the illness on a certificate.

34,042. An objection based on a kind of professional man's point of view as against a layman's?—I do not know that it was quite that. Many doctors in the course of conversation say that if a patient comes to you to-day, although it is obvious that he is incapable of work, yet you do not know what is exactly the matter with him, and you cannot put a specific disease on the certificate straight off. For that reason they objected to putting a name on. They thought that it ought to be sufficient if they certified that a person was incapable of work, without adding the particular nature of the disease which rendered him incapable. That, I think, was the chief point of view put forward by the doctors. Latterly we have had no trouble. I believe that the nature of the illness is now stated on the initial certificate. Since the Commission issued model forms for adoption by societies, we have had no trouble in Manchester with regard to certification.

34,043. None at all?—Practically none at all, not worth taking any notice of.

34,044. Are there any more cases among this lot to which you particularly want to draw attention?—No, I do not think that there is any serious case. If the cases had been considered serious and incapable of adjustment, they would have gone to the medical service sub-committee.

34,045. Now let us get to the cases that did go to the medical service sub-committee?—I might say that during the earlier months of the year some little confusion was occasioned by a misunderstanding



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which existed with regard to certificates generally—as to the insertion of the nature of the illness, when the certificate was to be furnished, the first or fourth day of incapacity, the form of the continuing certificate, and so on. There was general confusion and misunderstanding on the part of the doctors, owing partly I think to the fact that every society had its own particular form. They were not uniform in character at all.

34,046. Do you think that that is all dying down?—Undoubtedly since the issue by the Commission of the model form, which has been adopted generally I think by the societies—one of the two models.

34,047. Do you still find a good deal of grumbling by approved society members on your committee with regard to the action of the doctors in regard to certification?—No.

34,048. Do you find it in regard to anything?—Not a good deal of grumbling. There is grumbling in certain quarters on the part of some members of the committee who represent insured persons or approved societies.

34,049. What about?—That doctors furnish incapacity certificates somewhat readily.

34,050-1. That is what I was asking?—It is rather a general complaint. It is not a specific complaint.

34,052. What happens then? Do you say “Produce some specific complaint, and we will deal with it”?—Yes.

34,053. Do they ever produce them?—No.

34,054. Do they tell you why they do not?—No.

34,055. They give some reason?—They say that they cannot at the particular moment, and generally we do not hear any more about it. Every specific complaint that has come along has had attention. It has been inquired into. There are now, I think, three or four cases awaiting the medical service sub-committee.

34,056. What sort of cases?—In one of them I think the complaint is that the doctor furnished eight certificates when he had only seen the patient four or five times.

34,057. I do not want to go into something *sub judice*, but does the doctor dispute that statement?—The doctor does not accept the statement of the society.

34,058. It will go to the medical service sub-committee?—It will.

34,059. What are the others about?—Another relates to a change in the nature of the illness named on the certificate.

34,060. The society complains that the doctor puts one thing one week, and another thing another week?—Yes.

34,061. We can pass by that. What is the next?—I do not just call to mind the third case. I have not the papers.

34,062. There is very little evidence of specific complaints, or very little attempt to bring the thing to a head, but do you doubt that a great many persons interested on behalf of approved societies think that there is a great deal of reckless certification?—I do not doubt that they do.

34,063. Do you think that they are right or not?—I do not think that I have sufficient actual evidence to form an opinion.

34,064. You do not think that the mere fact of there not being specific complaints is conclusive on the subject?—Perhaps not necessarily conclusive.

34,065. Why is it not conclusive? It seems such a naturally easy answer to make “If you have got ‘anything the matter, why do you not come and say ‘so and prove it’”?—I assume that a society accepts the doctor’s certificate in most cases, and I daresay that actual details are possibly difficult to get.

34,066. Do you hear much talk of cases like the one you just now mentioned, where the doctor is accused of having given eight certificates, when he has only seen the patient five times?—No, I do not.

34,067. Do you hear it alleged generally?—Not generally, no. I have heard these statements made,

but they are not general statements. They do not apply generally to doctors in the area.

34,068. Nobody alleges or suggests that the 300 doctors in the area are all villains or grossly careless?—No.

34,069. I suppose the utmost that is suggested is that there is a certain proportion like that?—I should say that it is a very small proportion.

34,070. But you think that there are allegations against a certain proportion? Your opinion cannot be evidence of the fact that it is so, but having gone into it, what do you say?—You mean that certificates are furnished too readily and too easily?

34,071. Yes, a great deal of laxity ranging from extreme wickedness on the one hand down to something which is pardonable? I am not asking whether it is so, but whether such allegations are made?—In the absence of further specific instances—

34,072. I am not asking whether that sort of laxity does prevail, but whether allegations are made among your committeemen that such things happen?—They are not made generally among the committeemen, but amongst a few.

34,073. How many amongst those who represent approved societies say that sort of thing?—I should think perhaps half-a-dozen.

34,074. Is it the same half-dozen all the time?—Fairly well, I think.

34,075. Are they connected with approved societies which are suffering, do you think, or are they people who have a particular point of view? Of course, I mean an honest point of view? Do they purport to speak from the experience of their society?—I think certainly from the experience of their society. They are in most cases officials of societies.

34,076. What do the other members of the committee say to them when they say that kind of thing?—I do not know that they express any decided opinion one way or the other.

34,077. In Manchester you have made very special efforts to bring the profession and the approved society people together?—We have.

34,078. And I suppose that was done because you thought that there was a real need for it?—Yes.

34,079. What was that real need?—The statement that I have referred to on the part of perhaps some half-dozen members of the committee that certificates were given somewhat readily.

34,080. Do you go so far as to say “recklessly” in some cases?—I would rather use the words “readily” and “easily.”

34,081-2. What do the medical people say about it? Do they deny it, or say, “Yes, there are people who behave improperly”?—They deny it certainly as applied to the profession. They say, “If we can meet ‘and talk these things over across the table in a friendly ‘way, we shall understand one another’s difficulties. ‘We shall understand your difficulties, and you will ‘understand our difficulties, and we shall be able to ‘work together.’”

34,083. Have they met?—Yes, on one occasion, and they are shortly to have another meeting. I dare say subsequent meetings will follow.

34,084. Were you there?—Yes.

34,085. What happened?—The Lord Mayor of Manchester occupied the chair, and there was a good attendance of both medical men and society representatives.

34,086. Was there some very straight talking?—Yes, fairly straight talking. Finally each side was asked to appoint five to consider difficulties with a view to their removal.

34,087. What were the difficulties that were to be considered?—There was no specific list of matters made. It was left to a later meeting, when any member could bring up any difficulty he has which is of a general nature rather than a specific case.

34,088. Was it to be a standing committee, always there?—Always there to be called together when necessary. I believe that another meeting will probably take place shortly.



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34,089. Your committee has not considered the question of itself appointing referees?—No.

34,090. They considered the liberty offered by the Commissioners in the autumn of last year?—Yes, and they decided that as this Committee had been formed they would not take any action until this Committee's report was presented.

34,091. Did they subsequently to that consider what they would like done themselves?—No.

34,092. Are the societies in Manchester employing referees of their own?—I could not say generally. I have no knowledge in regard to it. I know some societies are doing so; but we have members in about 500 societies in the area.

34,093. (*Mr. Wright.*) Has it been made clear to the representatives of the approved societies upon the Manchester Insurance Committee that they can obtain from the doctors with regard to their members when they require it further information with regard to the sickness from which they are suffering? Has the Manchester Insurance Committee made it clear to the approved societies that the officials of approved societies are justified in going to the doctors for any information, over and above that contained on the certificates?—I do not think that they have made any representations on that point at all.

34,094. Have they ever been discouraged from doing it?—I do not know that they have.

34,095. Has any intimation been given to any of them, that they should not question the doctor, but that all inquiries of that nature should go through the medium of the committee?—Not to my knowledge.

34,096. Have you made any communication to that effect to the district secretary of the Manchester Unity of Oddfellows in Manchester, Mr. Lloyd Jones?—I have no recollection of any such communication being made to him.

34,097. Have the doctors been told that they should not answer any inquiries made by the representatives of approved societies?—Not by the insurance committee.

34,098. You have no knowledge of anything of the kind?—I believe the local medical committee, in a circular which they issued, suggested that such matters should go through the committee.

34,099. To whom did the local medical committee issue that circular?—To the doctors on the list.

34,100. Have you a copy of that circular?—Yes, I have. It is a circular sent out by the honorary secretaries to the medical committee, dated 29th December 1913:—"Dear Sir, or Madam. The Manchester Medical Committee has agreed with the Manchester Insurance Committee, in consideration of their agreement to the continuance of the present system of working the Insurance Act in this area, to use its utmost endeavours to reduce, so far as possible, the expenditure of the drug fund and the approved sickness funds. To carry out this agreement, arrangements have been made whereby your committee will in future inspect all prescriptions, and will, if necessary, deal with them under regulation 40. This practically means that any practitioner ordering drugs or appliances in a manner contrary to the instructions of this committee, will be required to give a satisfactory explanation; failing which, the cost of such drugs or appliances will be deducted from the sums payable to him by the insurance committee, and will be transferred to the drug fund. Your committee confidently expects that any necessity for such action on their part will be obviated by your strict and loyal observance of their instructions, which are tabulated below."

34,101. I think what I want to direct your attention to is at the top of page 4 of the letter?—Perhaps I had better read from paragraph 12 on page 3, in regard to sickness benefit funds: "A meeting has taken place between representatives of approved societies and members of your committee to discuss means of preventing any undue drain upon these funds in future. A small joint committee has been formed, to which all difficulties on either side may be referred for mutual assistance; and by which a definite understanding on the various difficult points arising

between the societies and the profession may be brought about. In the meantime, you are requested to use particular care in signing certificates, and to pay special attention to the following points:—(1) All certificates must be signed in ink or indelible pencil. (2) Certificates may only be given in cases of total inability to work, and not merely as statements of the nature of illness; and no post-dating nor ante-dating can be permitted. All instructions on the subject of certificates issued by the Manchester Insurance Committee must be strictly carried out. On no account should you enter into any dispute with an approved society or its representatives." You will notice that the word "dispute" is underlined. Any such matter should be immediately referred to the local medical committee, and your only communication with the approved society should be to inform them that the matter has been so referred. This must not be taken as preventing your courteous reply, so far as possible, to any question addressed to you from the office of an approved society; which reply should, of course, invariably be made. (5) All cases in which you are in doubt as to your correct action should be referred to your committee. Your committee feels confident that with your loyal co-operation they will be able not only to carry out the obligations they have entered into on your behalf, but also to secure greater ease in the working of the Act, and an increase in remuneration by a contribution from the drug suspense fund, commonly known as the 'floating sixpence.'"

34,102. Yes, of course, it is that particular paragraph which says, "any such matter should be immediately referred to the local medical committee." Do you think that this paragraph as a whole, has been interpreted by the societies to mean that they must not address any questions to the doctors with regard to their certificates?—Speaking from my own experience, which is necessarily limited on this point, I do not think so.

34,103. You have had no complaints on that score, have you?—No.

34,104. Have you had any cases in which doctors on the panel have refused to give information to societies, sheltering themselves behind this particular instruction?—I do not call any to mind.

34,105. You know that the approved societies in the Manchester area are complaining that their sickness claims are very heavy?—I have heard of complaints.

35,106. I do not know whether you would care to give it as your opinion, but do you think that the excessive sickness claims are due to the fact that the Manchester system differs from the ordinary panel system?—No, I could not say that.

34,107. (*Mr. Warren.*) In common, I suppose, with other insurance committees, you have had difficulty in properly determining the meaning of the phrase "incapable of work," have you not?—I think the doctors have had difficulty, in common with doctors in other areas. They certify that a person is incapable of working.

34,108. Meaning that he is incapable of following his ordinary occupation?—I think so. Speaking generally, and as regards the first part of the year especially, I think that they put that interpretation upon it.

34,109. And that has been accepted by the societies as a justification for paying benefit?—Yes, I think so.

34,110. Not that he might be capable of following some occupation, but that he is incapable of following his own employment?—Speaking generally, that is so.

34,111. Are you experiencing much difficulty in regard to the question of pregnancy?—We have had difficulty, but we have not had many cases brought to our notice, we have had a few complaints of certifying a person to be incapable of work through some disease, of which pregnancy may be the cause.

34,112. Has the Manchester Insurance Committee expressed any opinion in respect to the payment of benefit in cases of pregnancy?—No.



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34,113. They have said nothing as to it being, in their opinion, made more clear that there should be a period prior to confinement and after confinement, wherein benefit should be paid?—No, I do not think that they have expressed any opinion upon that point.

34,114. Then, I suppose, not many complaints have come to you as a committee in respect to that?—Not many.

34,115-6. Do you know, generally speaking, if throughout the Manchester area, the prescriptions given by doctors are taken to the chemists?—They are.

34,117. You have no knowledge, I suppose, as to there being any proportion of the prescriptions given that are thrown away or destroyed by insured persons?—We have no knowledge of that, nor have I personally heard it suggested.

34,118. I take it that you would have fair means of judging if that was so?—We have no means of ascertaining exactly how many prescriptions are issued by the profession in the area. We have particulars of the prescriptions which are dispensed.

34,119. If I may put this question to you: I think the chemists generally throughout the Manchester area are rather in revolt at the moment, because of not receiving their, what shall I say?—I would not say they were in revolt. It is a fact that they have only been paid a proportion of the amounts with which they have been credited. But investigations are being made into the matter.

34,120. That would rather point to the fact that the prescriptions generally were taken to the chemists, would it not?—I think so. I do not think that there is any reason to suppose that they are not.

34,121. (*Mr. Mosses.*) You, I think, are representing here the Manchester Insurance Committee?—That is so.

34,122. And not in any sense Salford?—No.

34,123. But you work on parallel lines, do you not?—We do.

34,124. I take it that the experience you are having in Manchester is identical with the experience they are having in Salford?—I think it is.

34,125. The doctors on the border line go across into each other's boroughs indiscriminately, do they not?—Yes, the doctors near the boundary are on both panels.

34,126. I was looking at this medical card. I see you anticipate that some unauthorised person might use this card, because you subject those who do so to serious penalties?—Those are penalties under the Act. I do not know that there is any reason to suppose that this card will be improperly used any more in the Manchester area than in any other.

34,127. Have you had any complaints as to the improper use of medical tickets?—No, not one.

34,128. (*Dr. Carter.*) You have, of course, very congested areas in Manchester in which you consider that the number of doctors at work is very small compared with the amount of work there is to do?—Yes, there are certain very congested areas.

34,129. And up to now, although there are free facilities for doctors to go there and practise, has there been any tendency to migration on the part of doctors into those congested areas?—I do not know of any. The Act has only been in operation a year or so, and I should imagine, personally, that the time has been too short to justify a doctor in deciding to migrate from one part of the area to another.

34,130. This freedom of choice which insured persons in the Manchester area have is quite unrestricted, is it not? I take it that there are no artificial restrictions of any kind?—No.

34,131. That is to say, there is no agreement between the doctors that they will not encourage anyone else to come to them?—No, there has been no agreement. But the fact that this provision has been made on the medical card in the Manchester area for the signature of the doctor tends, I think, to discourage running about on the part of insured persons, from

one doctor to another. And it would also prevent an insured person receiving treatment from two doctors at the same time.

34,132. In those very congested areas, though there was formerly not enough income to be derived to enable a doctor to subsist upon, although the conditions of life may not be very desirable, there is now a good deal of money to be made, is there not?—Yes.

34,133. But, in fact, you have not found any tendency yet for doctors to go to those places?—No, I have not heard of doctors going there and starting in practice in any numbers. There have been one or two.

34,134. Do you think that the conditions of health in those areas, and the scarcity of doctors there, might make for heavy sickness claims in those parts?—It would be possible; but it depends to what extent the particular area is unhealthy, and what is the actual shortage of doctors.

34,135. I take it that you have got areas which are very densely populated, in which there are comparatively few doctors, but those few are working very hard and making their 1,000*l.*, 1,200*l.*, or 1,500*l.* a year. Is it not a fact that the few cases in which large sums have been paid to doctors have been in regard to those who are practising in the very congested areas?—That is so. They have been paid to doctors who are practising in districts not far removed from the centre of the city; not necessarily on any one particular side of the city.

34,136. And where the conditions of life are such—added also to the fact that there is a scarcity of doctors—is it very likely that there would be an excessive amount of sickness?—That might be so.

34,137. There is no restriction whatever, I suppose, upon the migration of doctors to that district, according to the Manchester system; there is no ring-fence around the panel in any way?—No, none whatever.

34,138. Has the committee thought it necessary to take any steps actively to encourage doctors to go into those areas where there is a possible excessive amount of sickness claims, owing to the scarcity of doctors to do the work?—They have not.

34,139. They think that the operation of simple economic causes and the attraction of good incomes will, in time, be sufficient to meet the case?—Yes; at all events, they have not considered the question of taking any steps to persuade doctors to go into those areas.

34,140. You have not thought it necessary to advertise in the medical journals that very remunerative practices may be obtained by setting up in practice in those areas?—No.

34,141. (*Dr. Smith Whitaker.*) Do you think that in those cases where doctors have, not perhaps large lists but a large number of persons going to them, there are other doctors in the district to whom people can go if they so desire. Is it the popularity of individual doctors or the scarcity of doctors, which causes the large demand on the time of certain individuals?—Well, I think it is both. In some cases it is the popularity of a doctor: in other cases I think it is the scarcity. I think every doctor in the area has been thoroughly occupied since the passing of the Insurance Act.

34,142. Do you think, even when the attraction of these large incomes, which the doctors there are supposed to be receiving or are receiving, has had time to operate, that medical men will settle in those parts?—I do not see why they should not. I think that the law of supply and demand will operate there.

34,143. It has been suggested to me that the nature of the districts themselves is such as rather to repel men of a good type. Do you think that there is anything in that?—I do not think so. A doctor is like anyone else, he will work anywhere, if he is assured of a good income.

34,144. You think in time, if they feel they are assured of a good income, that they will settle there, and thus relieve the stress to some extent?—Yes.



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34,145. Do doctors come to you to seek advice on all sorts of points connected with the working of the Act—semi-officially, I mean?—Yes, they do at times.

34,146. If a doctor asked you whether you thought it was his duty, in the position in which he stands under his contract with you, or generally, to give information to the secretary of a society beyond what is contained in the certificate he gives his patient, would you feel that you could advise him on the point?—No, I do not think I should. I think the circumstances of the request would have to be taken into consideration. A doctor could scarcely be expected to give to an agent of an approved society, or a collector, confidential information with regard to a member of the society. That is my own personal view.

34,147. He must be restrained by obligations of professional confidence?—Yes.

34,148. Do you think that there is some information he might reasonably give without injustice to his patient; does it occur to you, as a practical man, that he could do so?—I daresay he could in certain cases.

34,149. (Chairman.) Is there anything else you would like to say?—I do not think so. The papers I have handed in are before you. I should like to say with regard to this inquiry generally, that when I was appointed by my committee to give evidence before you, I circularised every member of the committee in order to give every member an opportunity of expressing his or her views on every point upon which you had asked for evidence, and I submit to you a copy of the only five replies I received. In Appendix F. there is a copy of the letter I sent out, a copy of the enclosure to it, and a copy of each of the replies that I received.\*

34,150. At any rate, it is before us in evidence, for what it is worth?—Yes. I am here before you, having been deputed by my committee to represent them. This is their evidence. And, while I have been asked a good deal as to my own personal views, I wanted to make sure that your Committee should have before them whatever views the members of the Manchester committee wanted to express.

34,151. Is there anything in this interesting mass of documents to which you wish to call our attention?—I have dealt pretty fully with the question of certification, and the difficulties we experienced in the beginning, because of the lack of uniformity in the forms of certificates; that gave rise to a good deal of difficulty in Manchester, particularly in the first few months. I also quote the opinion of the local medical committee with regard to medical referees; they say: "All are agreed on the necessity for such appointments. It is quite as important that practitioners should have access to a referee as that any person

should. It would be a good thing for insured persons also to have access, but this would need "guarding."

34,152. Some of these statements must be taken as matters of opinion; we could hardly take them as matters of fact?—I merely put them in for what they are worth, of course.

34,153. In answer to Question 11 you have: "The local medical committee has no evidence of any unjustifiable claims, so no other system could produce less"?—Yes; then No. 2 and No. 3, in answer to the same question are opinions expressed by members of the insurance committee.

34,154. They seem to be contradictory statements?—No. 1 is the local medical committee's observation. It has very frequently been alleged that the system of medical benefit in operation in this area does tend to unjustifiable claims for sickness benefit being made to a greater extent than might be expected to occur under other possible systems, but it is anticipated that the joint committee referred to in paragraph 8 will have a beneficial effect in this connection. I circularised every member of the insurance committee upon this subject, and I received the replies I have set out. The first you have read; the second is: "The basis of payment by attendance leads to catering for attendances, and that leads to more being given than are necessary, and, owing to the reasons given above, to more certificates of incapacity being given." That is the opinion of a member of our committee. Another member says: "To the system of payment by attendance, I attribute, most certainly, a deal of our excessive claims." Those are the only replies I received to that question which was addressed to 60 members of the committee. If there had been any general strong feeling on this point, I should have expected that the members would have been very ready to give expression to it, when they were invited to do so. I might also call attention, on that point, to the resolution which has been recently adopted by the Manchester Insurance Committee.

34,155. That is a resolution in favour of having an inquiry into what would be the best sort of system for Manchester?—Yes. I think possibly the duration of institutional treatment granted to applicants for sanatorium benefit may have some effect upon the claims for sickness benefit, because the insured go into the institutions for fairly lengthy periods.

34,156. While being literally capable of working?—Yes; probably a man who goes into the sanatorium (what we might call a good case, likely to be considerably benefited or, perhaps, cured) would, in the ordinary way, be working. He is able to knock about, and, perhaps, to work. But, of course, the fact that he is away in an institution prevents him working. I think in those cases the societies generally pay sickness benefit.

\* Not printed.

The witness withdrew.



# FORTY-EIGHTH DAY.

Thursday, 2nd April, 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Mr. WALTER DAVIES.  
Dr. ADAM FULTON.  
Miss MARY MACARTHUR.  
Mr. WILLIAM MOSSES.  
Dr. LAURISTON SHAW.

Mr. A. H. WARREN.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.

Mr. ALEXANDER GRAY (*Secretary*).

Dr. D. TURNER BELDING (*East Dereham*) examined.

34,157. (*Chairman*.) You are a member of the Royal College of Surgeons, a member of the insurance committee for the county of Norfolk and of the local medical committee?—Yes, and the panel committee.

34,158. And you practise in East Dereham, in the county of Norfolk?—Yes.

34,159. What sort of a place is it?—It has just under 6,000 inhabitants.

34,160. Are you on the panel?—Yes.

34,161. How many panel patients have you?—About 500.

34,162. How many are men, and how many are women?—I could not say that.

34,163. Over how large an area do you range?—A moderate sized area in my ordinary practice, but I do a large amount of extraneous work, which takes me practically all over the county.

34,164. But so far as the panel work is concerned?—I do not go to anybody over five miles away.

34,165. You serve that with a motor car?—Yes.

34,166. Besides that, you travel about the county doing a great deal of other work?—Yes, I am medical officer of health for one of the largest districts in Norfolk. This takes me 15 miles from home, and I do a lot of work for insurance companies under the Workmen's Compensation Act, which takes me all over the county.

34,167. You have a sort of general conspectus of the county generally?—Yes, I could pass an examination in the county of Norfolk.

34,168. You know what the ideas and experience of the medical men in the county are?—Yes, I am seeing them constantly both as a medical officer of health and under the Workmen's Compensation Act.

34,169. Did you, before the passing of the Act, do any club work?—No.

34,170. East Dereham is a little country town. How many doctors are there?—There are three doctors, and one works with an assistant.

34,171. All of them serve an area of about five miles across?—No, about ten miles across, five miles from the centre.

34,172. How many insured people are there?—In Dereham one man who keeps the assistant, has 1,350. He used to do the club work. The other man, besides myself, has only about 600. That is about 2,400 for Dereham.

34,173. Then you have a considerable practice of your own?—Yes, my ordinary private practice, in addition.

34,174. What kind of people have you on your list?—The people on my list are chiefly servants and dependants of people, the sort of people one used to attend before, and a certain number of people who have come on afresh. The man who does most of the insurance work now had all the clubs before, but a large number of people who are dissatisfied with the club doctor and used to be private patients have come now on to my panel, so that I have the leakages from the old club.

34,175. What are they—agricultural labourers?—My work is mostly in the town. The number of agricultural labourers which I have is not very great. The people are mostly domestic servants, or people who do casual work, or shop assistants, and people who are engaged in the town at various things, railway employees, and people who work in a big factory as maltsters, and at miscellaneous occupations, in fact, every form of occupation.

34,176. Is that a fair type of the whole country around Norwich?—Except in certain villages, where the agricultural labourers enormously predominate, and there are practically nothing else.

34,177. Norfolk in the past has always been a great friendly society area. The clubs there have always been very strong?—Yes.

34,178. From what you have seen, and what other people tell you, do you think that there is much unjustifiable claiming and paying?—That comes under two heads—one, the people who have been put on the list, the doubtful cases that the doctor cannot very well refuse to put on, because of the difficulty of diagnosis, and so on; and in a district like that there is a large number of people who are not what you would call full-time men or women, and they have jumped at the chance of going on the insurance for the smallest complaints.

34,179. What sort of people?—The worst offenders are casual workers, charwomen, and people of that type.

34,180. Have you got any of that type?—I have got more than my share of them.

34,181. Are they continuing to try to get on the funds?—Yes, they want to go on the funds for very minor complaints.

34,182. What sort of complaints?—Indigestion, slight attacks of anæmia, and general debility. They do not feel up to their work. In other words, any number of these people, while they are not able to do their work of a day or a day and a half in the week, would be quite able to do the housework, so that they may lose 3s. a week, and get 7s. 6d., and still do their housework as before.

34,183. What do you do with people of that kind?—You have to ask yourself the question: are they fit to go charing? For instance, a woman who has a bad cold is not fit to go into a house, and you will have to put her on sick pay, although she is quite fit to stop at home and attend to everything there.

34,184. In what sense is she not fit to go into a house?—She would carry infection into the house and give everybody a cold.

34,185. What do you do in cases of debility and anæmia?—A large number of them are overworked people with large families at home, who try to pick up a few shillings a week extra money. After a time they get into a more seedy condition than their normal state, and it is very difficult to hold that persons are to go to work when they say they are not fit to go; and then there are so many other compli-



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cations that enter into it. These are two difficulties. If a person like that wants to go on the list, and is looking ill and feeling ill all the time, it is almost impossible to say that he must not go on sick pay.

34,186. Still you know that he may not be fit, and yet ought not to go on the sickness fund?—What you have got to define is: are they fit to go and do extra work? That is one of the things on which I hold very strong views. I think that those people should not be on full pay; they should be on half pay.

34,187. Why give them any pay at all?—When they are not able to undertake a day's charing or washing, they may be able to do ordinary household work, but a day's scrubbing and so on is hard work. I have never tried it, but it looks like it.

34,188. Apparently they are not unfit owing to any disease, but there is a general lowness of tone?—That is it, and that is where a tremendous lot of the pay goes. It is extremely difficult for the doctors to know what to do. That is the great complaint which all the doctors one sees make about those people.

34,189. Do you try to stand out against them?—I refuse to put some of them on, but if you refuse to put a woman on, and she does not go to work that week, what are you going to do when she comes up again, and she says she cannot go? She has lost her week's pay.

34,190. What used she to do before?—Lose her pay, of course.

34,191. Is there much grumbling among the friendly societies?—Very little.

34,192. Do they not complain that their funds are being depleted by these people?—There is one thing about the friendly societies and the insurance companies. I have interviewed a lot of the officials. All these officials now are practically paid officials. The old committees of the clubs have very little voice in the matter now. The officials are paid on the number of people whom they get into the societies, and not on the sickness claims, so that every friendly society is on the look-out to get new people, and it is a very bad thing for friendly societies to have it so. They are not in a hurry to get people off.

34,193. That is as far as individual people are concerned, but, on the insurance committee, do you not hear your friendly society colleagues grumbling?—Not at the committee meetings.

34,194. Outside the committee meetings?—The people who represent the societies on the county committee are generally paid officials.

34,195. Take the other side of your work—the workmen's compensation side. You do find a good many claims which are, I do not say, fraudulent, but exaggerated?—Distinctly. I went through a colleague's list the other day. He has got a very large number of people on his list, and we picked out between 40 and 50 cards, and he said that he would be very glad to have somebody to help him to get them off.

34,196. He thought that they were really not entitled?—He wanted to get them off his list, but his feeling was that unaided it was a very difficult job for him, because the person goes and complains to the secretary of the lodge or club, and makes a considerable fuss about it, and there is a tendency on the part of officials to side with the person who wants to go on sick pay. There is no doubt about that in our district.

34,197. You mean to say that you have actually had complaints from officials that you have not put people on the funds?—I had a case the other day of a man who had a bundle of papers sent him to sign for a month back. They were sent by the agent because he had not put the person on the funds. He had refused, because he said the man was fit to work, and he did not put him on.

34,198. What sort of society was that?—An industrial society.

34,199. What aid does the man want?—We hold very strongly that what is wanted is a supervisor. I object to the term "medical referee," because the medical referee brings in a source of complaint by the society, and it does the society a lot of harm to call in a referee, because the other society will say: "You are always calling in a referee," and that gives the first

society a bad name. What we want is a panel consultant, who goes round and visits the district at intervals, and will call on the various doctors and get them to bring up all the doubtful cases, and to report the doubtful cases to him, so that there is no blame attached to anybody for going to the referee, because that is a great point that all these friendly societies make. We have just passed a temporary scheme in Norfolk, but we do not call the man a referee. The insured people feel that the use of a referee by one club will be utilised by another who will say: "We do not call in a referee." That is the sort of thing which people resent.

34,200. If you put it back on the societies, would that meet the point?—No, because then the only cases would be the cases that had been on a month or six weeks, and so on. My view is that an enormous number of cases want seeing to before they are on an appreciable time, because it takes a very short amount of sick pay to use up several months' contribution. A lot of these cases want seeing to after about a fortnight, and the referee is not available practically for these cases.

34,201. Do you contemplate a whole-time person?—That is the view held by the profession in Norfolk, and all representatives of insurance societies to whom I have talked.

34,202. Whose officer would this person be?—The Commissioners', distinctly. The last thing we want is to have him under the control of the friendly societies or the doctors. We do not wish any local influence to bear at all.

34,203. What about the insurance committee?—We have got a scheme which we have worked out at present, but we would be very glad to be clear of it, and would be quite willing to join in such a scheme.

34,204. Is not the reason that they do not want to spend their money?—As arranged now, the money will not come out of the committee, it comes out of the society.

34,205. Your ideal system would be a whole-time officer, appointed by the Commission, and paid by the Commission?—Yes, and that seems to be the opinion of the representatives of insured persons, who thoroughly approve of the idea of a small levy, which could be made per head of insured persons.

34,206. How many people would you want for the entire country?—According to my calculation, about 130.

34,207. You are not suggesting that we should take 130 whole-time people straight off the market all at once?—No, you could do it gradually. That is a matter of detail for the future, perhaps, but we are asking for this to diminish the sickness claims. The actual cases of malingering are very few, but it is considered that there is a large number of cases which can be got off by proper supervision.

34,208. Would you object to some of the referees being part-time people?—Yes, distinctly.

34,209. Why?—A part-time officer is a person who does not commend himself to his colleagues, the doctors of the county, in any way. He is in practice in the district, and there is a great feeling against that among the profession. There was a great feeling against it evinced at the meeting of the committee last Saturday. Several representatives of insured persons spoke on the subject. The part-time person is a person with local interests. Representatives of insured persons very often take the view that a man might not be fair in comparison between his own district and other districts, and that he might be harder on other districts.

34,210. Suppose you did not employ him in his own district?—How are you going to employ a man who has got any other work to do out of his own district? Either he has got nothing to do at home, or he cannot go away when wanted.

34,211. But you go all over the county?—That is different work; that is for individual cases. I can get a fortnight's notice, and I can go when it suits me. That is not urgent work.

34,212. I rather wanted to press on you the difficulty of finding 130 people right off to do this thing. Would



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it not be necessary to eke it out, at any rate, by part-time duty?—The way we are doing it in the county is, that every doctor on the panel is *ipso facto* a referee, and when anybody is wanted to be called in, they have got to send notice to the insurance committee, and the committee intimates to the doctor concerned that he has to visit and report on the case in consultation with the local man. The fee paid is 10s. 6d., with 1s. 6d. mileage. The original scheme proposed before I went on the committee was that there should be four men appointed for Norfolk. I pointed out the objection that the men could not get away to do the necessary work as they had other work to do, and also that there was a certain amount of vested interest, and the other scheme was adopted. Nobody under our scheme has any vested interest.

34,213. A man may be called in to referee the patients of somebody in competition?—Certainly. We threshed that matter out at meetings of the local medical committee, and brought it up at meetings of the British Medical Association, and the doctors unanimously agreed to work that scheme in lieu of a better, pending something more final being done.

34,214. Suppose you had whole-time people doing this work, do you not think that there might be some little risk that they might slip into being mere officials, and lose touch with active medical science?—In every case he would be meeting the doctor in consultation at these cases.

34,215. Would he?—Absolutely in every case. He would interview the patient with the doctor, and go through the symptoms with the doctor in attendance.

34,216. Do you think that possible?—Distinctly.

34,217. Possible in the big towns?—I do.

34,218. Do you think that he would find the time?—There would be no visiting in the peoples' own homes. The doctor would get up all the people at his surgery, and go through those people with the referee. He would not have to inquire into severe cases of pneumonia under treatment or anything like that. He would be inquiring as to whether people should be on the funds or otherwise, and it would not take the doctor much more time to go through the cases with him than to go through them on his own. It would help accurate diagnosis immensely.

34,219. Suppose that Smith referees the patients of Jones, and Jones referees Smith's patients, do you not think that there might be an objection on the ground of log rolling?—Every doctor whom I have interviewed wants somebody to take the onus of putting somebody off. That is the great difficulty.

34,220. They are all afraid?—Every man is afraid of getting the name "Do not go to Dr. ——. He will not put you on the club."

34,221. You really think that that influences them in putting people on the club?—I am sure of it as a result of talking to people all over the county. It is a very important factor in doubtful cases. If there is a number of doctors in a district, and one man gets a reputation for letting people on the club, there will be a sort of unfair competition.

34,222. If that is the case in the country I suppose that it must be still more so in the towns?—Yes. In a place like Norwich, which is quite close, and where I know most of the men and have a great deal of discussion with them, they say that it is a very important factor.

34,223. I suppose that it is only the weaker brethren of the profession who would be influenced by a thing like that?—When you have got men who are dependent on this work, it is a case of bread and cheese. There are certain men who depend almost entirely on insurance patients and their families and dependants.

34,224. Is that so in the country?—In our town the practice of one man is almost entirely insurance work.

34,225. Do the dependants of these agricultural labourers pay, or is it gratuitous work?—In many cases they pay.

34,226. Do the wives?—They have a scheme by which they become a sort of club patient of the doctor.

34,227. There is only the one man going into the home?—That is the working rule.

34,228. Is there anything else you would like to say?—There is one thing that I feel rather keenly. At present, if a doctor takes a man off the funds, he has on one day got to certify that he is suffering from so and so and unable to work, and on the next day that he is able to work. He must be telling a lie in either case. Both statements cannot be true.

34,229. What would you like to see done?—That the man should be put on part pay, and allowed to do something. When a man at present is on sick pay, he is not allowed to do anything, and while he is getting fit all he can do is loaf at the street corners, which is a very bad habit, and not conducive to his getting fit. It would be better to put him on half-pay, and allow him to earn what he can. A man at work has to get up at 6 o'clock in the morning. He is not fit to do that when getting better of illness, but in the middle of the day he may be able to go to work and do work quite well. I have talked this matter over with secretaries of large societies, who say that they would be very glad if there were some arrangement enabling half-pay to be given in such cases, as it would save an immense amount to the funds.

34,230. I am afraid that a man who could do half a day's work is not entitled to sickness benefit, and ought to be off?—He cannot do more than half a day's work, and therefore is entitled not to full sick pay, but to half sick pay.

34,231. We have not got money for that?—Instead of paying 10s. a week, you would be paying 5s.

34,232. What we have contracted to do is to pay 10s., and 5s. afterwards while he is incapable of work. He becomes capable of work. He must not say: "Pay me 5s. when I am half fit"?—I am convinced that it will save money for the funds.

34,233. From the moral effect on the mind of the person?—Yes. At present he has to get fit to do a full day's work before he can do anything at all.

34,234. Where he is fit to do a half day's work, he ought to go and do it?—You cannot take a man off 10s. a week to do half a day's work.

34,235. What you are asked to certify is that he is incapable of work?—That he is not able to follow his employment.

34,236. That is not what you are asked to say on the certificate?—You give a final certificate that the man is able to resume his employment, and if a man can only do a half day's work, he is not able to resume his employment. That is the universal view. The man who goes back to work goes back to a full day. That where the enormous leakage comes in in our district. The man has to be able to do a full day's work before he gets taken off.

34,237. (Mr. Davies.) Had you any complaints at your committee that the incidence of sickness is high in Norfolk?—No.

34,238. Not higher than it was prior to the Act coming into operation?—By sickness I mean what you call ordinary every day sickness. But last year was a very exceptional year, especially in our county where we have so many people who go away to big towns, and yet who live in the place—because our annual leakage is enormous. Any number of these people, when the Act first came into force, came home for six months' rest, and the number of these people was enormous. Every official to whom I have talked—and I have talked to a large number—says the same thing. Shop girls in London and others who got very anæmic and run down came home for six months' rest, and got set up and went back.

34,239. Would you suggest by that statement that there were great arrears of sickness prior to the Act, which had not been met in ordinary circumstances, and now that these people have been back to their homes and been set up, you would not expect the same amount of sickness in future?—Absolutely so. It is the same with every doctor's list that I have been through this year, and I have been through a lot. They have not got the six months' cases on this year.

34,240. What made the doctors keep these people on so long, if they were anæmic cases?—They were



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people who were absolutely run down, and were not fit to do their work. I have investigated individually any number of these cases. They were not cases that were fit for work. They could have done something, but were not fit for their job. They were always ailing.

34,241. Do you know what they were certified for?—Anæmia is a very common thing, and debility and general debility.

34,242. Did the societies not raise any difficulties with the doctors as to keeping people on so long?—No. I interviewed two of the superintendents of one of the largest societies in Norwich, and they went through a lot of these cases with me, and I have got some cases here given me by them. There was a school cleaner suffering from anæmia who was on the funds for 26 weeks; a domestic servant on the funds for anæmia for six weeks; two cases of domestic servants with St. Vitus' dance, who had been earning something in the ordinary way, but were not fit for work, and were on for 26 weeks.

34,243. What is the feeling of the doctors towards the Act in dealing with cases of this description?—The universal feeling is that they do not know what to do about these cases. They want to know what they should do. They cannot conscientiously say that the person is fit for work, and yet they feel very doubtful about putting him on, but they must give the patient the benefit of the doubt.

34,244. So in every case the doctors took the side of the individual without thought of the cost to the Insurance Act and to the societies that had to work it?—I am afraid that that is true, that the question of the cost entered very slightly into their calculations.

34,245. The individual whom they are treating is their sole thought?—Yes, the benefit of the individual. I do not think that practically the financial side entered into their calculations.

34,246. Did the doctors in this area oppose the Act?—They opposed the Act tooth and nail until the last moment.

34,247. You would not think that their opinion against the Act allowed them to be over generous?—No. The very instant that the Act came into force the doctors took the attitude of doing their level best to work the Act in an amicable spirit with the people.

34,248. Do you mean the people who are ill or the societies who administer?—With the societies and the sick persons. We work most amicably with the societies all over the county.

34,249. Did you meet them in conference?—Dozens of times.

34,250. The doctors generally?—I have gone all over the county to meet the doctors and have the Act explained.

34,251. I mean a conference between the approved society officials, those responsible for working the Act and the doctors?—In my town several times the doctors have met the representatives of insured persons and insured persons too in consultation, to get an absolute working principle.

34,252. With regard to this difficulty that the doctors have of exercising their correct judgment as to whether a person is fit or not, had they this difficulty before the Act came into operation?—In the case of club patients, but then these people were not in clubs. They got no sick pay.

34,253. The same principle is involved?—Absolutely.

34,254. When a person has been sick, the doctor has to decide whether that person is well or not, so far as full-time employment is concerned?—Quite.

34,255. Therefore he has to decide sooner or later that he must go off the club?—Yes.

34,256. And the doctors are so anxious for the member that they will continue giving the member the benefit of the doubt?—Yes.

34,257. Did that exist prior to the Act coming into operation?—It applied to the case of persons in clubs, but the bulk of these people were not in clubs before. These people were all taken in without any system of examination or anything else.

34,258. But that does not affect the doctor's discretion. We are now hearing complaints of the doctor's

inability to decide when a person is fit for work, which are of a character that we never heard of in days gone by, and that doctors are at present shielding themselves behind this opinion, instead of acting on their own responsibility; is that so?—It is so. It is so difficult to define when a person is able to do work, and when he is not entitled to stay out, and what degree of illness is necessary. There is every degree of illness from being laid up to being able to get about, and from being able to get about to being able to do a little but not much.

34,259. You suggest that if a person is sufficiently recovered to do a half day's work, he should do so?—Certainly I have been thinking this matter out for over a year, and I spoke to a big meeting in Norwich on the subject last summer.

34,260. Have you sought the opinion of the approved societies on this matter?—The bulk of the officials I have spoken to are in favour of something of that sort being done.

34,261. Do you not think if you allowed that to be done, there would be a very large number of persons who would never be able to do a full day's work, and who would be quite satisfied to have a half day's work with half sick pay?—Yes, but at present we have these people getting 10s. a week and doing nothing, instead of getting 5s. a week and doing something.

34,262. But would there not be a tendency to stay on longer, having regard to the difficulty of the doctor being able to make up his mind as to when they are able to do a day's work?—If a person begins to do some work, he will gradually begin to find that he can do a bit more. There is the danger that from doing nothing he may get into the loafing habit. It is a terribly easy thing to acquire, and a very hard thing to get out of. When persons have been in the habit of doing nothing, they do not like to start suddenly to do a full day's work. If they start doing something they gradually feel that they can do a bit more. Where we see the effect of this is in the Workmen's Compensation Act, where people are not on the club, and they are often paid part compensation and let do something, and gradually they find that they can do more and they go off.

34,263. The person who has met with an accident will do more to go off than the person who has not met with an accident?—Yes.

34,264. His employers will have some idea as to when it is time that he should be back to work?—Yes.

34,265. If he is not, they will want to know why?—Yes.

34,266. And he will lose his situation?—Yes.

34,267. But in the other case the doctor gives a certificate, and while that certificate continues, there is no fear of his losing his employment?—Yes.

34,268. That makes all the difference in the world. Do you not think that it would set up rather more need for a referee?—Yes. The two things are absolutely interlocked, and the two things are necessary.

34,269. Do I understand you to say that the person to be appointed is to find out those who would be able to declare off, and to detect what the doctor had failed to detect?—He interviews the patient with the doctor, and hears what the doctor has to say. Every doctor has certain people he would be very glad to get rid of, because it is the doctor's interest as well as that of the society to get rid of them, but if they do not want to go, considering all the circumstances, it may be extremely difficult to get them off.

34,270. Rather than take any risk he keeps them on, and the club pays the price?—Yes.

34,271. Would you expect this man to be at the disposal of the doctors for a second opinion or to be consulted in any way with regard to complaints?—No.

34,272. You do not desire a second opinion?—Certainly, but I do not think that it should be worked in with this. That is a different matter altogether. The other thing is so important—to get these people to work quickly, that it is very difficult to keep the two together. If a person is going to be called in as a



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consultant in all the serious cases, unless you had this working, the thing is almost unworkable.

34,273. I am not expressing any decided opinion, but I should have thought that the man would be very useful to consult with?—Yes.

34,274. With regard to the committee which you have set up, would you get a proper opinion expressed by them with regard to their confrères, seeing that they have to live in the same town and work together, and that a man might have to go and see the patient of his colleague next day?—That is the objection to it, and we only adopted it as a temporary measure as being the best way we can see out of the difficulty at present.

34,275. Generally speaking, if a consultant or referee is appointed, you think that we are going to have less sickness by reason of overtaking the arrears, and you look forward to a better time than in 1913?—Very much better.

34,276. (Mr. Wright.) You have no experience of club practice in Norfolk, but you probably know that club practice was very extensive in that county prior to the passing of the National Insurance Act?—Yes.

34,277. Probably from your position you know something of the conditions of club practice in these days?—Yes. My work as medical officer of health brought me in contact with it a lot.

34,278. Do you think that the attitude of the panel doctor towards the patient under present conditions differs materially from the attitude of the club doctor towards the patient?—Yes. The doctor looks on the panel patient as a private patient, instead of as a club patient. In the old days the club patients were looked on as a horrid nuisance to be got rid of at the cheapest possible rate. The remuneration was so inadequate that there was a feeling of resentment against clubs all over the place. Since the Act passed they look on the panel patient as a private patient with free choice of doctor, and the patient is being attended and looked after very much better.

34,279. Looking at the matter from the patient's point of view you would say that better attention is given to him under the panel system than under the club system?—Certainly, I should.

34,280. But looked at from the point of view of the society, the communal interest in the society's funds, would you say that the doctor is not considering the interest of the society to which the patient belongs?—Distinctly, because it is more remote. Before, he had the officials of the society interviewing him. Now there is nobody to see him, and the thing is remote. It is national insurance.

34,281. He does not recognise that the official of the approved society has any *locus standi* in the matter?—Practically not at all.

34,282. Do you think that the question of the cost to the society ought to enter into the doctor's calculation in dealing with the patient?—Not in the case of serious illness. I consider that the claim of the patient on the doctor is absolutely the first and only claim on those occasions.

34,283. That is obviously impossible if the doctor is to treat panel patients exactly in every way as he would treat private patients?—We will take my own experience for a moment. I treat panel patients exactly as I treat private patients. I draw no distinction between them, and the bulk of my colleagues, I find, do not either. In a district like ours we write all the prescriptions for the people. We can order what we wish, and I cannot see any reason for making a distinction.

34,284. The doctor like any other professional man has as one of his objects to give complete satisfaction to the person whom he is serving?—Certainly. That is one of the troubles.

34,285. In order to give complete satisfaction to the private patient he wants to get him well and back to work as soon as possible?—Yes, and much more so with regard to the panel patient.

34,286. The private patient is always anxious to get back to work, but very often the panel patient is not?—From the patient's point of view, yes, but from the doctor's point of view he is more anxious to get the

panel patient off than the private patient. It is very difficult for the doctor.

34,287. The doctor who is very anxious to get the panel patient to return may get the reputation of not being a very popular doctor?—Quite.

34,288-9. Is there not a risk that in attempting to be popular by giving satisfaction to his panel patients the doctor may keep them on longer than is absolutely necessary?—A very serious risk. To my thinking that is where the leakage occurs.

34,290. You have drawn our attention to the fact that not only is the attitude of the doctor altered towards the insured person, but there is also some alteration in the attitude of the official of the approved society?—Yes.

34,291. Prior to the commencement of the National Insurance Act, secretaries of friendly societies and village clubs did the work more as a hobby than anything else?—Certainly.

34,292. It was not their chief means of livelihood?—Yes. It did not amount to anything.

34,293. Now the capitation payment in respect of insured persons makes quite a respectable part of their income?—In many cases they have given up any other employment. I know several men who simply act as secretaries of societies.

34,294. Because it is their chief means of livelihood?—Because it is their only means.

34,295. So that they are in a worse position than the doctor with regard to pleasing those whom they are serving?—Certainly. He wants numbers, but the sick funds do not interest him.

34,296. He wants numbers to augment his income?—Certainly.

34,297. Do you think that there is any particular difference in that respect between the agents of the approved societies set up by insurance organisations and the secretaries of the old fashioned friendly societies?—The difference is not very great now. Local influence has to be more with the secretary of the organisation. The order has no local influence whatever. The local managers and agents of the industrial insurance societies have no local interests whatever. To a certain extent these local interests would influence the secretaries of the friendly societies, because the big societies have their private club, and its increased pay as well, to consider.

34,298. What effect has that local influence?—To a certain extent it leads to inquiries as to persons going on the funds, and somebody tells the secretary.

34,299. But you suggested just now that even in the old friendly societies, whereas previously the committees and the members themselves at their meetings had a great deal to do with the consideration of sickness claims, nowadays it is left to the officials?—Quite so.

34,300. That is your experience in Norfolk?—That is so.

34,301. Do you find that sick visitors are of very much assistance to you?—There is very little of that done in Norfolk, because they have got to be paid, and the money has got to come out of management funds which are very depleted at the present time, and there is rather a tendency to get all they can, which is very expensive on the management.

34,302. Have not societies like the Manchester Unity and the Ancient Order of Foresters, sick visitors?—Some of them I understand have sick visitors, but the bulk of those people only intervene in cases where there are club members as well as National Insurance members. They devote much more attention to the people who are paying the extra contribution to get extra benefit than to those who are merely getting the 10s. a week.

34,303. I suppose that they go to those who are insured simply for State benefits?—I have not had any experience of interviewing any sick visitor at all since the Act has been in force. I talked to the other doctors, and there are not any permanent sick visitors, and in many cases the result is that the sick visitor to-day may be the sick person to-morrow. There is no great supervision exercised.



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34,304. What does the sick visitor do?—He goes round, and sees that patient and says, "How do you do?" and puts a tick on his card.

34,305. You favour the appointment of medical supervisors?—Of panel consultants.

34,306. The 130, whom you mention, apply to the whole of England?—Yes.

34,307. I take your own word "supervisor" which I think better expresses what you mean, since you do not intend that they should act as consultants in the ordinary sense of the word?—If it could be so arranged that that should be done, it would need more than my estimate to do that work as well.

34,308. But first of all he should supervise, and then if he had time and opportunity, he should act as consultant as well?—Yes.

34,309. What sort of supervision should he exercise over the doctor's work?—When he went to a district he would call on every doctor in the district and intimate that he was going to see certain of his patients and especially those whom the doctor thinks might go off.

34,310. Should he also call upon the officials of the approved societies?—Intimate to them that he was coming and ask them to send a list of any persons they think might go off, and he would intimate to the doctor that he desires to see those people especially.

34,311. Therefore he would act as a sort of arbitrator between the doctor and the approved society?—Certainly.

34,312. Would he have any power to visit the patient unaccompanied by the medical officer?—I think that in every case he ought to intimate to the medical attendant that he is going to see the patient. In my experience a person very often cannot see all in one visit, and he is very apt to be wrong compared with a man who has been seeing the patient for two or three weeks. The difficulty is that he does not know the history of the case, and the history of patients is often very vague and very incorrect.

34,313. You say that the doctors are a little bit afraid of the panel patients and the officials of the approved societies are a little bit afraid of the members. The member would know that either the official of his approved society or his panel doctor had asked the referee to call?—If you have a referee system by which you are going to have definite cases brought up, but there is nothing to give the people to understand that they would be reported on in any way under the scheme which I am advocating, because the referee could call for a list of the persons on sick pay from any society if he was authorised by the Commissioners, and take any cases such as debility cases that he thought should be inquired into.

34,314. Then he would be an official of the Insurance Commission and have power if need be to go through your books and select cases?—Quite so. I hold that very strongly.

34,315. And have power to go through the books of approved societies and select cases?—Quite so, and that is why he requires not to be a local official.

34,316. How would the average doctor like his cases being inquired into in that way? Would it not hurt his feeling of independence a little bit?—I think not, if he is working officially. Every man who holds any appointment whatever has to be supervised. I have got a Local Government Board inspector coming down next week to my district to inquire into some things there, and there was a man down a fortnight ago to inquire into something else. It does not matter what job you have, it has to be supervised.

34,317. The argument would be that the panel doctor is in one respect a State official, and therefore there is no reason why he should not be supervised like any other official of the State?—Quite so.

34,318. Do you not think that the doctor's position strictly is one of depending upon the goodwill of the panel patients?—It is.

34,319. Would it be better for him, and the profession generally, if he could be independent of the goodwill of the patient altogether?—That is a very difficult question to answer, because one sees so constantly that if you make a person independent of the

goodwill of the person for whom he is acting, there is a tendency for them to be put in opposition to the patient. One feels that when one goes round as medical officer of health doing things for the benefit of the people, and they resent your interference because you are not employed by the individual. Under the present system the person feels that he has got his own private doctor, and there is generally a goodwill between the doctor and the patient which one would be very sorry to see vanish.

34,320. To come back to your own work. In going over the country you do what is good for the people, but they do not like you to do it?—Quite; but people do not always like what is good for them.

34,321. Have we to consider in a scheme like this what people would like, or what is good for them?—The root of the scheme is what is good for them.

34,322. The doctor being a State official should have some regard to the other part of the scheme?—Yes, but that is the one point on which one has had enormous difficulty. I have brought it out at meeting after meeting. That is why my committee have agreed to this scheme, with all its defects, in the hope that the Commissioners will do something to remove the anomalies.

34,323. Do you think that a whole-time medical service would be more satisfactory?—No. I do not. I think that it would do away entirely with the feeling which now exists between doctor and patient, and produce the feeling which exists between the parish doctor and the parish patient. One sees it there where they have got no choice in the matter. There is not the same feeling. They are anxious to get away from the parish doctor wherever they can, and the fact that they have the choice of doctor gives them a feeling of independence.

34,324. Do you attach a great deal of importance to free choice?—Yes, because no doctor can work conscientiously or well, if he is not working in harmony with his patient. It makes a lot of difficulty, and I refuse to attend any person with whom I am not getting on well.

34,325. (Mr. Warren.) Are you in agreement with the opinion expressed by the British Medical Association when they said that in the beginning there would be a considerable increase in claims for sickness benefit as compared with previous experience?—I am in agreement with them on the point that there were arrears of sickness to be worked off. Everybody admits that; and there was an enormous number of people taken into insurance, who were not examined and passed as good lives before they paid their contributions. One case I had was a man with bad heart disease. He went into insurance in one of these societies, paid his contributions for six months, and then had six months on for his heart trouble. Then, of course, he promptly left the district and got lost. I asked the officials of the society what became of him and they could not trace him. He is now probably doing six months' work somewhere else, and then he will get another six months' pay.

34,326. You always anticipated that you would be dealing with a large body of persons who previously had never had any adequate medical treatment?—Quite so.

34,327. Therefore, having once dealt with that number, they were not likely to recur, and you look forward to a considerable diminution in the near future?—Yes, distinctly. This year, so far, there has been a great improvement as compared with last year. Every man I see says the same thing. Although we have had more illness in my district this year than last year, general illness, yet the club funds are not being called on to the same extent as last year at this time.

34,328. Do you find a difficulty in respect of women, particularly married women?—Yes.

34,329. In an area such as that in which you operate the wages approximate very closely to the benefits under the Act?—As a rule the bulk of the employed people in our district are getting less.

34,330. Therefore there is an inducement for them to obtain the benefit of 7s. 6d., if they can?—Distinctly.



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I have a case which I know which may be interesting. There is a woman whom I know who goes in for being a superior charwoman. She gets 3s. 6d. for two days' work in the week which is 6d. more than the usual tariff. She gets lumbago at intervals, apparently when work is slack. You cannot say that a person who comes in walking badly, and says she has lumbago has not got it, and send her back to work. It is a very difficult case to deal with.

34,331. Where there are sick visitors, do they in many cases find it difficult to obtain admission to the homes?—The sick visitors in our district are friends of the family and that sort of thing. The insurance companies have no sick visitor. They only have their agents going round, and the clubs only appoint persons in rotation, so that they are, as it were, mutual friends. They just go to see how the person is getting on. The chief work is to see that the person is not out after 7 o'clock in the evening, as far as I can gather.

34,332. To see that they observe the rules of conduct while they are in receipt of sickness benefit?—I have had very little complaint on that subject from any of the doctors.

34,333. Still you are unable to say from your own experience, whether these women, particularly the married women, while in receipt of benefit are also performing their ordinary household duties?—They claim that they are not insured against household duties. They have to pay their contributions on account of their going out to work. If they cannot go out to work, they claim sickness benefit; and that is one of the things we want your ruling on very badly.

34,334. What would be your attitude towards a woman who had received a certificate entitling her to receive benefit, and you had knowledge that she was pursuing her ordinary household work?—Personally I always impress on a woman, when I am giving a certificate, that she is not entitled to do household work, and if I catch any of them doing cleaning when I pay a surprise visit, I give them a talking to, and tell them that they must not do it; but that is not the usual rule, I am sure. The view usually held by the insured person is that she is insured against loss of weekly wages, and that she is not insured against household work.

34,335. In other words these women while obtaining employment at some other work, charring, have to perform household work also?—Yes.

34,336. So while debarred from pursuing their vocation as charwomen they consider that they are entitled to benefit, and also entitled to perform their ordinary household work?—That is the view held universally by these people, that they are entitled to do household work, and draw pay at the same time.

34,337. At the same time in those circumstances they could not be said to be incapable of work?—They are incapable of following the employment in which they are insured—that is charring.

34,338. Which would consist chiefly in the scrubbing of floors and hard washing?—Yes. Perhaps they might not do any hard work at home, but they might do light work, even baking. It is extremely difficult to fix what a person should do at home, unless she is absolutely laid up.

34,339. It is extremely difficult to supervise married women while in receipt of sickness benefit?—Yes.

34,340. Have you any experience in East Dereham and thereabouts of what is termed over-insurance?—No, not very much. There used to be a good deal of it, especially among the railway employees. They used to get their insurance from the railway company, and then they would be in a club, and if they had a small accident they would get half wages, so that men who were earning 1*l.* a week would be getting 3*s.* a week if they should have a small accident, and they are practically the only people now who are over-insured.

34,341. Are there any numbers of them?—Not so very many, and they are generally rather a superior type of people, so the trouble through over-insurance, except in regard to women, is a very small one.

34,342. May I put it to you that, generally speaking, agricultural labourers in that part of the country were members of friendly societies, and are

still?—Yes, but since this Act has been put into force they are not over-insured to the extent that they were, because a large number of them have dropped the extra payment to get their 12*s.* a week, and are satisfied with the State 10*s.* a week, and again the clause, which says that a person does not get his half-pay for a small accident and his club money too, has very clearly kept down the claims for small accidents.

34,343. That is in respect of accidents, but we are speaking now of ordinary sickness?—I do not think the agricultural labourer is ever over-insured now.

34,344. Is it not a fact that the majority of the agricultural labourers still continue to pay the same contribution to their friendly society as before, and are now entitled to benefits up to, say, 20*s.* per week?—No, they do not. The bulk of them do not pay it. The agricultural labourer has to cut things pretty fine to make a living at all. He is not paying a halfpenny more than he can help.

34,345. You had no intimate association with friendly societies prior to the Act?—Except where it came before me as an official under the Workmen's Compensation Act and my medical officer of health work.

34,346. You mentioned some time back that in your opinion where work previously had been voluntarily performed, now persons were demanding payment. May we take it that the operation of National Insurance has very considerably destroyed the voluntary spirit of friendly society work?—I think so, very much.

34,347. You have been taken over the matter of panel consultants, I think you called them, or supervisors, and you think that there is a real danger to societies, say, in rural districts where everything is talked about of their attaching a good deal of odium to themselves by calling in the referee?—I do.

34,348. And you think, whatever system was adopted, that they would still run that peril?—They would run that peril if it were intimated that the society was making special efforts to get people off by the aid of the medical referee. That is why I suggested that there should be visits at intervals apart altogether from special calls. There should be systematic visiting.

34,349. That while for instance in a large area like London or Birmingham or Manchester, where people are not so intimately acquainted with all that is going on, medical referees might work with some degree of satisfaction, you would regard them as almost a failure in such areas as yours?—Yes, I should.

34,350. With regard to the term "incapable of work," how do you regard that?—I ask myself the question "Is this person able properly" (with the accent on the "properly") "to carry out his ordinary day's work"? That is why I am so keen on the half-time system, because unless a person is able to carry out his ordinary day's work properly, he is incapable of earning his proper wages conscientiously.

34,351. Wherever in the past that expression has been used upon a certificate and accepted by a friendly society, it has always had the meaning to them "incapable of following their ordinary occupation"?—Yes.

34,352. For instance, if a man was an engineer and unable to perform his work at the engine, and yet able to open a gate or mind a shop or something of that kind, he would be incapable of work?—Yes, quite so.

34,353. You would attempt to meet that somewhat by this system of half payment?—Yes.

34,354. That would require a great deal of supervision, would it not?—I do not think that it would require any more than at present, because a person goes on full pay now for the same thing that he would go on half pay for then. He would have to report himself to the doctor anyhow once a week to get his renewal certificate, but that is the same as now, and the doctor would examine him and see his condition. Then one rule I make about insured persons is that I never give certificates in the evening.

34,355. How would the doctor know whether a man was working only half day or all day?—The



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point is that he would have to see whether the man is fit. His question is a question of fitness. Is that man fit to do his best work? Then it is the society's business to know something about that man too—the agent or the clerk or the secretary, whoever he may be.

34,356. Would you only allow him to follow a half day's employment at his ordinary occupation?—I should not make any very particular inquiries as to what he is doing, only he would have to come up. If he is fit to do his day's work, he would be certified as fit to do his day's work.

34,357. I am sure you quite appreciate that whatever there may be in that view, it requires a great deal of thinking out and very many safeguards set up?—I recognise all that. I have been going at this for nearly a year myself.

34,358. What is the attitude of the majority of insured persons that you have come in contact with with regard to National Insurance?—There are two types of people, those who were provided for before and those who were not. Those who were provided for before are passive, unless of course they get on to the political platform, and those who were not provided for before are more or less universally in favour of it. In fact, if you keep people from talking politics, the opinion in our district is very favourable.

34,359. But as to the benefits being guaranteed by the State, do they regard the funds of National Insurance as inexhaustible?—There is that tendency among certain people. They do not recognise that they are in any way sponging on the societies, but believe that they are drawing something out of the State.

34,360. To use a common expression, they are getting some of their own back?—That is the view held by a certain number of people.

34,361. You are of opinion that they do not appreciate yet that they may be seriously affected by the experience of their approved society?—That is so.

34,362. In the event of the officials of friendly societies approaching doctors under the new conditions for information, what would be the attitude of the doctors towards them?—In my district if he came in an ordinary spirit to inquire after the people, not in an aggressive manner, the doctor would be very pleased to see him, and do what he could for him.

34,363. They would render him every reasonable information?—Yes. We have discussed that many times at our meetings. They are quite prepared and willing to work with the officials.

34,364. May I put it that whilst they regard their duty principally to the insured person, they also have in the back of their mind the idea of some obligation they owe to the approved society?—Some way back.

34,365. To safeguard it as far as possible when they remember that upon their certificate benefit is either paid or withheld?—Quite so.

34,366. And therefore they would not resent the approach of officials for legitimate information?—Quite so, but there is an enormous tendency to put the patient and his illness entirely first. I look upon it as a case of entirely forgetting the other.

34,367. Overlooking the approved society or the insurance committee or the funds of National Insurance altogether?—Quite so.

34,368. Have you had any experience in matters of pregnancy under the Act?—Yes, that is one of the enormous difficulties. I was talking with a man who has a very large panel the other day, and he says that he does not know what to do with these cases who come before him. They are charwomen and people who go out, and they are not able to do their work.

34,369. Have you formed any opinion as to what should be done in respect of the payment of benefit before and after the confinement?—It is one of the things I have thought over, and the more I think the more difficult I see the whole thing is. It is not a pathological condition, and theoretically it ought not to be paid for.

34,370. And yet in respect of the majority of insured women, it incapacitates them from doing their ordinary work?—Quite.

34,371. But in many cases the employer would suggest to them the advisability of remaining at home some time before?—Yes.

34,372. And therefore would it be well to consider the question of fixing a standard of so many weeks' benefit in all cases prior to confinement and so many weeks afterwards?—It would meet the case better than any other. I have not yet had a case of anyone who has asked to go on without some other trouble—who really has asked to go on purely for pregnancy, because a lot of them have not grasped that they can do so. But other doctors have told me that if they cannot get on purely for pregnancy, they speedily find varicose veins or a thousand and one other things, and go on for that.

34,373. If a standard could be fixed, it would remove very many difficulties?—It would remove all the difficulties at once, because if a person intends to go on, the doctor could find a pathological cause, if pregnancy *per se* is not recognised.

34,374. Have you had any instances of persons attempting to obtain certificates entitling them to benefit, when suffering from misconduct?—One or two, yes. Of course one always puts it that if one gives them a certificate, they will not get any pay whatever, and it will bring the matter before the officials, and it will not do them any good, and they would be well advised not to ask for it.

34,375. You would in all those cases state clearly upon the certificate the complaint?—Certainly.

34,376. You would not hide it under some name which would confuse the approved society officials, or lead them to pay under a misapprehension?—No. I think that that is the general opinion of the profession that I have talked to on the subject.

34,377. Do you think that the doctors are adopting that course?—I do distinctly. That is the line I have advocated at all our meetings, and the doctors universally fell in with that view.

34,378. One question arising out of something you said, that in the beginning feeling ran very high in your part of the country with the medical profession against the introduction of National Insurance. Has there been any systematic attempt by the doctors because of that to have revenge on the funds of the society?—Not the slightest. We decided to work the Act the last day of signing up. We had a big meeting, and decided to go through and we also decided, as we were going through, that we would work the thing to the best of our ability, and we have done it since. I do not know a single doctor in the county at present who has any feeling of antagonism now. We fought up to the last day, and then gave way gracefully.

34,379. (Mr. Mosses.) I think you said that you had some 500 panel patients? Is it usual that you attend the families of the panel patients?—Yes.

34,380. And that is common amongst the medical profession in your district?—Yes, for the reason that with free choice of doctor a man is not going to put himself on your panel unless he wishes you to be his doctor.

34,381. Therefore, of course, it is to your interest to stand well with your panel patients?—Yes, that is one of the points.

34,382. Out of your 500 panel patients, can you tell the Committee how many have applied for medical attention?—Just over one-half. I sent in 270 cards last year.

34,383. How many of the 270 applied for declaration forms?—I have not got those figures.

34,384. Have you ever refused any certificates?—Frequently.

34,385. On what grounds?—On the ground that the patient was able to go to work.

34,386. Then did anything happen when you refused these certificates?—I do not think that anything has happened. The only thing is that you do not see the patient for a while, and rather wonder whether they have gone to some other doctor, and the result is that you do not get any intimation from the insurance committee that they have changed, so you assume that they have not, but you do not see them for a while.



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34,387. You have had no case in which the society has taken up the cudgels on behalf of such a member?—Not myself, but I have been told of cases by other doctors in which that has been done.

34,388. Did you have very many changes at the end of last year?—No, we had out of our 100,000 insured persons in Norfolk, I think, 320 changes.

34,389. You said that you objected to the supervision and control of the friendly society. Will you tell the Committee why?—What one objected to in that was the fact that the doctor was an official of the club, and if he offended any prominent member of the club, he probably lost his job at the end of the year.

34,390. You had no personal interest in it?—No, but I knew that that was their constant complaint, that they had to treat all the prominent members of the club as if they were a sort of little tin god, and had to kow-tow to them and be nice and pleasant, or they lost the job, and they naturally objected to it.

34,391. And there is a strong feeling against reversion to the old system of control by the friendly society?—Very strong.

34,392. You say in your outline of evidence that you are in favour of the appointment of panel consultants. That is an entirely new term. Their duties would be that of medical policemen?—Quite so. That is a very good term.

34,393. Do you not think that that rather shows some lack of moral fibre amongst your colleagues?—I do distinctly.

34,394. Does it not point to a shirking of responsibility?—Yes, you may put it that way if you like. It is not a good way of putting it, but the difficulties of the situation are so very great that there is that tendency to shirk that responsibility. If you see a chance of making half-a-crown by risking half-a-crown you are willing to do it, but if you only see a chance of winning eighteen-pence by risking half-a-crown, it is doubtful if you will do it, and as the doctors see no possible gain by making themselves unpleasant, and every possibility of loss, it is rather much to ask them. If you are asking a man to do certain work, you must give him certain safeguards for doing it.

34,395. But surely if you knew that a man or woman was imposing on a society?—They are not the difficult cases. If they are actually imposing, I do not think that there is any difficulty. They will get written off. It is the doubtful cases where a man cannot quite make up his mind and wants someone to help him to make up his mind, because 19 out of 20 are those cases. You refuse to put the man on the sick fund. He resents it, and goes to see another doctor two days afterwards, and then the other doctor finds that he has something serious the matter with him. The first man is cursed like anything. You send the man back to work because you cannot find anything wrong with him. Two days afterwards he drops dead. He has probably an aneurism of the aorta, which is undiagnosable. It happened to a friend of mine the other day.

34,396. In a case of doubt like that, I suppose that you give the member the benefit of the doubt?—In every case. That is where the thing comes in. If you have someone to support you, and then anything happens, the onus does not rest on the man.

34,397. Have you ever given any thought to the provision of skilled sick nursing?—Of course, in our town we have that sort of thing. We have a voluntary nursing association, so the people, insured and otherwise, have the benefit of being attended to by the nurse. But that is one of the things that is required. Carrying out instructions is a very important thing, and in certain cases it is almost impossible to get it done. Norfolk is being worked up now. We have a nursing federation, and all the villages are gradually being worked into a nursing system, and a supervising nurse goes round to the sick people to see that things are being carried out.

34,398. Is that voluntary in respect that the funds are contributed by private persons and the nurses are paid?—Yes.

34,399. And are the services of the skilled nurses available to all the medical profession in the district?

—Yes, to all the poorer people in all the villages and in the towns the nurse goes round and gives directions and supervises. It has been a great thing in our town for instance.

34,400. They have been helpful?—Wonderfully helpful.

34,401. You have not had very much experience of sick visitors?—No, the professional sick visitor is non-existent.

34,402. Do you think the appointment of professional sick visitors by the insurance committees would have a good effect?—Yes, they would be some benefit, but I do not think that the benefit would be equal to the cost. I do not think that they would pay for themselves in the way of keeping people off the list.

34,403. In the large towns they probably might?—But I am speaking for my district.

34,404. When a person comes to you for a certificate of declaration-on, do you make inquiries as to his occupation?—Certainly. That is one of the things you fill up. You also ask what work they have to do, and as to whether their condition is such as to interfere with that work.

34,405. I take it that you do not make any inquiries as to their wages?—As a matter of interest, I practically always do. I like to ascertain as much about them as I can.

34,406. Do you make any inquiries as to the number of societies they are in?—That is one of the first things you want to know. You want to know whether they are getting a certificate from anyone else as well.

34,407. Do you allow patients to intimate to you exactly when they want to declare off?—No.

34,408. Supposing a patient comes to you on a Thursday or Friday, and says "I want to start on Monday," and you are conscientiously of opinion that he was fit to start the next morning, would you declare him off on the Saturday?—A person has got to a stage where we will say he is practically all right. Very often in summer time for instance, there are cheap trips to Yarmouth, and I would recommend him to go to Yarmouth for the fresh air. You can go there and back for 1s. 9d. It would do him good.

34,409. Can you account for the fact that a great proportion of sick persons declare off, so as to be able to start on the Monday?—That is one of the difficulties of defining on which day a person is well, and on which day he is ill. You must tell a lie in one case. It works in that the end of the week is the time to go off. It is done universally, and I do not see any means of doing anything else. A person comes on a Thursday. He is not quite well, but very nearly well, and you say that he may as well stay on till Saturday when the week will be up. It has become a sort of recognised thing not to break the week.

34,410. Is it your opinion that the doctor should connive at that kind of thing?—It would do a lot of good, if a notice were sent to all the doctors on the panel advising them not to sign up on the complete week, but on the day they think the person ought to go back, and what leads up to that is that on a certain day a certificate is presented "I hereby certify that I have this day seen," which is to be signed exactly at the week. You have to do one of two things. You have either to make all the people come up on that exact day, and if the person is visiting the doctor he will visit him on that day and not two days before. That day is very often a Friday.

34,411. That is a very serious consideration when it is multiplied by hundreds of thousands of people?—It is an enormous leakage. It is one of the things that ought to be eliminated from the certificate, that "I have this day seen." The thing ought not to terminate on a certain definite day. A man ought not necessarily to go off on a Friday, because he comes on on a Friday.

34,412. You made a unique suggestion that you are in favour of what we may term half-timers—people who can go and do half-a-day's work, and get half-a-day's insurance benefit. Can you tell the Committee in what occupation the employers would allow



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that system?—I have talked the matter over with two managing directors of big boot firms in Norwich. Perhaps one of their machinists is laid off, if there is influenza about. They have to put other men on to the job, or let the machine remain idle. They have to take these men from something else, and these chaps who can go on at any time might come and do the other work. They might get half-a-day each, or if they were able to do a certain amount of work without being played out, a man could attend a machine for half-a-day or two men could do one man's work for a day. A firm never runs a lot of superfluous men, and if they get men laid off, there is a certain amount of machinery more or less standing idle, and they are always glad to have men to do, not the work they were doing before but lower grade work for half-a-day rather than leave the work absolutely undone, which it has to be if they are laid off. I have talked to farmers on the same question. They are quite willing to put a man on for half-a-day rather than have him idle.

34,413. That would be in times of stress, I suppose?—In times of ordinary normal work. But all employers have times when they would be glad to get rid of some men.

34,414. With regard to incapacity for following employment, do you give certificates to a man who is incapable of following his usual employment?—Yes.

34,415. Do you not wish to qualify that to some extent?—I say that if a man is not able to follow his ordinary employment, he ought to be paid.

34,416. But supposing a man was incapable of following his usual employment, but was perfectly capable of following some other employment closely allied to his usual employment, you would give him a certificate of incapacity?—For a certain time, yes.

34,417. Take for example myself. I have a bad foot. That does not prevent me from attending meetings of this Committee or from doing my ordinary work. But it would certainly prevent me from doing a great deal of walking about. Would you feel yourself justified in setting me upon the list?—I should inquire what your work is. If you were a railway porter or a coalheaver or anything of the sort, you would go on the list, but if you were a clerk in a bank, you would not.

34,418. Very well, you must qualify your previous statement. Supposing I was a postman?—You would go on the list at once.

34,419. But there are many processes in a large post office?—That is the work of a post office clerk. A postman delivers the letters.

34,420. I could sort them?—That is a sorter. I should at once inquire in what department you worked, whether a postman delivering letters, a sorter or a clerk, and you would go on or not, according to what your work was.

34,421. I take it that you have no cast-iron rule for granting these certificates, that you would make inquiries into each case, and that your certificate would be determined by the circumstances attending each case?—Quite so.

34,422. Do you say that there is excessive sickness in your district since the Act came into operation?—No, I should not say so.

34,423. Do you say that the ratio of sickness has increased owing to the operation of the Act?—There are a lot of people who were not provided for at all before, and they now get a certain amount of money, much less than the normal wages, and they have taken advantage of the Act to fall sick.

34,424. Has the result of that been to increase the incidence of sickness in your district?—To that extent, yes.

34,425. And you say that the medical practitioners in your district render conscientious service to the insured persons?—Certainly.

34,426. (*Dr. Lauriston Shaw.*) You lay great stress on the importance of cordial relations between the doctor and his patient?—Yes.

34,427. Would you say that that is for the benefit of the patient or for the benefit of the doctor?—For

the benefit of both. The doctor could do his best work if he is working well and amicably with the patient, and the patient stands a chance of getting well quickly if he has every confidence in his doctor.

34,428. You recognise that there is something a patient has to do besides swallowing his doctor's medicine, if he wants to get better. He has to obey his instructions?—Yes.

34,429. And to have his interest in getting better kept up?—Yes.

34,430. All of which are unlikely to be effective if the relations between the doctor and the patient are strained?—Quite so.

34,431. Might I take it that some of the difficulty the doctor has in knocking his patient off the sickness fund in doubtful cases is the fear that he might spoil those pleasant relations?—Quite so.

34,432. If an insured person is quite convinced that he ought to have sick pay and the doctor is doubtful, the fact that the doctor takes a strong line may spoil the cordial relations?—Yes.

34,433. Many a doctor who is utterly independent of a commercial instinct might yet find a difficulty in refusing to give a patient a certificate from the point of view of his feeling that he would not be able to do his best for that patient?—That is the common feeling. That is where the doctors would like someone to take the onus off their back of knocking these people off.

34,434. Doctors who say that they cannot refuse to certify patients because they are afraid of losing fees are perhaps not treating themselves quite justly?—That is only one of the minor factors.

34,435. You admit that in the case of many doctors at any rate it would be a very minor factor?—It is a minor factor, but it is one that you have to consider.

34,436. This question of cordial relationship also I think is one of the reasons why you are so much in favour of free choice of doctor?—Quite.

34,437. You feel that a doctor who is paid by the State and holds the patient in discipline, so to speak, might be unable to persuade the patient to do all that he ought to do in order to get better?—Quite, and very often he will not get the whole truth of what is the matter.

34,438. Taking another point about these panel consultants, who are to help the doctors to settle these difficult points of incapacity, you lay great stress upon the point that there should be an interview between the doctor and the consultant?—Quite.

34,439. You recognise that that would mean a considerable amount of work for the panel practitioner?—I do not think that it would mean any increased work, because they would all be people who would come to the surgery, and who would see them with the doctor at the surgery.

34,440. It is rather a re-arrangement of his work?—That is all. And in 99 cases out of 100 the doctors would welcome someone who would come round and take this burden off their shoulders in the case of people that they are doubtful about. I have never yet been to see a doctor who has not been delighted to see me and has said, for instance, "This chap I really think ought to go off."

34,441-2. Would you say that these interviews between the consultant and the panel practitioner would be educative to the panel practitioner in dealing with difficult cases afterwards?—Yes, because people do not understand how isolated a country doctor is. For weeks he never sees another doctor, and never gets an opportunity of exchanging ideas and forgets the names of things.

34,443. This opportunity would be really very valuable in getting a standard of incapacity?—Quite so, very.

34,444. And the two doctors, the official doctor and the private doctor, would consult together and talk together about the principles which we are talking together about now?—Quite.

34,445. The question has been raised whether such a person should also act as a consultant in determining the exact nature of the disease and in helping to find the right line of treatment. On the whole do you think as a matter of fact, that the work which this



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official is doing would make him a most efficient consultant?—I do not think that it would quite.

34,446. Is it likely that such a person as that would be a person that the panel practitioner would ask to come and help him in a difficult case in his private work?—No.

34,447. We should like the insured person, if a system of consultation is to be set up, to be treated as nearly as possible the same as the private patient?—The man I advocate would be a specialist as to ability to work.

34,448. You might want as consultant a specialist in medical cases one day and in surgical cases another day and in eye work perhaps on the third day?—Quite so.

34,449. But supposing any system of providing such specialist consultants is set up, do you think it is possible that this panel consultant might be a useful person to decide which cases should be provided with additional treatment?—I do.

34,450. Have you in your county come across many instances of insured persons who required special services in hospitals and could not obtain them?—The Norwich hospital is very good in taking cases in, and they do help a lot.

34,451. If you have a panel patient who is in need of some consultative advice, you might send him to Norwich for a consultation with the out-patient department or you might send him into the hospital for investigation?—Yes, if they are serious cases. They will not take ordinary simple cases.

34,452. If the simpler cases were to be dealt with by the hospital people, probably some extension of the hospital out-patient department would be required?—The out-patient department has passed a regulation that they will not deal with insured persons in ordinary simple cases in the out-patient department.

34,453. They do not treat the patients there, but help the patient's doctor?—They will take in serious cases which require operations.

34,454. You interest me very much when you say that the doctors have met the insured persons. How do you get hold of real representatives of the insured persons?—Various clubs want to know something about things, and have asked me to go and talk to them and explain things to them.

34,455. I am trying to draw a distinction between insured persons and officials of societies who are often not themselves insured persons?—I have given about half-a-dozen different lectures on the working of the Act, and this, that, and the other.

34,456. The doctors have a good opportunity of meeting insured persons privately at any rate. They may know more about the wishes of the insured person perhaps than some other people?—Quite.

34,457. On this question that you have raised of convalescent people having half time work, I suppose in the first instance that you approach it as a medical man who finds some difficulty in getting a patient suddenly from idleness to active work?—Yes, great difficulty.

34,458. Is there not another way in which we might reach this ideal of training people who have been ill to be ready to do a hard day's work?—What are you going to do with them? They are not allowed to do anything to get themselves fit except stand about at street corners.

34,459. Do you not think that there is anything you could do between letting them loaf at a street corner and putting them back into the works?—The only thing you could do would be to set them to do some Sandow's exercises. Directly you put them to get a job, they at once render themselves ineligible for sick pay. You cannot teach them new exercises and things.

34,460. You want to impress upon this Committee that it is very important that a patient who has been ill for some time should not be put suddenly to do a hard day's work?—That is the point.

34,461. You feel, as a doctor, that if that is done, it is extremely likely that he will break down again?—He will either remain a hopelessly long time with 10s. a week so as to get fit, or he will go back to work too soon and break down. I have had two cases of

men who would go back too soon against my advice. One had two days' work and the other had one, and they have broken down and had another illness.

34,462. But you tell us that you frequently find that both panel patients and private patients are more willing to go to work than to stay at home idle?—There is a percentage who are always glad to go back to work and hate going on the club. I can call to mind three people I have seen this week who are all ill, and who refused to go on a fortnight ago, when I wanted them to. They have all broken down and are much longer ill. There is a large number of very conscientious people among the insured persons.

34,463. I was trying to get you to give us some idea of the proportion of persons that you think are always ready to go on sickness benefit at the earliest opportunity?—That is very small I should say.

34,464. There is a small proportion who are mentally and morally of that type that they would always rather do nothing than something?—Yes.

34,465. In the case of other people who are anxious to go on the sick funds, there is some special reason for it?—Yes.

34,466. You have given us one, that a good many of your patients are casual labourers very poorly paid?—Yes. And I have three or four cases of people who suffer from chronic rheumatism. That prevents them doing any reasonable work. They get on the club. What is going to get them off? These people are quite able to earn some money, say, as messengers. A man has rheumatism in the shoulder. He can act as a messenger and go errands and do boy's work quite well, and he would be very pleased to do it, but he has either to do nothing or to lose all his pay.

34,467. You do not see any great danger in this suggestion of yours that this half-pay might be regarded by the employers as a useful addition to inadequate wages?—I do. I have thought that out very carefully, and it is a thing which would have to be supervised very carefully.

34,468. (Dr. Fulton.) You had not very much previous experience of contract practice?—No.

34,469. But you know something of the opinions of your brother practitioners who had?—Yes. That is why I kept clear of it.

34,470. One of their objections was that they had to kow-tow to the official members of the society in order to keep their job?—Yes.

34,471. Would it be a legitimate inference from that that if they kept on the right side of the official members of the society, it did not matter what they did with the others?—That is the conclusion I arrived at years ago, and that is why I did not like club practice. Because the leading members of the friendly society in a country place are a totally different class necessarily from the ordinary members. The mere fact that a man joins a society, who is of a higher social position, means that he is at once made a high official and given control of things.

34,472. Do you think that they got much better attention than the un-official members?—I am sure they did.

34,473. They are more fussy?—Quite so.

34,474. You do not think that that was a wholesome state of things?—Very unwholesome.

34,475. With reference to the whole question of excessive sickness claims, I suppose we may agree that the cases which are serious enough to confine the patient to bed do not come into the question at all. It is the ambulatory cases?—That is so.

34,476. And you point out that there is no definite scientific test by which you can say that a man is unfit for work one day, and fit for work the next?—Quite so.

34,477. The processes of nature are not sudden?—That is so.

34,478. You state that 19 out of 20 of the cases are doubtful?—Of the ambulatory cases, yes.

34,479. That is, that in the mind of the medical practitioner there is honest doubt?—Absolutely.

34,480. That would rather qualify your statement that the disinclination to declare them off was due to



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lack of moral fibre?—I only put that forward as a reason that you have to consider.

34,481. You would say that there is only a small percentage of cases in which the indecision of a medical practitioner is due to lack of moral fibre?—It is a small proportion, and it is one of those unfortunate things that you cannot estimate.

34,482. But there is a very large number of cases in which there would be really great doubt in the mind of the practitioner as to whether the patient was able to work or not?—Distinctly.

34,483. But you agree that if another practitioner came in, he might honestly take a different view of capability?—If another practitioner came in, two men discussing the question could surely come to a conclusion whether the patient was fit for work or otherwise, and the doubt would be largely removed, and the new man coming in would remove the onus entirely from the other man of taking him off. The trouble that is before the doctor in every case is, "What will occur if I knock him off"? If he gets suddenly ill, or if the man dies within two days of his being taken off, when there has been a dispute between the patient and the doctor, the doctor's career is done for in that district.

34,484. You have known of such cases?—There is a case of a friend of mine who was playing golf at Stoke Poges and suddenly dropped dead while playing. He was passed as a first-class life for life insurance less than a fortnight previously.

34,485. I suppose that you have often suspected a person of not having very much wrong with him, and afterwards found out that there is something very serious?—Yes, and that is why I consider that no certificate should be signed for three days. When you see a person the first time, a certificate should not be given that he is ill and unable to work. It should wait for three days, and then be dated back. I never sign a certificate for three days if I can help it.

34,486. You mean that in case the society wished the certificate signed on the first day, so as to supervise the actions of the insured member, the certificate should be re-signed three days or four days afterwards?—Most of the societies do not require it on the first day. They take the certificate "On such a day I saw So-and-so" and date it three days afterwards.

34,487. That means that for those few days they have no supervision over the member?—I recognise that. But probably the supervision of the doctor is worth more and a large number of cases, if they are not signed up on the first day, by the time the third day arrives, can go to work. If it is signed on the first day they think they may as well go off their work. That is a favourite phrase of theirs.

34,488. It is not a new phrase, is it?—Not at all. A very old one.

34,489. You were asked as to their not going off till Saturday. Is that a new custom or an old one?—It dates back to the club practice. A man liked to have his week, if he went on at all.

34,490. Do you think that it is ingrained?—Absolutely.

34,491. With reference to the words "this day" on the certificate, you have no objection to that being put on the initial certificate?—No.

34,492. Do you not think that the stricter the rule is about signing the initial certificate, the less room there is for a man of weak moral fibre to err?—Quite.

34,493. Do you think that this lack of moral fibre is shown as much in country practices as in the towns?—In the towns there is more tendency to be lenient for reasons connected with expediency, and in the country there is more tendency to be lenient through carelessness. There is that feeling at the back of everyone's mind, that if that person is going to be seriously ill and I have refused to sign him up someone else may see him and make a fuss. Two or three days afterwards the man goes to someone else, the matter is brought before the committee, and there is a claim against the doctor for medical attendance. It is not a case of a few shillings or pounds but it means very serious trouble to him afterwards.

34,494. Do you think that competition in the towns leads to better attendance on the patients?—It depends on the numbers on the panel I should say.

34,495. You say in the country that there is a tendency to carelessness. Do you think that patients are better treated in the town, where there is competition, than in the country?—I should say the tendency is that way.

34,496. Do you think that competition between medical men is good for the standard of work?—Honest competition, yes.

34,497. You were pressed by Mr. Wright as to whether the doctor should be dependent on the good will of his patient or not, and you made a comparison with the position of the medical officer of health who had to order people to do what they did not like. It is not quite a good analogy is it—the medical officer of health who has to deal with drains and so forth?—And very often with what a person may do, or must not do in infectious cases.

34,498. It is rather different?—I had given the analogy because I feel that a good understanding between the doctor and the patient and a good friendly feeling between the two is such an important thing.

34,499. You think that it makes for good work on the part of the doctor?—Yes, and for getting the patient back to work and everything else. A man whatever he might feel with regard to the society, would not like to feel that he was imposing upon his doctor.

34,500. You say that from your personal knowledge?—Yes.

34,501. With regard to the doubtful claims, in your experience do most of them arise among women?—Yes, among women.

34,502. How do you account for that?—Because of the small wage earned, and because of the fact that a large number of them are generally seedy. A large number of those who go out charing have a house and family to look after, and there is plenty of work for them there. In addition they do this extra work. They are, in fact, chronically overworked.

34,503. What about the young women?—They are generally in situations. They go into domestic service or into shops.

34,504. Does their general state of health give rise to doubtful claims?—These cases of anæmia depend very much upon whether they are in a situation they like or otherwise. If they are in a situation they like, they feel equal to their work. Their mental aspect with regard to their work is a very important thing. If a person likes his work and is enthusiastic about it, he may feel equal to it, when, if it were uncongenial, he would not feel equal to it.

34,505. If a young woman comes to you, and says that she does not feel equal to her work, you cannot say that she is equal to it?—No. If she is very anæmic and has a weak heart, a headache, and so on, you cannot say that she is equal to it.

34,506. You do not under those circumstances feel capable of saying that she is equal to it?—I do not feel justified in doing so.

34,507. If you were employed as a referee by a society, would you take up the same attitude?—Yes.

34,508. Although on the face of it your interest would be to say that she was capable?—Quite so. I do not think that you are helping on things by requiring her to go to work. There ought to be safeguards to prevent them being put in that anomalous position.

34,509. In the case of a young woman in the condition you describe, if the doctor gives her a certificate to say that she is unable to work, would you agree that the principal thing that actuates him is the desire to please the patient?—I do not think that the question would occur to me at all.

34,510. Do you think that it does occur to a large mass of the medical profession?—I do not think that it does in the first instance. It is only when there is a case of grave difference of opinion between the patient and the doctor, and the possibility of a row with a society that it is anything for a quiet life.

34,511. (*Dr. Smith Whitaker.*) In answer to one question you spoke of having conversations with



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officials of approved societies. That indicates your willingness to give an explanation?—Yes.

34,512. Does any difficulty occur to you in those conversations as regards your duty of professional confidence to the patient?—In cases where you are called upon to give the cause of illness to the officials of the society? I think that they are entitled to that. They are entitled to further information as to the patient. We are called upon to give the cause of sickness, and that is the first violation of professional secrecy. They have the prime thing, and any one of the other things which may arise are merely questions of ability to return to work, and that sort of thing.

34,513. When you give the certificate and state the nature of the illness do you consider that you are violating professional confidence?—I do, in a measure, yes.

34,514. You give the patient the certificate?—Yes, and he has to hand it to the society in order to get the benefits.

34,515. You appreciate the distinction some doctors make between giving the information to the patient which he himself may give to the society, and giving other information, without the patient's knowledge, to the society?—As the society demands the certificate before they pay, it is a distinction without a difference.

34,516. You do not think that the patient would have any right to complain?—No. You are acting in the interests of the patient as well, constantly.

34,517. Even when you are informing the society officials without his knowledge?—No, because the official only wants to know, as a rule, how long he is likely to be ill.

34,518. With regard to the question of the employment of medical referees do you think that it is possible to have private practitioners acting on a rota as part of a permanent scheme? Do you, for example, think that in the county of Norfolk you could have an arrangement by which the doctor of one area would act as a referee in an area in which he was not in competition with the medical practitioners?—That was the original scheme we got up, but we dropped it because we felt that, to a certain extent, that would be —

34,519. That was because you did not want to adopt temporarily something which might prejudice a permanent scheme?—Quite.

34,520. But now we are coming to the discussion of the possibility of a permanent scheme?—The objection is that a man would be called upon to do a lot of work in one week and nothing in the next, and it is very difficult to see how he is going to arrange his own work and the other work too. He is doing work in a certain district, and, in a thing like this, it would always happen that the society would send him half-a-dozen cases at once. They would take him two or three days, and during that time what is he going to do with regard to his own work?

34,521. You might have several centres in Norfolk and the patients in the outlying districts might be sent to those centres. For example, you might go and see cases at Walsham?—Yes.

34,522. Would not that be conceivable?—Even then you would have to be away, say, a whole day, and what is to happen to your work while you are away?

34,523. Would it not be possible to do it in half-a-day?—It is very difficult, if you have more than one person to see.

34,524. Are you contemplating seeing them at their own homes, or their being brought to a centre?—If they were brought to a centre you could get through, but the difficulty would be that you would go to see them in the middle of the afternoon after you had done your morning's work, and that would be a time when the ordinary doctor would not want to be there. He would want you to see them in the morning.

34,525. He would have to go to wherever you were seeing the patients to see them with you?—Yes.

34,525a. You attach great importance to the patient being seen by the referee with the practitioner in charge?—I do. One wants to have harmonious working.

34,526. You have already said that you think that the doctors would cheerfully face the loss of time caused by their having to see every case referred with the referee?—If they did not wish to see the case with the referee, the referee could see the patient without them, but you should give them the chance, and I think that, as a rule, they would wish to see the case with the referee.

34,527. Would you think it so important that you would put any compulsion on them?—I should give them the option, and I think that they would take the option in nearly every case.

34,528. (Chairman.) You said that the societies promoted by industrial insurance companies have absolutely no local interest?—Yes.

34,529. What exactly did you mean by it?—I mean that the officers, the superintendents, the agents, and so on of these societies, are not people that have any local funds, the depletion of which means the club getting into a bad state. All the local societies, of course, have got their own funds, and, if there is too much drain on their funds, then, being members of the club, they may have to go short or pay extra contributions.

34,530. What do you think will happen if one of these societies goes short?—As things stand at present, they assure me that the Insurance Act part is quite independent, and it looks as if they will be suddenly giving it up.

34,531. Will not that have a rather unfortunate effect upon the agent?—It would be a very fortunate thing for him because he would have less work to do, work for which he is not getting paid. A lot of these agents are practically getting no pay for this extra work, and they are grumbling horribly.

34,532. That is what they tell you?—They tell you that they are getting practically no pay for this extra work, and they are grumbling very badly about it.

34,533. An ordinary friendly society has a private fund which, of course, is affected. Are not the insurance companies really in just the same position? If their approved society side does badly, it will re-act unfavourably on the private business?—The people with whom I have had to deal make such a point that this is quite outside and independent of the Act.

34,534. Is it not too sweeping a statement to say that these societies have absolutely no local interest?—They have got an interest in the working of the Act, but they have not got an interest in that particular district.

34,535. The agent or the man who goes into the house and canvasses, as I suppose he does, has got an interest in continuing to go into the house. He wants to keep his other policies?—He wants to increase his numbers.

34,536. On the private side, I imagine?—Yes, quite so.

34,537. If he does badly on the State side, will that not unfavourably re-act on the private side?—Doing badly is not quite the same. It means not getting the numbers on the State side.

34,538. Supposing the State funds are wasted so that the society has a deficiency, will that not necessarily re-act unfavourably upon the agent?—Distinctly, but I do not think that the type of man doing that work sees quite so far ahead.

34,539. He is sufficiently intelligent to know that he is not being paid?—Quite.

34,540. I should think that in a business transaction of this sort he probably has as acute an apprehension of his own interests as a medical man?—Oh, yes.

34,541. What is the primary duty of the panel doctor?—When a person is ill to get him well.

34,542. That is his primary duty?—Yes, absolutely.

34,543. It is not a duty to anybody except to himself, and to his conscience?—Yes, his primary duty is to get the person well.

34,544. Besides that, he undertook another duty when he signed that contract, which you all signed?—Yes.

34,545. It has nothing to do with that?—To which duty do you refer?



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34,546. He has signed an undertaking that he is going to give certificates?—Yes.

34,547. And he has a duty to put the truth on those certificates?—Quite.

34,548. That is as strong a duty as the first one?—It is a distinct duty, and I say that what you mentioned so many times, the feeling of doubt, is the trouble.

34,549. The man's real duty is to his honour and

The witness withdrew.

Dr. FREDERICK JOHN SMITH (*nominated by the President of the Royal College of Physicians*) examined.

34,555. (*Chairman.*) Are you a doctor of medicine of the University of Oxford, a Fellow of the Royal College of Surgeons, and a Fellow of the Royal College of Physicians?—That is so.

34,556. You are in practice as a consulting physician in London?—Yes, in London.

34,557. I think that you have not yourself, personally, had any direct contact with panel work?—No, that, of course, is not in my department of work.

34,558. What you have come to tell us about is what a consulting physician would tell us with a great knowledge of the profession, and the kind of work which you know general practitioners are doing throughout the country?—That is so.

34,559. You understand that what we are primarily interested in is sickness benefit, and only medical benefit so far as it relates to, and has an effect upon, sickness benefit?—Yes.

34,560. Of course, the closer the effect the more we are interested in it?—Yes.

34,561. We are not interested in the whole of the conditions of medical service, except so far as they do have a more or less direct relation to that?—Yes.

34,562. I think you say that you do hear, and have seen a great many doctors who are working panel practices in the country?—Yes, I am constantly meeting them in consultation.

34,563. And also that you have yourself the kind of experience of this sort of work which comes from acting as referee to insurance companies under the Workmen's Compensation Act?—No, I am sorry if that is the impression I gave you. I am a medical referee under the Workmen's Compensation Act. I do not work for insurance companies, where, of course, one's opinion is inevitably more or less biased.

34,564. What you are telling us represents partly the views of a medical gentleman of long experience and practice, and partly the views of one who knows a great many other medical men?—That is so.

34,565. What do you say generally? Do you think that unjustifiable claims are being made on the funds of the societies, or do you not think that you can give expression to a general opinion?—It is, of course, my impression, but I have no direct source of facts perhaps other than you yourself.

34,566. No, but probably you look at it with a more dispassionate eye?—I have never had a patient about whom I have been consulted as to whether he should have benefit or not. It is always a case of a more serious nature than that where I am actually called in. The only real fact bearing on that is that little bit of evidence I have put in somewhere of a conversation with at any rate one, and I think two, distinctly conscientious practitioners who told me straight out "Dr. Smith, I never question a patient's word in connection with medical benefit and sickness benefit."

34,567. What do you think that they meant by that?—"If a patient says I have got a pain, I believe him."

34,568. Does that mean that they believe without trying to find out whether he has it or not?—Certainly.

34,569. There are some kinds of pain with regard to which you have to take the patient's word, according to whether you believe him to be a liar or not. You have no other means of testing him?—Yes.

34,570. I suppose that those kinds of pain are few, in relation to all the pains that there are?—No, honestly I do not think that they are few. A pain in

his profession, is it not, whether he is curing the patient or signing the certificate?—Quite.

34,550-1. We need not bother about who else it is to?—No.

34,552. It is an absolute duty to tell the clean honest truth on the certificate?—Quite.

34,553. It is not his duty to modify the statute, but to apply his mind to what he is supposed to do under the statute and to do it?—Yes.

34,554. All the rest is casuistry?—Yes.

the back, a pain in the arm, a pain in the shoulder, and generally pains in the limbs—when there is nothing to be found on examination, it is very difficult to say a man has not a pain. It is even more difficult to find out the cause of that pain very often, or to find anything to account for it.

34,571. You sit as a referee under the Workmen's Compensation Act?—I do. You see the difference between that and private work. The likeness between that and the work under the Insurance Act consists in this, that in private practice, if a man comes to you and complains of a pain, he is going to pay you a fee, either on the spot or at some future time, and therefore the natural assumption is that he would not come unless he had the pain. But, when you come to the patient having no fee to pay, but something to be gained by having the pain, it puts a different complexion on that pain to a certain extent.

34,572. It does, but what I mean is that you sit as a referee under the Workmen's Compensation Act?—I do.

34,573. And you often have to ask yourself precisely similar questions. A man comes along and says that he has a pain, and is therefore entitled to recover money from his employer. The doctor on the whole says that he thinks perhaps he has, and you have got to make up your mind?—No, I have not got to make up my mind whether he has the pain or not, so much as I have to make up my mind whether that pain would prevent him doing his work. If I might give an illustration: a man has broken his leg, and it is set perfectly well, but there cannot be the slightest doubt for, I do not know how many months, perhaps even as many as six, that when the man walks on that leg it will hurt him a little bit. I have had a large number of those sort of cases. The man who has broken his leg and gets pain from using it has quite naturally an idea that this pain means that he is doing his broken leg harm, that it is going to get worse, and that he is actually retarding his recovery by using it, whereas I know, and the doctor knows, if he will only tell the patient so, that a certain amount of that pain is inevitable, that it does him no harm whatever, and will do the leg no harm, and will get less as time goes on. His leg, in other words, is quite mended and better, and capable of being walked upon, but it gives a little pain because the tissues are not yet what you may call consolidated. It has not got into the condition of normal sensation; it is a little bit tender.

34,574. One understands those cases, but there must be many cases in the course of your work, when you have to decide a definite fact; is the man suffering from something or not?—Certainly.

34,575. You have to rest, to a certain extent, upon his word?—Yes, certainly. I meet with a large number of those cases.

34,576. There you have got to come to a conclusion one way or the other?—Quite. If you wish it illustrated I can give you a case which occurred only yesterday. A man had broken one of the bones of his arm, and his complaint was that he could not twist it about. He made no other complaint at all in court. I had to examine him for the judge, and I had him in the next room with his doctor and with a doctor on the other side. I said to the man, "Well, just take your coat and waistcoat off and your shirt, and let us have a look at the arm." That man immediately went



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through the most extraordinary contortions to unbutton his coat and waistcoat, and from his own evidence in court I was absolutely obliged to believe that it was simply put on to try and impress me, because he had made no complaint of loss of power in the fingers by just doing a little thing like unbuttoning his waistcoat. There he was, however, and so far as I could actually see, by his performance, his right arm was useless. He would not use it at all. He did it all with his left arm. What was the conclusion to which I was compelled to come by that little exhibition? Either that he was a great deal worse than he made out in his evidence, and there was no reason to accept that, or that he was putting it on for my benefit, and therefore was a great deal better than his evidence would lead one to suppose. I had to conclude that he was a great deal better. It seemed to me that the truth could not lie between, and that he was just exactly what he had described in his evidence.

34,577. The panel doctor, I imagine, may very often be imposed on by a man who says that he has lumbago or rheumatism, which he cannot test?—Quite so.

34,578. You cannot test lumbago except by laying a trap?—You could only watch him.

34,579. And I suppose it is so with rheumatism?—Certainly.

34,580. Most of the other things from which people suffer are testable?—I think it is quite a fair statement to make to say that a very large number—I could not really say off-hand whether it is the majority—of cases of pain are detectable. There either is, or is not, something to be seen and felt.

34,581. Or there is some other effect on the body?—Certainly.

34,582. We are not so much impressed on such evidence as we have had before us by the idea that people are deliberately simulating pains and diseases they do not possess as that they are, perhaps subconsciously, exaggerating something or other which they do possess. The question that a panel doctor has to ask himself is not "Is this person suffering from a disease?" but "Is he suffering from a disease to such an extent as to be incapable of work?" which is not quite the same thing?—No. That is just my position.

34,583. What he says to himself is, "I can see that this person is ill, but goodness only knows whether he is really unfit to go to work"?—Yes.

34,584. You say that there they always lean towards the patient?—That is my impression.

34,585. Why?—I think that it lies more or less in an ordinary average doctor's work to see human nature at its worst, so to speak. Supposing you take an ordinary doctor's private life and the number of people that he sees and mixes with and talks to, the large bulk of them you understand are his patients with illness.

34,586. He is primarily a healer?—Yes, he is primarily a healer. He primarily takes the man's statement.

34,587. He is also an honest man, or I suppose so, with a professional responsibility, a sense of his own honour to hang on to, and a sense of the honour of his profession. Do not all those things sway him?—They do, undoubtedly, the better class men. I mean to say the more conscientious men.

34,588. What you are really saying is this. There is the better class and more conscientious man who can be depended upon to be honest, but the rest are fundamentally weak or dishonest?—I understand just exactly what you are driving at. What I really mean is this. If a patient complains of a pain, a fair number of even tolerably conscientious doctors will say: "Well, I am not going to sit in judgment on him. He says that he has got a pain, and that it prevents him from working, and I am going to accept his word."

34,589. Is that a reasonable thing for a man to do who has signed the contract which this man has signed? He has promised to do his best to heal the patient. We are all agreed that that is the main thing to which his energies must be directed. He has also signed an undertaking to give certificates, and that must mean honest proper certificates?—I do not know

whether you will consider it any answer to your question, but I would like to put it here that some of the most difficult cases I get to deal with are cases in which I honestly come to the conclusion at the finish that there is nothing the matter with the man. It has taken me a very long time to arrive at that conclusion by a process of exclusion.

34,590. Those are people who are deliberately fraudulent?—Well, before you can say a man is deliberately fraudulent about a given pain, you must take the very greatest care and all the means of examination that you can to ascertain that his pain is not due to some obscure disease.

34,591. Is there not another thing? These people are presented to you and you examine them. You have the assistance of the doctors on either side; but they come to you and you see them, and you never see them again. These people on the panel, however, are dealing with their patients?—Yes.

34,592. And in the course of months, I suppose, they see them again and again?—Yes.

34,593. And if the man is in such a condition that he ought not to do any work, he ought to see the doctor?—I should agree.

34,594. They therefore have a great many opportunities of seeing the man?—Yes.

34,595. They have other opportunities as well. They probably know something about his home circumstances?—That is a perfectly justifiable remark. They do in a very large number of cases.

34,596. And something about his wife and children?—Certainly.

34,597. And in a small place they know perhaps a great deal more about the man than he realises?—Yes.

34,598. They are not quite in the same position as a referee who sits in the position of a judge?—Of course not, but at the same time they are on the first occasion when the man comes and the sick certificate is filled up.

34,599. If that is the first time that they have ever seen him, yes?—Yes, and to prove a negative is a very different matter from proving a positive, to try and exclude things. A busy panel doctor, if he had to examine every case or even a proportion, say, 5 per cent. of his cases with that care necessary really to prove a negative, would not have the time to do his work.

34,600. What he has to do is to prove a positive. There is no presumption that the man is not entitled to the benefit; the presumption is the other way?—Yes, and, supposing that he cannot prove the positive, then I think that he accepts the positive on the word of the patient.

34,601. What are we to do to cure it? I suggest that there are two disastrous things about that. One is that the fund will be ruined, and that will be a disaster from any point of view, and the other is that you are going to turn the inhabitants of this country into a lot of valetudinarian cadgers on other people's money, or rather into both valetudinarians and cadgers?—And you ask me for a suggestion as to how it is to be cured?

34,602. From a doctor's point of view. Some people tell us that we should cure it all if we had a State medical service, and if all the doctors were primarily the servants of the people, who control the money?—I am not a State service medical man at any price. That I certainly think is no cure at all.

34,603. What is the cure? It really is education of the doctor, is it not?—No, I do not think it is education of the doctor.

34,604. What is it then?—I believe that the fairest answer I could give you would be to say straight out that I do not know.

34,605. I do not mean the education of the doctor in the principles of his profession, or in general culture and literature?—No, I thought that was what you did refer to—to make him a keener diagnostician.

34,606. What I meant was as to the size of the adventure in which he is engaged, and the principles on which he has to carry out that duty?—I believe the fairest way to answer it would be to say that I do not



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know, but I do not know whether by means of thinking upon it and getting you to ask me questions you could get a scheme out of me.

34,607. It is not a scheme I want so much as the general run of the thing. You think that there is something wrong?—I do.

34,608. I do not want you to give me a scheme. From a doctor's point of view the change must come, if we are going to get a change, by effecting some sort of change in the attitude and position of the doctor?—Yes.

34,609. You do not want to effect any change in his position? You do not want to make him a State servant?—No.

34,610. I do not ask you why, but you think that there are weighty reasons against that?—Yes, I am not a State service man.

34,611. That being rejected, what is left? We have got to educate the doctors?—Certainly you have.

34,612. What are we to say to them?—Of course, obviously what you have got to say is that you must be more careful, but then how are you to make him more careful? I presume my name and even what I have done are not unknown to you absolutely, and you must know how bitterly I opposed the panel practice.

34,613. Quite, we know that?—What I feel is that you must divide the practitioners on the panel into two or three classes. There is one class down at the bottom of whom you will never make satisfactory practitioners, either for the panel or any other purpose.

34,614. No doubt there must be in every profession?—Quite so. Of course, the first step I should say would be to get rid of those men.

34,615. That is a long job?—Yes. I do not want to make any hit at the panel practitioners, but that is an unfortunate fact. I believe a very large number of them, probably more than half, are doing their work to the best of their ability.

34,616. You will not put it higher than that?—I do not think that it is much more than half.

34,617. I do not understand what you mean. Here all are these people who have passed their examinations, and whom up to now we have regarded with respect?—Yes, I have been an examiner in many universities and at the Royal Colleges too, and I know the difference between the knowledge of a student and the man who has been in practice for a few years; the different aspect that his knowledge presents to him. Then, to go on, there is this question of contract practice, which has always been a bad thing.

34,618. You mean the old contract practice?—Yes, the old contract practice.

34,619. Why was it a bad thing?—On general grounds that contract work always has a tendency to be only just up to contract, and if it can be, without it being found out, just a little below that. There does not seem to be anything very wicked in it. That seems to be what we might call the human nature view of contract practice.

34,620. Do you say that this particular form of arrangement is analogous to that?—I am afraid that I do. I have had the idea that I might some day be asked for the expression of my view, and therefore I have talked with the very medical practitioner, or nearly all, I have met in consultation. I have asked them to give me their own views, and this seems to be the best way I ever got it out of a general practitioner. He said, "Before this Act was passed, there were good contract men and bad contract men. Now that the Act has come, there are still good contract men and bad contract men." The good men will do their best, but there is even in a good contract man, a man who wants to do his best for his patient, a little human element in giving a patient the benefit of a doubt, and that is very much to the point in connection with excessive claims. A man's own personal bias, his own personal constitution, what he is, the view he takes of life and of his fellow human creatures, and all the rest of it, incline him in a certain number of cases to give that benefit. You would say, "But is not that dishonest, if he does not believe him?" but he gets

himself into the mental attitude that he does believe that the patient is ill, although he cannot find out what is the matter, and thinks that his symptoms are a bit exaggerated.

34,621. Let us wash out the bad contract man. He is no good anyhow?—They must be left on one side altogether. I have got plenty of men in my mind, dozens I suppose, if I wrote them down. He finds his surgery full, fifteen or twenty waiting for him, when he opens it. If he is to try definitely to prove a negative he cannot get through the work.

34,622. There is a remedy for that, of course?—Well, what is the remedy for that? I must honestly admit that I do not quite see it myself. You might say that he must allow himself longer hours or take fewer on his panel.

34,623. Either of those alternatives are open?—These are open, but I very much doubt whether you could divide the total number of insured persons among the doctors and allow them time. Dr. Shaw would bear me out there. He has seen as many people in consultation as I have, and he knows perfectly well that a patient will occupy from half an hour to three quarters of an hour of his time in a morning.

34,624. And another patient will occupy one and a half minutes?—I admit that, but you cannot get through more than four patients in two hours if they are to take half an hour or even 20 minutes each.

34,625. There, again, those are people who are brought to you by the general practitioner?—Because he is in trouble.

34,626. You have never seen him before, and in half an hour you have to master his whole life and history?—Yes.

34,627. Whereas these other people are coming and going, and the doctor ought to know something about them?—I should like to help you if I could, but honestly I do not know that I can.

34,628. Have you considered some sort of supervision either by way of medical referees or otherwise?—I think that the principle of medical referees is not only good, but absolutely essential.

34,629. And if we had medical referees, do you think that they ought to be whole-time or part-time people? What we mean is a person devoting all his energies and all his time, such as it is, to the service he is paid for, and not doing anything else?—I do not think that that matters. My personal opinion about referees is that they ought to be men in my position. When I say that, I mean a Fellow of the College of Physicians, and, very much more important, a hospital physician.

34,630. You mean that they are also to be doing other work than the mere refereeing?—I do not think that it would make any difference to a man in my position. Their practice would not bring them into contact with the insured people. My own idea of a referee is that he should be a hospital physician, sitting definitely on a certain number of afternoons at certain places, and that the patient should be instructed to attend there.

34,631. But still, though you do not come into contact with the insured people, you do come into contact with the doctors attending insured people?—Yes, but I take a higher view of my duty than to think that I should be influenced by the doctor's personal question. That would not enter into my head at all. What I think about the referee business is that it should be a sort of out-patients business.

34,632. I am not suggesting that it would enter into your mind at all, but do you not think that it would enter into the mind of the doctor who sent the people to you, remembering what you have said just now about the mass of general practitioners? It is suggested that if Jones, Brown, and Robinson have a medical referee to whom their patients are sent, whether they like it or not, and he constantly decides against the first opinion given by Jones, Brown, and Robinson, that would influence Jones, Brown, and Robinson to send or not to send their private patients to that consultant?—I quite see that point, but that would be a fairly strong reason why the referee should



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be paid rather highly to render him more or less independent of private practice in case that happened.

34,633. It is not so much a case of whether it happened or not, but whether anybody had any suspicions that it would happen?—I think that it is likely to happen under the present general system, under which general practitioners are used as referees.

34,634. Could you say that there is a general system?—I was thinking of the London referee.

34,635. There are six, I think?—And as far as I know, they are all general practitioners. I think myself that that system is wrong. I can quite understand a man saying, "We know quite as much as you do," but honestly I do not think that they do. I go further, and say that I do not think that they should be young men. They should be men who have passed 40, and they should have not less than 10 years' experience of hospital out-patient work.

34,636. I do not know how many inhabitants there are in this country, but it would want an awful lot to go round?—There would be fewer sent to him in proportion as the ordinary panel practitioners did their work satisfactorily or otherwise.

34,637. We are sometimes told, and from what you were suggesting you seem to hold that view, that the most conscientious practitioner may constantly be put in the position in which he thinks that a man ought to be taken off, but in which he wants the support of somebody else's opinion before he can take the onus upon himself. He does not want to displease the patient for the sake of his own pocket or to cause any interference in the proper relations between doctor and patient, and possibly he thinks that the patient may after all be ill, and he does not want to declare him off and then the man to drop down dead in the street, and he to be ruined by it?—I think that the opinion of a hospital physician would strengthen his position much more than the opinion of a brother practitioner. If I understand Mr. Warren's position correctly, that he is the head of a large organisation of societies, perhaps he would like to put a question or two to me about the restoration of the medical benefit into the hands of the society men. As I put it here, these two are closely connected. The societies may with advantage be given certain powers in dealing with medical benefits, but with an essential and inviolable condition attached to such powers. Then in any matter in which the society wished to censure a doctor, or indeed criticise his professional conduct, or call in question any of his certificates, it must be expressly laid down that the society shall only do this through corporate channels, and what I mean by a corporate channel is a committee. I think that the great scandal of the old club system was the way in which the club doctor could be called before a lay committee and cross-examined as to his conduct by men who did not understand medical matters. If the doctor had to render an explanation of his conduct to a committee of medical men, who would understand, not necessarily friends, it would render it so much better, and I think would make the position of a medical man to a society so much better and stronger. It would be more appropriate in every way that he should answer for his alleged misdeeds to a committee of people who could understand the position.

34,638. (Mr. Warren.) Had you any actual experience yourself of contract practice in respect of friendly societies?—*In propria persona* no, but my father and brother both had club appointments for many years, and I used, as a medical student, to help them a good deal with their work, so that I did become familiar to some extent with club work in that way. And I have many times, in the course of my practice, been in consultation with men who have held club appointments of one sort and another.

34,639. But of your own knowledge you would not know whether the charges were exaggerated or not, that were made in respect of the control that societies endeavoured to exercise over their medical men?—Not at all from my own personal knowledge.

34,640. Would you accept this statement from me on behalf of one of the very largest societies, that, generally speaking, we have found (with an exception

here and there) that the relations between doctors and friendly society officials were fairly cordial?—I believe that that was often the case.

34,641. And even to-day, under the operation of the National Insurance Act, a number of the late medical officers of lodges have expressed their regret that the association has been severed?—I believe that to be a fact certainly. I think that there has been a great upsetting of those relations.

34,642. And you agree that the effect of the severance of those relations has been exceedingly disastrous in regard to those members of friendly societies who do not come under the Act, and has made it exceedingly difficult for the old friendly societies to find the medical benefit they contracted to provide them with?—I will not say that I have had personal experience, but I have threshed out the particular subject you are talking of, with at least three practitioners in the east end of London within the last six months; and I believe that that has been a very great difficulty; that question of the non-insured members of a society wanting to go on with their doctors still, and the insured members wanting to go on also, but finding that they would have to pay twice over.

34,643. And generally speaking, it has been the experience of all societies which previously provided medical benefit, that they have found themselves in a very hopeless and very awkward position?—A very awkward position indeed.

34,644. Even to the extent of their having had, most unwillingly, to break their contract with their members?—Yes.

34,645. And you think that it might be advisable that some such power should be given to them, under proper restrictions?—Certainly, under proper restrictions, and that, from our professional point of view, is the main restriction, that the doctor should answer for any alleged misdeed to a committee which should be, at any rate, preponderatingly composed of medical men.

34,646. At any rate, to a committee who are capable of judging all the merits of the case?—Yes, quite so; and I say—it should not be composed necessarily of his friends—the committee should be composed of men who have the necessary special scientific knowledge.

34,647. (Mr. Davies.) Is the view which you have just expressed as to the societies having some sort of control over the doctors, your view or the view of the profession generally?—When this matter was brought before the British Medical Association there was a very great outcry. Of course, it is quite common knowledge that Dr. Evan Jones was the man who first mooted the notion of societies getting their old control back again, and his views were not received at all cordially, but just the very reverse. The matter was very hotly talked over at Brighton, and I joined in many conversations. I expressed to a great many men the views I have just stated, and the impression left on my mind was as I have stated. One and another said, "Oh, Smith, why didn't you say that in open meeting?" and I said, "I was not there." "Well," said they, "that alters my view entirely, and I think your idea is rather a good one." So I think I am speaking quite fairly and well within bounds when I say that the idea of some restoration of control, with the proviso I have put in, would not be met with the bitter opposition which would be offered to the frank restoration of control.

34,648. I was anxious to hear your views, because we have heard so much on the opposite side, about the doctor being now free to act for the interests of the patient, and that he was not free so to act before?—I maintain that he would be very free to act, because, so long as his conscience was clear, he could face the committee without anxiety. I am given to understand that the majority of complaints about doctors are that they do not attend when sent for. If one man is sent for, and does not go, and another man is sent for and does not go, there may be as much difference between the cases as there is between chalk and cheese, as regards their culpability. I say that a medical committee could better differentiate between the chalk and



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cheese than a lay committee could; and if the medical man had to answer for his chalk or his cheese to a medical committee, I do not think that he would have cause to grumble at all.

34,649. The Chairman was questioning you rather closely as to how you would make the doctor feel his position?—Yes, and I said I thought the fairest answer would be that I did not know.

34,650. Have you ever heard the suggestion that to bring the responsibility of doing his duty home to the doctor, if it was proved against him that a man had been in receipt of sickness benefit longer than he ought to have been, owing to the carelessness of the doctor, there should be power to surcharge him to that extent? Do you think that plan would produce a higher standard of care, on the part of the doctor?—At first blush, I think that there is something rather attractive in the idea, because undoubtedly there are men who would only be influenced by their pocket; I do not think that there would be any large number of them. There are others who would resent it, and say, "I have done the best I can, and I do not see why I should be fined when I have done my best." When that has been said to me, I have expressed my own view of such matters and have said, "Well, I think you ought to be."

34,651. If it was given a fair trial with a sufficient number of medical men on the committee, and they found that there had been carelessness on the part of a doctor, should the society pay, or should the man pay who had contributed to the extra expense by his carelessness?—If a medical committee found a man in error, I should have no pity on him whatever. If it was found to be his fault, I should fine him, or dismiss him, or punish him in any way you like.

34,652. You think that that would make him feel his position?—I should think it would.

34,653. If we had such a rule as that, and every doctor knew it, you think that it would have a steadying effect generally, do you not?—I think that it would. If it were known that if his compeers found he had been negligent he would be fined for it, it would stiffen him up. Some men would resent it, of course, and would probably go somewhere else.

34,654. Do you seriously suggest that there is no difference between the practice that obtained before the Act came into force and the practice of medical men under the Act?—I do not believe that there is an atom of difference. The man who did bad contract work before is doing bad contract work now, and that the man who did good contract work before is still doing it.

34,655. What would you say if I told you that a number of doctors have testified that it is better now than before?—I should say that it certainly is my opinion that it is not. I do not know how far this evidence may ever be used again; because, of course, anybody who really wanted to quarrel with me or to sit upon me, could say, "Look here, surely they give better physic now," and I should have to admit that he was right. But I still maintain that the doctoring has not altered one atom.

34,656. I am referring to the opinions that have been expressed here time after time, that the fact of the doctors being no longer under the control of the friendly societies made them feel that they were at liberty to give a higher standard of treatment than previously. Do you agree?—I agree that they are at liberty to do it, but I will not agree that they do it.

34,657. You will not accept the fact that doctors are giving a higher standard of medical attention under the Act than they did before?—No, not a bit.

34,658. In your outline of evidence you say, "The causes of dissatisfaction with the Act are many, but perhaps the principal ones may thus be summarised: 'The loss of freedom in practice is that the doctor is responsible to a third party for his practice, and not to the patient only.' Can you explain what that means?—By 'responsible to a third party' I mean, to give an illustration, supposing you are in private practice and Mr. A comes to you, you are solely responsible to him to do your best for him, to find out what is the matter with him, and to try to get

him well. You treat him, and the matter is between you and him. If Mr. A's employer, or any third party, intervenes, and you have to be responsible to that third party for your treatment of Mr. A, your interest in Mr. A is rather diminished, especially if Mr. A has got to come to you whether he likes you or not.

34,659. But, under the Insurance Act, does anybody interfere between you and Mr. A; does not the Act state that there is to be no interference between the patient and the doctor?—Yes, in what you may call his ordinary treatment, I believe that is so; but I should be very sorry to say that it was always so. You know probably that I personally have flatly refused to sign any of the insurance contracts the committee have sent out in regard to our own nurses at the London Hospital. I believe that it has been got over by the house committee.

34,660. I know; but the point I am trying to make is, that by the Act the doctor is the sole judge as to what the treatment of Mr. A should be, without any interference by Mr. B and Mr. C, and the doctor sets out whatever is required, and that settles the matter?—It does not settle the matter, because the patient does not get it. If a man is very ill with pneumonia, and wants a couple of nurses, one day and one night, he does not get them.

34,661. No; I am dealing with matters an insured person may reasonably expect to get?—Yes, we are dealing with bottles of medicine, and non-institutional treatment and advice as to diet and so on. I agree that the doctor is free to order whatever medicine he likes and free to give what advice he likes, but he has no interest in the patient.

34,662. Do you really suggest that?—I mean personal interest; he has got a professional interest in him, of course.

34,663. A doctor depends, does he not, upon the number of people he has on his panel for his income?—He did in the first place certainly.

34,664. Does not he do so now more than in the first place?—I do not think so.

34,665. Are not the doctors more careful about their panel lists in 1914 than in 1913?—Now you are asking me things which I honestly ought to say I do not know. My impression is that he is not at all more careful, and that the difficulties in the way of a panel patient changing his doctor would not be great to a business man, but to these poor people they mean a great deal. They have got to sign documents, and so on, and that means a lot to them.

34,666. Would you believe that doctors give better treatment now because of the necessity of being interested in their panel patients more than previously?—I had better say at once that I do not know. This is getting a little beyond my experience of the Act, and, if I gave you an answer, I should be talking of things I have not experienced.

34,667. (*Dr. Fulton.*) You say that in your opinion the medical treatment given to patients under the Insurance Act is no better than it was under the old contract practice?—I am sure of this, that the indifferent club practitioners take no more care than they ever did; the careful and conscientious club practitioners take the same amount of care so far as they can; and those who had no clubs before—of whom I know a few—but who have panels now, I firmly believe do their best to treat their panel patients as they do their private patients. So I honestly do not see where the difference comes in.

34,668. You mean that the better class practitioner did his best before and, therefore, cannot do better now?—That is what I mean. But with regard to the indifferent practitioners, they did not do anything very carefully before, and they do not do it now.

34,669. If they were included in a whole-time medical service, would they do better even if they were supervised?—No.

34,670. Do you think the effective supervision of general practice is possible?—No.

34,671. So if you included the indifferent medical men in a whole-time State service, you would still have the same inferior work from them?—You would, unless you weeded them out.



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34,672. Would that be an easy job, do you think?—I have been at the London Hospital now getting on for 30 years, first as a student and then as physician, and I firmly believe that I have very considerable influence over my own students and the students at the London Hospital. I believe that they have a regard for me, and if I told a man that he ought to do better work, he would try to do it for my sake, because he would not wish to get into my black books; but that is a purely personal matter, of course. When a man is removed from the personal influence of his old teachers and directors, it would be very difficult to say whether he would take the same scolding from another man that he would from me. I do not see how things are to be altered by anything except the personal influence of teachers upon their pupils.

34,673. Your statement was rather startling, that in your opinion not much more than 50 per cent. of the panel practitioners are doing their work to the best of their ability?—Were those my exact words? I thought I said that a very large number were doing their best; more than half of them, at any rate.

34,674. You said not much more than half?—If that is so, I am very glad you raised the point, because I would not like to be taken as throwing stones at more than half of the panel practitioners. I do not know what percentage the tag, rag, and bobtail might be—it is somewhere about 10 per cent., I should think. Then there comes the question, when you wipe those out, how many careless chaps were at the game before. I am not sure that they would not amount to something near to 30 or 40 per cent.; so I do not think really, when I come to analyse it, that my answer is so very far from the mark.

34,675. When you say, "to the best of their ability," do you refer to their treatment of their patients, or to the way in which they grant certificates?—I refer to the doing of their duty as medical men, and that, of course, would include both treating patients and giving certificates. But what I call acting as honourable and conscientious medical men is in doing their real genuine best. I would quite frankly say that I am sure half of them are doing that.

34,676. Your experience is principally of London and the home counties?—Yes.

34,677. You do not care to say the same thing about the more outlying districts?—No, I should not like to say the same about the men in the country. I was talking to a man a week or two ago who is in practice in a country district. He said to me, "Honestly, there is no difference in my practice, except that I get paid now for what I used not to be paid for. I have the whole practice of the district, and I am perfectly happy under the panel system." I said, "That is all right." I have known him for many years. He is a good chap; he will not set the Thames on fire, but I know he does his best for his patients.

34,678. Do you not think that the fact that he gets paid now, where he did not before, makes it a little more cheerful for him?—Yes, it makes him cheerful, but not more willing, because I am sure he was doing his best before, and I am sure he still continues to do it. He has a motor car now, and is very happy, and I have not a word to say against him.

34,679. Is the motor car of any assistance to his patients?—Yes, he can get to a patient three or four miles away in much less time than he used to.

34,680. Do you not think when he gets a night call that he arrives there in a better temper than he used?—I daresay.

34,681. You have not had personal experience, I think, of late calls in a country district?—Yes, I have, and I know how annoying they are. If one can cross-examine the messenger and see if a bottle of physic would not tide matters over and put them straight until next morning, it would not matter so much.

34,682. In the old days of contract practice you could do that without much risk?—You can do it now, if you know what you are up to. That is what I say to a student. "If it is a new patient you must go and see him. If you do not go, you must take the full responsibility, and, if the patient dies, I consider

"you are practically guilty of manslaughter if you could have saved his life by going." If it is an old patient you probably know the old circumstances and the whole family, and you say to yourself, "Oh, it is one of her usual attacks," and you say to the messenger, "I will give you a bottle of medicine now and call round and see her in the morning." That is a different state of affairs altogether, and one of which a medical man can judge, because we have all had experience of it, and it makes a great deal of difference in the attitude you would adopt; whether you would drop your knife and fork and leave your dinner half eaten.

34,683. Or get out of a hot bath at midnight, for instance?—Yes. I think it is a medical man's duty to go when there is any risk; but not when he knows the patient, and knows that with him a little pain goes a long way and that he thinks he is dying, and that sort of thing, and when you know what is the matter with him, that there is no organic disease.

34,684. As a matter of fact the responsibility of a general practitioner has greatly increased in club practice since your father's time?—I do not know.

34,685. In these days of successful abdominal surgery, if a person has a perforated stomach or duodenum, and the doctor does not go and see him at once, he would be taking away that man's last chance of life?—That is so.

34,686. But 30 years ago it did not so much matter?—I should blame a doctor very much, if a man had a perforated gastric ulcer, for instance, and the doctor did not go at once.

34,687. Under the panel system, if a medical man does not answer a call of that kind, he loses his panel practice and, with it, half his income. Under the old club system he only ran the risk of losing that patient, or perhaps the club practice, which was certainly not half his income?—If he is not knocked off the panel, of course, that is another matter.

34,688. My point was that, failing to reply to an urgent call might mean being knocked off the panel?—He runs that risk, and of course, that is a consideration.

34,689. Is it not an argument in favour of the panel system?—I honestly do not think it is an argument at all. If that man had, by his carelessness, neglected a club patient—it is rather different in town and country, but in a limited area or *entourage*—it would be in everybody's mouth, and that man would run a very serious risk indeed of losing three parts of his private practice, because he treated a club patient in that way, if there had been a fatal result. If he is thrown off the panel altogether, I admit it would mean one punishment to one man, but a very different punishment to another man, who has only 50 or 60 panel patients on his list. The man who has got a very large number, two or three thousand, and is struck off the panel, loses his whole revenue; but the other man loses only the part that he may want to lose.

34,690. I suggest to you the mere fact that the panel doctor is now in a position to order even very poor people certain appliances which they could not obtain before, must, in itself, secure some better and more effective treatment for the poor. Take bandages for varicose veins, for instance?—Yes, I suppose in regard to a little detail of that sort I should have to say that it is better in that respect.

34,691. It is not a little detail if a person has them, is it?—Yes, certainly.

34,692. Then my experience does not tally with yours, because it often means the difference between being able to go out to work and not going out?—Yes, of course; but one swallow does not make a summer, and one particular instance such as you have given me of being able to get a bandage for varicose veins, where the person could not get it before, does not prove that the medical attention a man gets under the Act is better than the attention he got before the Act.

34,693. But there is more effective machinery, surely?—If you chose to ask me: Are there not a



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very much larger number of people going to doctors now who did not go before, I should say at once, Yes, there are a very much larger number, principally women. But when you ask me: Is the attention they get from medical men better now than was given to those who went to medical men before the Act, I say distinctly and emphatically, it is no better.

34,694. Would you admit that the fact that in most areas they have now the right to consult the tuberculosis officer in the case of phthisis may also be of assistance?—Yes; but what happened to cases of phthisis before? Some of them, I suppose, went to doctors before, and perhaps all of them have the option of going now. But I would say definitely that, in my opinion, the treatment that the phthisical patient gets now is no better than it was. When I am told that they are allowed to have so much cod-liver oil and milk, I look upon that, not as medical treatment, but as something belonging to sickness benefit. It is not a medical benefit at all, and there is a very great distinction between sickness benefit and medical benefit.

34,695. But is it not an advantage that they are able to knock off work and go to some place where they get fresh air, perhaps for some months?—It is a question of the completeness of the organisation by which you can send them away.

34,696. With regard to the attitude of the doctor in doubtful cases, when insured persons consult a doctor, it is *prima facie* evidence that they have got something wrong with them?—I should have said yes, before the Act. I met a man the other day who has 3,500 on his panel, and I said to him, "You cannot attend to all these people; the average of sickness is too great for you to do it." But he said, "Put it that I could attend to all who are ill; it is the beggars with nothing the matter with them that fill my surgery and bother me, and take up most of my time, and cause most worry." He practically gave me to understand that a large number of insured people had come to him with the idea of "better go and see the doctor and find out if there is anything the matter with me," and so filled up his time.

34,697. Do you think that that is a common experience?—I do not know how common it is to have 3,500 people on a panel.

34,698. Did he not mean people who were not very ill?—I do not know what he meant, but his words were, "those with nothing the matter," and he had got to find out that they were not ill, and it was that that bothered him.

35,699. And you say it takes a long time to prove a negative?—It does.

34,700. Now as to medical referees, do you think that the panel practitioner would take it ill if a referee, who was also a consultant being used by him, decided that one of his patients whom he thought unfit to work was fit?—I should not expect it, but you never know whether you might not be treading on his corns. Why does a general practitioner call us in in consultation? Because he thinks more highly of our opinion than of his own.

34,701. And sometimes to keep the relatives quiet?—Yes. I look upon this reference—whoever sends the case, whether it comes from the doctor or the society—much in the light of a consultation, and I should not expect a man to take any offence at my decision, any more than he does when he has been calling it meningitis perhaps, and I have said, "There are symptoms which might possibly have led you to that conclusion, but I think it is only pneumonia." Well, that is the ordinary average relation between a consultant and a general practitioner, that our opinion is better. Our opinion is intended either to support theirs or possibly to contradict it, and I cannot see why your hypothetical man should take offence.

34,702. In the case of a referee under the Insurance Act, the only question for reference would be whether the person was or was not capable of work?—Yes.

34,703. If the panel doctor was quite sure of his ground, and had very strong feelings that the patient

was not fit to work, he would take care to communicate that to you?—Yes.

34,704. But if he had any honest doubt he would not at all object to your saying that the patient was fit, because it would get the patient out of his surgery and get him back to work?—Yes.

34,705. As a referee under the Workmen's Compensation Act, you have not found that the doctor attending the workman harboured resentment against you?—I have been a referee ever since the passing of the 1896 Act; I was reappointed under the 1906 Act, and reappointed again the other day; and I have seen in the witness box many men with whom I have consultations, and I have never traced anything in the nature of a loss of consultation, whether he was on my side or against it.

34,706. And nothing to make you think that there is such a thing?—No.

34,707. So you think that that argument against employing consultants as referees has not much in it?—I do not think that there is anything in it. I am strongly of the opinion that only a consultant ought to be a referee. I think, first of all, that the training of a general practitioner does not make him as competent a referee as a hospital physician.

34,708. You think that the position of a general practitioner is that of an advocate rather than of a judge?—Yes; I think the consultant is in a position to be a judge, and that his opinion is accepted rather than that of a general practitioner.

34,709. You think the proper position of the ordinary medical attendant is that he should be a helper of his patient?—Decidedly.

34,710. And you would not like to see that position altered?—No, I do not think I would. Then as to a doctor always giving his patient the benefit of the doubt, it is human nature, if a patient comes, and says that he has a pain you must accept it as a fact, and you are apt to lose sight of the fact that he gets 10s. a week out of having that pain. When it strikes you, you say to yourself: "I do not think that he would come and say he had that pain, if he had not." It is against human nature for a general practitioner to adopt a very stern attitude with his patients.

34,711. If he had to act as a spy upon his patients, his life would become rather dreary?—Yes.

34,712. (*Dr. Smith Whitaker.*) When you say that you think that the quality of the attendance given now to insured persons is the same practically as it always has been, do you put that forward as a criticism of the panel system, or merely as meaning that you think that it would be so whatever system was in force?—Of course practically it is put forth as a criticism of the panel system, because that system is now in existence, so the facts go concurrently. But if it were possible to devise a better system than the panel system, I should have to reconsider the question. I should say, "Is the medical attention better under that system than it was before."

34,713. I do not put it to you from the point of view of deprecating or inviting criticism of the panel system. I only want to be quite clear what your point is?—It is a criticism of the present system—let us leave out the word "panel."

34,714. But is it put forward, because whoever may have been responsible for the panel system has not devised something better, or is it a criticism of the people who think that it is better than in the past?—I have not considered what my particular attitude was. I am known as an opponent of the panel system, but I am only an opponent in so far as I think, from all the evidence I possess, that the attendance is no better than it was under contract practice.

34,715. It might be said that people ought to be provided with something better than the old system, and your criticism might mean that you think something better could have been done and has not been done and, therefore, that people have been at fault in not doing something better, or the criticism might be: these people have gone and made a great fuss, but they were deluding themselves into thinking they could possibly improve matters, and all this fuss is really to



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no purpose, because, after all, we cannot have anything better than existed under previous conditions?—Of course you can have something better than existed under previous conditions, but I consider the panel system is not that thing.

34,716. Then in what direction must we look for improvement from the point of view of getting better attention to the certification, and getting people well so that they shall not come on the sick funds as much as they otherwise would?—The question is a very large one. Am I to think about nursing, and am I to think about the provision of a second opinion, or of institutional treatment?

34,717. The essence of the panel system is the employment of a general practitioner in a certain way. You say that the method of employment we have now does not get any better work out of the doctors employed than was got in the past. Then the question I ask you is: can you think of any steps that could be taken, or of any other system that could be adopted, to get better work out of the general practitioners than they gave in the past?—Very broadly the obvious answer you are expecting is, to make the practitioners more satisfied with the conditions of service.

34,718. I am not expecting any particular answer, but would that be your answer?—That would be a broad answer; but it is not any answer, because you would say: what steps would you take? I could illustrate the point with reference to the staff and the nurses at the London Hospital: I could say an unnecessary amount of red tape and irritation and pin pricks were caused the staff of the London Hospital, in connection with their nurses, by the Act.

34,719. I was thinking of the actual work of the doctor himself. Assume that there were provided people such as you suggest—physicians in consulting practice—to act as referees, and supposing it were possible in all cases in which doctors had doubt themselves, or cases in which societies did not feel completely satisfied by the general practitioner's opinion, to get the opinion of this referee, and that you had a stream of cases from the various doctors of the district continually being referred to the referee of that district, so that their judgment of cases was continually being checked by his judgment, and supposing, again, that they were not merely cases sent to the referee, but that the doctor himself had to come with the case and see that case in consultation with the referee so that they both examined the patient at the same time, what would you say?—I do not think that that would make matters any better.

34,720. Very well, we will leave the last step out, and suppose the other things; do you think that that would improve in time the standard of attention given by the doctors?—I think it would have that tendency; it would be a small brick in the building.

34,721. Would it be small, do you think?—Yes, I do not think it would be a particularly large one. It might become an important one in time.

34,722. Supposing you had two men in a district, and it became known as regards one man that only 5 per cent. of his cases were referred by societies to the referees, whereas in the other man's case 15 per cent. went up, and that of the cases sent up by the first man to the referee only 10 per cent. were found to be fit for work that he had thought unfit, whereas of the other man's patients it was 50 per cent., do you think that that would have any effect on the quality of the work done by the second man?—If he were really and honestly fit to be a doctor, it would make him more careful; if, on the other hand, he were a man who was all angles, he would possibly get his back up and say, "Oh, hang it, I'll go to another district."

34,723. Perhaps the proportion of sensible men would be enough for that educational effect to have some influence on the sickness claims?—Yes, I am of opinion that it would.

34,724. Do you not think that there would be some value in the doctor having to see the patient with the expert, in the contact of his mind with that of the expert?—I was thinking really of the practical working of it—the taking away of the doctor from his practice in order to attend at the centre of reference.

34,725. We had a suggestion here which was made, I think, by a panel practitioner, that he saw no difficulty in arrangements being made by which the referee should always see all the cases in consultation?—Well, obviously his opinion is worth more than mine in so far as he has had experience of it.

34,726. Would you not think that it would be very valuable if that were arranged?—I am thinking of what his attitude would be. He might say, "Oh! here am I lugged up here to see my patient with him at a most inconvenient time." His mind would be wandering and full of irritation. But the other aspect would be that a man might say, "Thank goodness I can get So-and-so's opinion now to keep me straight." Possibly the best way out of that difficulty would be to give the panel practitioner the option of going, if he thought the case was of sufficient obscurity or importance from any point of view.

34,727. As an experienced teacher, and as one who has seen a great deal of the work of general practitioners, do you not think that the average practitioner suffers a good deal in his professional work and, that the quality of his work after a time deteriorates, owing to his isolation?—If you mean professional isolation, I think it does, from having no one to check him and no one to check his diagnoses.

34,728-9. That the average medical man is at his best as a practitioner about three or four years after he leaves the hospital, when he still has something of his academic polish and at the same time has had some practical experience?—I should think that that would be a pretty fair statement to make.

34,730. And from that time a good many men who are not brought much into contact with men of a scientific type deteriorate to some extent scientifically?—A good many of them would resent the idea of deterioration, but I think that it would be almost a fair statement to make. Perhaps we should not say deteriorate, but that their accuracy in diagnosis becomes blunted. There is rather a difference, because the success of a doctor in private practice does not necessarily, nor even mainly, depend on his accuracy of diagnosis. It depends on a very large number of other factors, the personal equation. But I think his accuracy of diagnosis would deteriorate after about five years, perhaps.

34,731. One has heard it suggested that physicians and surgeons in hospitals which have a medical school, have their wits kept sharpened as compared with those who act in hospitals which have no teaching school, because of having to keep themselves up-to-date for teaching purposes. If the practitioner in general practice could be kept in contact with anyone who has given special attention to different branches of medicine, you would improve him as a general practitioner?—Yes, you would have a tendency to improve him. I tell you where I think you are going possibly a little bit wrong, and that is in the mis-application of science—too much science.

34,732. From that point of view, the general practitioner might also educate the expert?—He might, certainly. The sort of thing I refer to is an application of a Widal test to decide whether a complaint is typhoid or not; or the application of a Von Pirquet test for tubercle, instead of taking the trouble to examine the patient's chest, or a mere examination of the sputum. Men seem to think that science means short cuts, and that they need not take the trouble to use the ordinary methods of examination.

34,733. Keeping to the actual illustration of the referee constantly seeing the cases of a district, and, perhaps, wherever possible, seeing them in consultation with doctors, you think that that might have a good effect?—I think that it would be a good thing.

34,734-5. And also in improving the care and attention they give to their work?—Yes, perhaps.

34,736. Can you suggest anything in connection with the actual system of employment of doctors that you think would tend to the improvement of their work, particularly as regards certification, and also the care and attention they give to their work generally?—It is rather difficult to say. Is there just



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possibly running through your mind something like the limitation of panels, for instance?

34,737. You have given so much attention to this matter that one would like to know what you think could be done to make the actual work of the practitioner, in treating the insured person, better than it is at present?—I believe the fundamental point in the matter is that they do get their hands too full of patients, and it has occurred to me—I do not know how far it would be acceptable to anybody else—that it might be possible to make the insured persons pay a very small fee to the doctor; I mean, something like 1*d.* or 2*d.*, which is really small, but, still, appreciable to them.

34,738. I was thinking of things of a professional character, the terms of employment, rather than the relations of the insured persons to the scheme. You suggested just now the possibility of limiting the panel?—That was one thing, certainly. But I am opposed to another idea they have; “too much clerical work,” is their cry, but I am of opinion that notes should be kept of patients.

34,739. To make a man come up to his bearings on paper regularly is a good thing for him mentally?—However brief the notes are, I think some record should be kept of patients. What other method I could suggest, I really do not know. The conscientious man is still conscientious, and will always be so; the unconscientious man will not be anything else, and how you are to make him more conscientious is a little bit beyond me.

34,740-1. Do you think that you can group them all into two sharply-defined classes like that? Do you not think that there is a large intermediate class of men whose degree of care can be affected by a little gentle pressure?—Yes, I think there is.

34,742. (*Chairman.*) What are these “certain further powers” you refer to in your outline of evidence, which you think might be given to societies in dealing with medical benefits?—I do not know. I am told that the societies are trying to get back the entire control of the medical benefits: and so I merely used the words “certain further powers” as being a modification of that, with my particular exception that I did not want the doctor to be called over the coals by a lay committee without the buffer of a medical committee between him and them.

34,743. I do not quite understand what you mean in regard to this medical committee by whom alone a doctor is to be tried. What is the point?—It was illustrated just now by the perforated gastric ulcer case that was mentioned—of a patient sending for a man in a hurry and the man not going; and even by a possible criticism of the treatment given. Obviously only a medical committee could understand and offer any effective criticism of medical treatment, and would understand better than a lay committee the need and the degree of imperativeness in a summons to a patient.

34,744. Do you think that it is a very wise thing for certain classes of the population always to ask to be tried by members of their own class or profession?—I will not go so far as to say “always.” But I think, with regard to medical matters, that medical men alone are really capable of forming a sound judgment, either of the fact or the degree of error on the part of a medical man.

34,745. I do not suppose that you have ever heard it suggested that a solicitor offending against the law should be tried only by a jury of solicitors?—No, but his fellow professional men decide whether he shall be struck off the rolls, do they not?

34,746. Yes, but they do not sentence him, you know; they merely make a report to the society?—But the matter is dealt with by the Incorporated Law Society, I understand.

34,747. Yes, that is true as far as professional misconduct is concerned. But for any malpractice or fraud upon clients, a solicitor is responsible to the law of the land?—Yes, and a doctor is also responsible to the law, if his offence is a criminal one.

34,748. Are not most of the things that insurance committees are likely to quarrel with doctors about matters as to which laymen are just as capable of forming an opinion as a doctor?—As capable of forming an opinion, yes.

34,749. A *good* opinion, I should have said?—No, I do not think that the layman's opinion would be as sound. I would allow possibly a lay chairman.

34,750. I have several cases in mind—a doctor is accused of having entered into a conspiracy with other persons to carry on a chemist's shop under a subterfuge, to defraud the insurance committee; is that a matter on which doctors alone ought to adjudicate?—No.

34,751. A doctor is accused of having given a certificate at a time when he has not seen the patient; is that also such a matter?—Certainly not.

34,752. A doctor is accused of having no address on the panel list, and no fixed residence except the local debtors' prison, so that his patients cannot get to him, nor he to them?—I should hardly call that a professional offence.

34,753. Those are the sort of offences alleged against doctors?—Those are points of procedure. Obviously the illustrations you have given me must always come to the secretary of the insurance committee of the district, and on that committee there would be at least one or two medical men present.

34,754. Of course, I think that it would be absurd to suggest that any such question should be considered by any committee without medical men being present?—There would be one or two medical men present at the committee meeting; the matter is read out by the secretary as an item on the agenda, and what I think should be done is, that the chairman should turn to the medical men and say: “Gentlemen, what do you think of this case; do you think it is a medical matter purely, or do you think that this is more a lay matter?” If they said: “We should like the medical committee to express an opinion upon it, before you do.” I think the chairman might very properly say: “We will refer this to the medical sub-committee.” We are reasonable and rational men, and, leaving out the question of not having an address, I honestly think in the other three cases the medical men would have said: “No, this is far more a lay than a medical matter, and we do not think it need come before the medical sub-committee.”

34,755. There is a certain misapprehension in the minds of friendly society people that doctors claim that all these matters should be tried by medical men. I have heard it put forward in a most extravagant form from the witness chair, but you do not share those ideas?—No, decidedly not.

34,756. You and I would be in agreement if the question was as to some intricate process being applied to a person's inside, for instance?—Yes, and as to whether a man did or did not attend a call. That is the chief complaint I have heard of.

34,757. Do you not think in that case that it is absolutely necessary to have lay opinion as well as medical?—I suggest having a lay chairman of the medical committee.

34,758. It is, no doubt, a medical question from one side of it, but it is a very serious lay matter from the other side. From the lay point of view it is very necessary that one should know the habits of doctors?—Yes.

34,759. I mean, things might happen in one's household, and one is certainly as much entitled to a view in regard to them as a doctor is?—If one is thinking of the personal conduct of a doctor—to be quite frank, if he was drunk, I think a layman has a right to express an opinion. But then there would be the question: Was I drunk or was I not? I would go so far as this, if the committee of medical men tried that case and they found he was drunk, they could report to that effect, and leave the question of punishment to a lay body.

34,760. I have no doubt myself that the medical men would impose a punishment on such an offence which was as severe, at least, as that of a lay tribunal?—Yes, and perhaps more so.

The witness withdrew.



## FORTY-NINTH DAY.

Wednesday, 22nd April, 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Dr. T. M. CARTER.  
Mr. WALTER DAVIES.  
Mr. WILLIAM MOSSES.  
Dr. LAURISTON SHAW.  
Mr. A. C. THOMPSON.

Mr. A. H. WARREN.  
Mr. A. W. WATSON.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.

Mr. ALEXANDER GRAY (*Secretary*).

Mr. JOHN COLEBY MORLAND, J.P. (*Chairman of the Somerset Insurance Committee*), examined.

34,761. (*Chairman*.) You are a Justice of the Peace for the county of Somerset, chairman of the Somerset Insurance Committee, and an alderman of the county council?—Yes.

34,762. And you hold other public offices in the county?—Yes.

34,763. How many insured persons have you on the register in the county of Somerset?—On the 12th January we had 117,371, and when the last count was taken on the 11th April we had 119,170.

34,764. How many doctors have you on the panel?—We have 254 now. We had 260 last year.

34,765. What is the reason of the difference?—We had several doctors who had little or no practice, who have retired, practically from outside places like Bath and Bristol, and two have retired from within the county, who have other practice and were disinclined to continue, and another has retired through a disagreement over the agreement.

34,766. At the beginning of the year?—We kept him on for two or three months; he has just gone. We had a great deal of difficulty in that case, and that is not settled yet.

34,767. How are the insured people distributed among the doctors?—We have 166 doctors with fewer than 500 patients, 63 with between 500 and 1,000, 14 with between 1,000 and 1,500, 3 with between 1,500 and 2,000, and 3 with between 2,000 and 2,500, and one with over 2,500. I think he has 2,800 odd.

34,768. Is the last man alone in his practice?—No. He has an assistant who is on the panel, but with no patients in his name.

34,769. I suppose I may take it that the great mass of these 119,000 people are resident in rural areas, or in villages or small towns up and down the county?—Probably about half and half. Weston-super-Mare, Taunton, and Bridgwater are fairly large towns.

34,770. But they are not great industrial towns?—There are not above 25,000 in Weston; Taunton is more of an industrial town, and so is Bridgwater. We have got a number of small industrial towns in our county, but not large ones.

34,771. You have a great many villages?—Yes.

34,772. You are satisfied that the doctors fairly cover the county?—Yes; we have no serious complaint as to distance anywhere.

34,773-4. Are you paying a great deal in mileage?—I understand that nothing so far is paid in mileage except in the Exmoor district. We have a special grant of 350*l.* for that district. Mileage payments have been left in the hands of the panel committee. That is, they agree to find medical service and compulsorily allot if necessary. I think that only three patients have been compulsorily allotted so far.

34,775. How many people have not chosen their doctor?—We had 107,460 in January who had chosen doctors, or who were members of institutions. That nominally leaves about 10,000 to 12,000 who have not chosen; but in addition to that we have about 10,000 uspense cards, of which we know little, and we have

30 with travellers' vouchers. That number has been increased since January.

34,776. What about people making their own arrangements?—There is none of that at all.

34,777. How many people changed their doctors last year?—We had 10 or 15 cases of change by consent during the year.

34,778. What was the cause of those changes?—They did not come before us. Probably they disagreed with the doctor, or the doctor disagreed with them, but they obtained another doctor without any difficulty.

34,779. At the end of the year how many changes were there?—320, but I do not consider that figure of much value, because the number of changes of residence in the county must have been very much greater than that, and I take it that there is a very considerable number of insured persons who are now living away from the doctors on whose lists they are.

34,780. They have not found occasion to go to the doctor?—Yes, and they have not changed.

34,781. They will change in time?—They will change when they want to. Our arrangement with the doctors is that they are to take them where they are, if they change in the county.

34,782. You have a sort of *omnium-gatherum* arrangement with the doctors that all the people shall be attended?—Yes, and they take them on at any time.

34,783. No difficulty has arisen with regard to getting them attended?—No, with the exception of one case that is under suspense at the moment.

34,784. What about the medical service sub-committee?—We have formed a medical service sub-committee, which has not yet met.

34,785. Why is that?—We have a special arrangement that was come to with the doctors of a joint medical committee to which cases are referred, and if they are not settled there, they are to go forward, but we have had practically no cases before the joint medical committee. It is a committee of 11 of each side, of which I am chairman.

34,786. How do you account for the absence of complaints?—We came to an amicable arrangement with the whole profession at the beginning, and our relations have been very friendly ever since.

34,787. Still it seems almost incredible that with 117,000 persons being doctored, and 250 doctors doctoring them, there should not be any trouble on either side?—We have had two complaints this last quarter.

34,788. What sorts of complaints were they?—I think that one was a complaint as to charging fees, and the other was a complaint as to charging for certificates.

34,789. You had no complaint by the societies in reference to the giving of certificates?—No formal complaints.

34,790. Had you no grumbling?—Agents have grumbled occasionally that certificates may have been



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[Continued.]

given somewhat freely, but I think on the whole that the grumbles have been the other way.

34,791. That they have been too stringent?—Yes, in some quarters.

34,792. Where has that complaint arisen?—In Yeovil particularly.

34,793. Are they complaints by insured people?—By the societies. They come to me through the societies' agents. The members of the insurance committee are practically all agents with the exception of the county council and the Insurance Commission representatives.

34,794. Was any endeavour made to find out whether they were true or not?—They have been referred to the panel committee which meets to-morrow.

34,795. There have been no complaints of inadequate treatment?—No. I do not think that I have heard of even any rumour of inadequate or insufficient treatment.

34,796. Of course, your tale is such a beautiful story, that one looks to find what is the cause?—Certainly, it is not intentionally coloured.

34,797. I know that, but one looks rather with a suspicious mind to find what are the black spots. Are there no black spots?—I am not aware that there are any. Of course, one cannot say that the medical service is equally good right through the county.

34,798. We are not so much concerned with the excellence of the medical service itself. We are concerned with sickness benefit, and the medical service as it relates to sickness benefit. Of course, if the medical service were grossly inadequate it would probably increase greatly sickness claims, but apart from that, we are not actually investigating whether it is a good service or a bad service. Do you think that in Somerset, where things turn up which are outside the power or scope of the medical practitioners' agreement, the insured persons get attention?—I made special inquiries as to that, particularly of the medical men, and they all say that they had such cases during the year, and that they had been attended to either by themselves, with or without extra remuneration, or at hospitals or institutions in the county.

34,799. What happens in Somersetshire when people require treatment in institutions?—We have a number of local hospitals at Yeovil, Taunton, Bridgwater, and Bristol. Of course a lot of patients go to Bristol and a few go to Bath. The Bristol Infirmary is a general hospital, and takes a very large number of Somerset cases.

34,800. What about the extreme west of the county?—Taunton serves the west. There is a very good hospital there.

34,801. What about the south?—Yeovil serves the south, and there is a small number of cottage hospitals as well, but I take it that the bulk of the cases, or at any rate many of the cases, are dealt with by the doctors themselves.

34,802. You must have had some discussions or heard some gossip among the society representatives on the committee as to their experience of sickness claims. Do you gather that they are satisfied with their experience or not?—Some are, and some are not.

34,803. When they say that they are not, do they say that that is due to certification?—Some lay it upon the women, some upon the low-wage earners, irregular claims and excessive claims, and some on the members of the old societies who are at present over-insured. I should say that it is put on those three classes.

34,804. What you are now saying is just what you hear as gossip?—Yes. I had a number of inquiries made, and those are the only grounds they state.

34,805. You have got a good many women out-workers in Yeovil?—Yes, a large number.

34,806. Is there much complaint of them?—Yes, two or three of the agents and the doctors consider that the claims are somewhat heavy, and that the difficulties in giving certificates are considerable.

34,807. Do you mean in giving them or in refusing them?—In refusing them possibly; the doctors are not satisfied, either, as to their not being able to do any work.

34,808. Do they complain that these people, when they get certificates, go on doing their ordinary household work?—That is about it.

34,809. They are rather scattered in the villages, and very difficult to supervise?—Yes. With reference to complaints as to doctors, there has been a small number of complaints as to charging for certificates, but when we investigated them we found that without exception the certificates charged for were not the State insurance certificates, but others.

34,810-1. You said a moment ago that the committee was composed of agents. Do you mean agents, strictly so-called, or secretaries of friendly societies?—Of course, there are some secretaries of friendly societies, but they are officials of friendly societies; they are not the members who are represented.

34,812. What about the medical referee idea? Have you had that discussed?—We have not discussed it in our committee formally, but we have had a great deal of conversation about it, and the doctors are practically unanimous in favour of a medical referee.

34,813-4. What do you think the other side, if we may call it so, would favour?—There is a section in favour of tuning up the sick visitor, and there are some who do not think that there is much necessity for it.

34,815. But the committee as a whole have not considered it?—No; it has not come to any decision.

34,816. What sort of referees do the doctors want?—Some desire a whole-time man for the county, but the majority suggest that some practitioner should be appointed by the Commissioners from the panel list to act in each district, not in his own district, but in a neighbouring district.

34,817. How would he be able to do that, and do his own work?—That point requires to be very carefully considered. No doubt if there were much to be done, he would have to employ an extra assistant, or have another partner.

34,818. If there are no complaints, it is very difficult to see what a referee is wanted for?—Yes. All the doctors certainly state that there are cases in which they have grave doubts, and they would like the backing of a second opinion. There are other cases in which considerable pressure is put on, and they would like to have an outside backing.

34,819. Then you think that it is rather a doctor's question than an insured person's or a society question?—Of course, it would certainly assist in keeping down the excessive sick pay.

34,820. But do you think that it is due to any lack of tough fibre in the doctor, or a perfectly genuine thing which he cannot really get on without?—It is exceedingly difficult for doctors in certain circumstances to take a really strong line.

34,821. Is it difficult because of the limitations of human knowledge, or because of the commercial relations between themselves and their patient?—Both.

34,822. That is what they say?—Yes. I come now to the question of the way in which certificates are given.

34,823. What do you mean by that?—There is a very considerable variation. In reply to your Memo. 175/I.C., I asked some questions and 21 doctors replied; 11 of them say that they give certificates if the insured person is unable to do his usual work, and 4 replied that they give certificates if the person is unable to do any work.

34,824. I do not want the names, but could you tell me what sort of places in the county these four come from?—I believe that one or two come from Yeovil and one or two from Weston-super-Mare. Then there were six who gave vague replies. Each class includes different grades of stiffness in replying, and it is quite clear that there is no uniform practice at all.

34,825. It depends upon the doctor's temperament more than upon anything else?—Largely. There was one case from Yeovil in which a doctor refused a certificate, though the patient could not follow his usual work, because he could distribute handbills. This came through the agent, and the agent thought that it was an exceedingly hard case.



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34,826. Is there any difference between the case of the doctors in the country district, who are to a great extent without competition, and those in the towns?—No; the town doctors are equally anxious for referees.

34,827. Are the country doctors, who do not suffer from competition, equally anxious?—Yes. I think that there is only one doctor out of the whole lot who said that he did not wish it.

34,828. Is there anything further which you think the Committee ought to know?—There is the point of the Workmen's Compensation Act. We have received a number of complaints as to the difficulty of isolated insured people, farm labourers for instance, obtaining their benefit when there is a doubt on that point, or when it is actually a case of accident.

34,829. Obtaining their benefit or payment of compensation?—Obtaining their benefit, because the society cuts off the benefit, and in many cases leaves the insured person to get the compensation; and in many cases they are either too ignorant, or too dependent to do so, and it would very much strengthen the matter if it were the duty of the insurance committees to see to it or if the onus of recovering compensation were thrown upon the societies. It is a great hardship when there is a doubtful case for a labourer to be out of his sick pay for two or three weeks, while the matter is being discussed or considered.

34,830. But it would be a rather serious matter to put the whole of the onus on to the approved society?—Yes. Many of the societies are taking it up now. I understand that the Prudential takes it up. I think that an officer of the Amalgamated Approved Society told me it was taken up.

34,831. It cannot affect these claims, because the claims are not paid by the societies, but you say that it seriously affects the insured people?—In certain places it is felt as a considerable hardship.

34,832. From whom do these complaints arise?—From the insured people themselves.

34,833. Do they write to the committee to complain?—There have been cases. They come to our clerk, and we have had them from outside as well. Our clerk is rather an expert at that particular business, and they also come before his notice as a solicitor, I believe.

34,834. Is there anything else that you wish to add?—There is the point of co-operation between the practitioners and the officials.

34,835. You say that you have a joint committee?—Yes; the relations on the whole are quite cordial, but we have had complaints from doctors that friendly society officials are not co-operating with them as much as they would like, and we have had complaints from the other side.

34,836. When you get these complaints, are they definite things?—No, they are general.

34,837. They are complaints of an attitude rather than anything else?—Yes.

34,838. Do you think that there is anything in them?—Yes, I think that the old friendly society official in some instances is distinctly hurt that he has no longer the control of the doctor, and will not have anything to do with him on that account.

34,839. Suppose that he did try, do you think that the doctor would answer his letters?—They are much more likely to take notice if he calls down and has a chat with them. They are bad correspondents.

34,840. He cannot always call?—It is the local man generally.

34,841. You do not have the doctors saying that they will not have anything to do with the friendly society?—No; it is the other way about. They are quite prepared to meet them.

34,842. (Mr. Warren.) There is a great deal of women labour in parts of Somerset?—Yes, particularly in gloving, shirt-making, and collar-making.

34,843. The workers are earning what may be called low wages?—Yes, from the north country point of view, but good gloving hands in the Yeovil district I understand earn quite good wages.

34,844. Could you tell us roughly what they average?—I have no idea.

34,845. You could not say whether the benefits under the Insurance Act approximate closely to the

wage they earn?—They would certainly not approximate with the skilled workers.

34,846. Therefore you do not regard the benefits under the Act as offering a temptation to abstain from work, and go on the fund?—Not when the wages are more, as they would be in many cases. Of course in certain cases they would be distinctly less.

34,847. In many cases they would be earning not much more than 7s. 6d. per week?—Among the outworkers there would be a number.

34,848. Have you any knowledge as to the number of claims that have been made in respect of outworkers?—No. They do not come to us.

34,849. Speaking on behalf of your committee, you are not conscious that there are any excessive claims on the part of women?—No. Of course the claims do not come before us at all. It is only as a matter of hearsay that it comes to us.

34,850. Your committee, I take it, are considering the desirability of inquiring in respect of doctors who have more than 1,000 persons upon the panel as to the mode of treatment and the machinery which they have set up for dealing with it?—Yes; we have asked the panel committee to consider the waiting room accommodation of all doctors with over 700 patients.

34,851. Do you hold the opinion upon your committee that a medical man cannot deal satisfactorily with more than 1,000 persons upon his panel?—No, we do not.

34,852. It is not with a view to restricting the number of persons because of the inadequacy of treatment, so much as in reference to the inadequate waiting-room accommodation?—Yes.

34,853. You find probably that those with the largest number on their panel are giving you every satisfaction?—Yes.

34,854. Your committee have not favoured insured persons making their own arrangements with the medical practitioner?—They have not.

34,855. Have they given no satisfactory reason?—The point is that there is very little object in making their own arrangements when practically every medical man in the county is on the panel.

34,856. There have been comparatively few applications?—I think we had some time ago about 40 applications altogether, and none were granted.

34,857. But complaints as to treatment were very few?—There were practically no complaints as to treatment.

34,858. You told the Chairman that the attitude of the profession in your area towards the Act is satisfactory?—Yes; they are very loyal in carrying out the promise that they made, and the agreement that was come to.

34,859. May we take it that if they were approached by representatives of the approved society in cases of doubt, they would receive them and listen to what they had to say?—Most certainly, either directly or through our committee.

34,860. There are friendly relations between the various approved societies and the medical men on the Somerset committee?—Yes, I should say so. So far as the insurance committee is concerned, with such a very large number of representatives of insured persons, the relations are extremely friendly.

34,861. But you do in your evidence speak of the officials of approved societies being met courteously by the doctors?—Yes. I have no personal knowledge of any difficulty at all.

34,862. Do you think that there is anything in what you said just now as to the old friendly society official being so incensed at having the administration of medical benefit taken from him, that he is keeping the doctor at arms' length?—It does not go as far as that, but the relations are not so cordial as they might very well be.

34,863. Had you any experience of friendly society work in the past in connection with the medical men?—Not practically, except in our own factory club.

34,864. But you would from your experience recommend that there should be as close an association as possible between the persons administering the



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benefits and the medical profession?—I think the closer the better.

34,865. Is there any truth in the allegation that in some cases doctors are too easy in giving certificates?—It would be impossible to say that out of 250 doctors no doctor is too easy, but I think that on the whole they use a wise discretion.

34,866. You mentioned the possibility among other things of over-insurance having some affect upon the claims. Have you any knowledge on your committee as to the extent to which over-insurance exists?—No. Some such cases have come before me personally, and though it affects the claims, I do not at all mean that in every case there was an unjustifiable exceeding of the time, because having been in fairly close touch with the working people for a great many years, I believe that before the Act many people who were ill came back to work too soon, and they are now taking more sufficient time, and I do not know personally of any case where they have taken too much time.

34,867. They have not taken more than sufficient time?—Not more than sufficient time to get a really complete recovery. But such cases as influenza did come back far too soon in the past in many cases.

34,868. But would you as an employer urge that it would be well if arrangements were made to prevent, as far as possible, what might be regarded as over-insurance?—We have a factory club in addition to the State section, and we like them to be slightly in excess.

34,869. Slightly in excess of their own wages?—Yes, because in times of illness we consider that there is a necessity for extra payment, and if a man earns 1*l.*, for instance, we should not raise any objection if he insures up to 22*s.* 6*d.*, but we would think 25*s.* rather high.

34,870. You would regard 30*s.* as certainly offering a strong inducement?—Yes, if it were 30*s.* in the case of a 20*s.* man, but a slight margin is a different thing.

34,871. Therefore, while it may be held to be quite advisable in cases of sickness that a patient should be entitled to as much as, or perhaps a little more than, he earns when following his ordinary occupation, yet there should be some limitation on the man?—Yes; we make a practical limitation. We do not allow him to insure for more than 5*s.* in excess, and the usual course is to allow about 2*s.* or 3*s.* in excess.

34,872. Have you any knowledge as to whether it is general in the county of Somerset for the insured persons to have a fair understanding of the real meaning of National Insurance?—It is far better than it was. But I do not think that the isolated agricultural labourers, for instance, have any very clear appreciation of it. There is too much of the feeling that "we pay in so much, and we must get out so much each year if we can."

34,873. To use an expression which has been employed, they wish to get some of their own back?—Yes. They treat it as a yearly breaking club, to which they are accustomed, instead of as insurance, in certain cases. I am not speaking of a large proportion of people.

34,874. Generally speaking, they do not realise that the day may come when there may be some alteration in the benefit, or some increase of contribution?—They do not realise that the reserves may be of great benefit to them, if, and when, they accumulate.

34,875. They do not realise that their own interest is particularly wrapped up in that of the approved society?—Not so much.

34,876. Can you tell us anything as to the question of pregnancy?—I am afraid that I know very little about that.

34,877. It has not come very prominently before you?—No. I have heard hearsay suggestions, and some of the doctors suggest that they have had very difficult cases to deal with.

34,878. Have you had any complaints in respect of that from the approved societies?—Only in the same way. Nothing specific at all.

34,879. Have you had any knowledge that there is any abuse generally on the part of the persons who are benefited during pregnancy?—Yes, I might say, distinctly.

34,880. And it would be well if that abuse were removed?—Yes; if the whole position during pregnancy could be cleared up, it would be better.

34,881. And you would urge that medical referees should be appointed?—Yes.

34,882. Appointed by whom?—I think, preferably, by the Commissioners from the panel list for each district.

34,883. Appointed by the Commissioners and paid by the Commissioners?—Paid partly by the societies, and partly by the Commissioners.

34,884. Why partly from one source and partly from the other?—The societies are distinctly benefited. I sent the suggestion round to the societies' agents asking questions with regard to this, and they all repudiated the idea of paying the whole of the expense, but they practically without exception considered that a portion of the expense might be disbursed by the society.

34,885. In what proportion?—They did not go into the proportion.

34,886. (*Mr. Wright.*) You have used the expression "agents" a great many times this morning, and I think the Chairman put to you a question on the subject?—I included representatives of friendly societies.

34,887. Do you find the agents of the approved societies connected with the insurance companies more prone to come to you for information and advice and with complaints, and so on, than the officials of the older friendly societies?—I really do not think that I could answer that. As a matter of fact, it is principally members of my committee who come to me and discuss matters, and I have always, as far as possible, abstained from asking them whom they represent.

34,888. I wanted to know whether you had any sort of impression that the representatives of the older friendly societies were not so interested in the work of insurance committees as the representatives of the collecting societies?—I never considered it from that point of view. Certainly some of our very keenest men are the representatives of the collecting societies, but we have some very good men as well who belong to the old societies.

34,889. With regard to this joint medical committee, which I assume was set up to take the place for the time being of a medical service sub-committee, how is it constituted?—It is constituted of 11 doctors appointed by the panel committee, and 11 members of the county insurance committee.

34,890. And are these 11 members of the county insurance committee all representatives of insured persons?—No, not all. None of the medical representatives, of course, are sent from the insurance committee.

34,891. Who acts as chairman?—I do.

34,892. Then the difference between the medical service sub-committee and this joint medical committee which you have set up would be this, that the number of members would be larger, and that the representatives, apart from the representatives of the medical profession, are not all representatives of approved societies?—Yes.

34,893. There may be some of the Commissioners' representatives, and some county council representatives?—Yes; there are both.

34,894. Of the 11 who are not representatives of the medical profession, could you tell us how many represent insured persons, and how many represent the council or the Commissioners?—Either six or seven represent the insured persons. I think six. The reason that appeared to me to be at the back of the minds of the doctors when asking for this special arrangement, which was made when we made our first arrangement with them, and got the whole of the medical men in the county in, was that the representatives of the insurance committee upon that joint committee should be a majority of the medical sub-committee of the insurance committee.



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34,895. On whose initiative was this committee set up—the doctors or the insured persons' representatives, or whose?—It was part of very long and complicated negotiations which took place between myself and one or two others and two or three representatives of the doctors in the county at the beginning before they came on to the panel.

34,896. Did the representatives of insured persons upon the committee concur in this arrangement?—Yes.

34,897. Was it unanimous?—Yes. There has been no objection taken whatever.

34,898. And no complaints whatever came before that committee?—No formal complaints.

34,899. Do you think that that may be on account of the fact that a committee constituted in that way would not inspire so much confidence as a statutory committee?—Not at all. There is the statutory committee as well if necessary.

34,900. What obligation is there then on the part of a person entitled to bring a complaint to take the complaint first of all to the joint medical committee?—The complaint, of course, must be sent in to the clerk of the insurance committee. Under the standing orders it is referred automatically to the joint medical committee. If there is no settlement arranged there, if there is any difficulty there, then it goes on to the statutory committee.

34,901. Have those standing orders been approved by the Insurance Commissioners?—Yes.

34,902. Does it occur to you that it is a violation of the spirit of the regulations which provide for the establishment of a medical service sub-committee?—No.

34,903. But you recognise that there is a very important difference in the constitution?—I see the difference you point out.

34,904. In your proof you make some reference to the somewhat harsh and arbitrary terms imposed by the Commissioners in the contract that the doctors were required to sign in January last. What particularly does that refer to?—The clause with reference to the provision of continuous service pressed very hard, in the opinion of some of the country practitioners, upon them where they have no one within reach who can take their practice in their absence. Of course it all depends upon what is reasonable absence. The second is what they call the penal clause.

34,905. May I take it that this expression represents your own personal opinion or the opinion of your committee as a whole—I mean that the terms were harsh and arbitrary?—That is the doctors' opinion.

34,906. You are merely quoting the doctors' opinion, and not expressing your own?—Well, I think the agreement was perhaps unnecessarily harsh.

34,907. (*Chairman.*) What is the penal clause?—The clause that gives penalties under certain circumstances for treatment. I suppose the breaking of the clause for giving proper treatment. Personally, I think that it was very largely a matter of not understanding precisely what the legal terms of the agreement meant.

34,908. (*Mr. Wright.*) You say, speaking of representatives of approved societies: "Instances occur" where they themselves ask the doctors to date back the certificate in order to adjust their accounts." Have you any specific instances of that?—I have not specific instances. The information on that point came to me from our clerk.

34,909. Is it a pretty general complaint, do you think?—No. I should not think so. It is simply stated there to show that the easiness of certificates is not altogether a matter concerned with the doctors, but is also at the desire of the agents or representatives.

34,910. Speaking of referees, you say: "Amongst society officials I find that the desire for a referee is stronger amongst those representing collecting societies than it is amongst those representing the old friendly societies"?—In the replies I received the representatives of the collecting societies were very much more definite in their requests.

34,911. Have you sent out questions to the various societies?—Yes; not very many. I think only a limited number to the representatives of the friendly societies.

34,912. Would it be troubling you to give us some examples?—There is a reply from a very old representative of the Foresters. He was asked, "Are you in favour of the appointment of referees?" "No, decidedly not. What are the doctors for?" From a Prudential agent, "Yes, most decidedly. The Prudential Approved Society have already appointed a system of referees. I would take a medical man and let him have a motor." The next says, "Most certainly." I think that he is an old friendly society man. The next is a friendly society man who says, "Yes." On the whole the friendly society people were somewhat less clear in their views.

34,913. Can you give us any information as to whether as a general practice societies accept doctors' certificates without question, and pay sickness benefit upon receipt of them?—I should say practically in every case they do, but occasionally the society medical referee or officer is called in.

34,914. You have heard nothing at all from the representatives of approved societies with regard to certificates being given for minor ailments?—No.

34,915. And you have had no complaints, official or unofficial, that societies have withheld payment of sickness benefits because they have not been satisfied with the medical certificate?—No. I have never heard a case of that.

34,916. You have given us instances where workmen's compensation questions arise, but you have heard no complaints that societies have withheld sickness benefit at all?—No.

34,917. We might take it that, so far as your knowledge goes, the doctor's certificate is always considered sufficient authority for the payment of sickness benefit, except in those cases where the society itself calls in a referee?—Yes, or there is a doubt as to its being an accident.

34,918. Your general impression seems to be this, that though there is no serious amount of malingering, there is a considerable number of persons who are receiving sickness benefit, but who are not justly entitled to receive it?—I do not know that I could go as far as that. I am not a medical man, and it always has been with me a point as to whether a rest—a longer time on the funds—was not in many cases justifiable.

34,919. Even though during that period of rest the person may be capable of work?—If capable of following their own employment, I am quite clear that they should not be on the funds, but I can quite imagine some forms of illness in which some other work might be done without detriment, and without rightly invalidating the sickness benefit.

34,920. Why do you draw a distinction between their own employment and any employment?—My line is the line of the old friendly societies, where I believe it is practically always "following their usual employment." Certainly medical certificates in the county, until the receipt of the last circular, were practically always given on those lines.

34,921. But you say that you think that under some circumstances it is quite justifiable to pay a person sickness benefit who has been ordered a rest, even though that person may be capable of following some employment?—I think perhaps you misunderstood me. I was particularly referring to the case of convalescence after illness, and I think that it was always the custom of the old friendly societies, when a member had been ill, and was sent away to a convalescent home, to pay during convalescence as well as during the actual illness.

34,922. But the National Insurance Act draws no distinction between various kinds of employment. It says "incapable of work"?—I believe so. I have not the section before me.

34,923. And that being so, you still think that sickness payments during convalescence are justifiable, even though the person may be capable of work?—It



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depends on what you define as work. If it is capable of remunerative work, I should be with you.

34,924. It would depend what the person's own employment was, too, would it not?—Largely, yes.

34,925. In any case, no insurance committee has any power to deal with cases of excessive sickness?—No, we have no power.

34,926. The duty of the committee is confined to seeing that the insured person receives proper medical attention?—Yes.

34,927. Do you think that it would be a good thing if the administration of sickness benefits were placed in the hands of insurance committees?—I am not prepared to give an answer. It is not a point I have ever considered. It is far too large to answer at once.

34,928. Have you found that any inconvenience arises from the fact that medical benefit is administered by one authority and sickness benefit by another?—No. I do not think that it has come to my notice.

34,929. Do you think that the insurance committees have sufficient control over the administration of medical benefit by the panel practitioners?—Yes, on the whole.

34,930. You can suggest no way in which that control should be strengthened?—No.

34,931. (*Mr. Davies.*) What was the necessity for you to approach the doctors having 700 or more people on their panel to improve the waiting rooms?—I do not know that there is a necessity, but we thought that it was a wise precaution, because we know that many doctors who were only taking a comparatively small number of persons before, are now taking very many more.

34,932. And after the inquiry you suggested that this could be done, or is the inquiry going on?—The inquiry has only started now. We have really made no inquiry yet.

34,933. It did not arise, then, from any complaint from insured persons that they had to stand outside during cold weather?—No.

34,934. Have you had any complaints that men and women had to stand outside surgeries, and that by reason of so doing their sickness was accentuated?—No. We have had no complaints on the point. I have had some hints that some dispensaries have been inconveniently overcrowded.

34,935. Have you received any complaints of that sort in the district of Weston, or on the borders of your large towns which just come into your county?—No. I think at Weston we have rather a full number of doctors. The number of insured persons is comparatively small there.

34,936. And whilst making inquiries with regard to the capacity of waiting rooms for surgeries, has it occurred to you that it might be as well to inquire into the capacity of chemists' shops?—We have had no complaints, but I will certainly take advantage of the suggestion, and see if there is anything to be done.

34,937. Are there chairs and forms in chemists' shops where a person may have to wait who is very ill, and has gone to the doctor and called at the chemist's on the way back?—Yes. I made a number of inquiries as to whether there had been delays in prescribing, and I was told by the doctors and the insurance representatives that they had had no cause for complaints. The only difficulty they raised was that in some instances, on holidays and Sundays, there was difficulty in getting attention.

34,938. Do you think that there is any convenience whatever in chemists' shops for people waiting for their prescriptions?—I can only speak for the chemists' shops I have been into myself. There are the usual shop conveniences—one or two chairs.

34,939. And there will never be more than one or two insured persons in at a time for prescriptions?—I have seen three or four in, but I have never been at a busy time to the chemist's.

34,940. Has your committee never had complaints from insured persons that there is no convenience for them?—We have had no complaints.

34,941. Have you had any conferences between the medical profession and the representatives of insured persons for the purpose of discussing the difficulties

under the Act, and finding a way out?—No. This joint committee has met and besides taking complaints, it deals with all matters that arise affecting the medical profession and they are discussed there, such as mileage grants, and so on.

34,942. But this committee was set up at the instigation of the insurance committee, was it not?—It was a joint suggestion.

34,943. You have not a committee which has been called into existence solely by the insured persons and the doctors?—Not solely by the insured persons and the doctors—by the insurance committee and the doctors.

34,944. And you have not a committee represented on both sides by equal numbers?—We have in this case. Our joint medical committee is 11 and 11.

34,945. But they are not insured persons?—No. We have the other committee, the statutory committee, if necessary.

34,946. Has the committee seen fit to bring them together for the specific purpose of meeting every difficulty that arises under this Act, so far as it is known?—Every difficulty is brought before this joint committee which certainly includes some representatives other than insured persons.

34,947. You think that this committee would meet the purpose?—I think that it meets it admirably.

34,948. And there is no feeling by the approved societies that they are not adequately represented, and therefore resent the committee?—No. The only suggestion that they made was that they should be on it in proportion to their numbers on the insurance committee.

34,949. That would mean three to two, would it not?—I think it is practically. It is either six or seven. Perhaps I am on *ex officio* as chairman.

34,950. I take it for granted that there is confidence in this committee?—I have never heard any suggestion to the contrary.

34,951. And if there were any complaints you have no hesitation in saying that those complaints would find their way to the committee?—Certainly. Automatically under our standing orders they go direct to the standing committee.

34,952. The questions which have been submitted might have suggested a doubt as to the committee not getting complaints by reason of the inadequacy of the representation?—There is nothing in that point at all. Our insurance committee and our medical committee treat cases as on account of the insured persons. We are there to administer the Act, and we do not consider that we are upon the committee to represent anyone at all, and I think that that is the line taken by the insured persons as well.

34,953. Then I take it that you have had very few complaints either from societies or from individual insured persons?—No. We have had no complaints from societies except one that is now pending with regard to the resignation of a doctor, and we have not yet been able to provide a substitute.

34,954. You have had none from any insured person whatever?—There are two which have just gone forward, but they are the only ones.

34,955. Out of 120,000 lives you have three complaints, one from a society and two from insured persons?—They certainly have not got into the habit of complaining.

34,956. And that is because the system is adequate?—Yes. We have had certain complaints as to certificates, which the clerk has inquired into and found in every case that they referred to certificates for society purposes, and not for the insurance section.

34,957. Have you had no complaints with regard to the fact that the insurance committee has the right to claim the money when a person goes into a sanatorium and there are no dependants?—We have had one or two cases. We have referred a case to the Commissioners but they have told us that we have no powers in the matter; but I have not dealt with sanatorium benefits. Of course, we have had difficulties under sanatorium benefit.



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34,958-9. Have you had any cases particularly of domestic servants, who have gone to a sanatorium, and, on coming out, find that, by reason of having been in a sanatorium, they cannot get employment, so that they again come on the funds and the society has again to pay sick pay?—Not many, but one or two somewhat parallel cases have occurred, and without going into details we are now arranging a general scheme of care committees throughout the county which we hope will meet that difficulty to some extent. I had not had domestic servants' cases before me, particularly in that respect, but I can quite imagine the case.

34,960. It is a problem that is growing, and you agree that it is affecting your societies?—Yes.

34,961. With regard to the question of malingering, you say, "After careful inquiry I am not satisfied that there is any serious amount of malingering in the county"?—I am not satisfied, but there must be isolated cases.

34,692. If there is not malingering, where is the necessity to appoint referees?—I say no serious malingering.

34,963. What do you mean by "serious"?—I should say deliberate intentional malingering. I think that there is distinctly some amount of improper application for benefit, and occasionally no doubt benefit is allowed that is not technically justifiable under the Act and the regulations.

34,964. You are convinced that there is sufficient of it, at any rate, to justify the recommendation that a referee would be helpful?—Yes. But I should not be prepared to advocate the setting up of a very expensive system of referees, and that is why I suggest medical men selected from the panel who would work in the neighbouring districts, and would be called in as required at comparatively little cost.

34,965. You do not want a full-time referee?—No. I do not think that that would be desirable. The travelling expenses and the fees, of course, would be so very heavy.

34,966. I notice you say, "But there is still some cause for complaint at delay in payment, due to the bad organisation of societies." What does that mean, because if societies are badly organised, it must have a terrible reflex upon excessive sickness claims?—That is a point that comes from the doctors. We asked the doctors whether they had cases of delay and practically without exception they said that there had been, and that cases were occurring much less, but they still thought in some instances that the society organisation was not as perfect as it might be, particularly in the scattered districts, for the meeting of benefits.

34,967. You do not know of these cases yourself. It is simply a general statement by the doctors?—That is so.

34,968. There has been no complaint by the doctors to the committee on this head?—No.

34,969. (*Mr. Thompson.*) I take it that your doctors in Somerset desire a referee not for the purpose, generally speaking, of checking malingering so much as assistance in certification?—Yes, in doubtful cases. Of course, every doctor in a large practice will have some cases that he is very sceptical of—lumbago, and so on.

34,970. Whether it arises from lack of sufficient fibre or from whatever cause, they feel that it would be an advantage to have the assistance of a referee?—Yes.

34,971. One of the objections which has been mentioned to you to the appointment of referees is that the better system would be to render more efficient sick visitation?—Yes.

34,972. That would not seem to touch the question of certification?—No. I do not think it would.

34,973. So in your judgment it is not a real answer to the suggestion?—No.

34,974. (*Mr. Mosses.*) With regard to the Workmen's Compensation Act, I think you will agree with me that there are various kinds of societies who are responsible for administering the National Insurance Act?—Yes.

34,975. Approved societies may be roughly grouped

into three sections—collecting societies, friendly societies, and trade unions?—Yes.

34,976. Do you know of any friendly or collecting society which is pledged under their rules to prosecute cases under the Workmen's Compensation Act?—I do not know their rules. I can only speak from hearsay of their practice.

34,977. Would you agree with me that when they take up cases under the Workmen's Compensation Act they do it more to protect their funds than to establish a claim under that Act?—Yes, to protect their funds, and I should think possibly to assist their own insured persons.

34,978. But they are under no legal obligation as a rule to take these cases up?—I take it not.

34,979. Are you aware of the constitution of trade unions?—No. We have comparatively few trade union insured persons in Somerset.

34,980. Will you take it from me that as a general rule the trade unions are under a legal obligation, according to their rules, to take up these cases?—I am aware of that.

34,981. You say here; "Some societies deal frequently with such matters and take up a claim for compensation against an employer if there is a probability of it being put forward with any success, but others do nothing and leave the unfortunate insured person without either sick pay or workmen's compensation money and practically destitute." That is a very serious indictment?—Yes.

34,982. Have you any grounds for making that suggestion?—I have heard of one or two isolated instances, and the clerk to our committee, who takes very considerable interest in this particular question and has acted for trade unions and others in such cases, tells me that in his opinion it is the most serious administrative difficulty he has encountered with regard to the payment of sick pay.

34,983. Can you furnish us with the names of the societies which have dodged their legal obligations?—We have many hundred societies. I think I must not do that.

34,984. There are not many hundred trade unions?—Oh, no. Not trade unions. I will except the trade unions distinctly.

34,985. Then your criticism is directed to the friendly societies and collecting societies?—That was a point that escaped me entirely.

34,986. I take it that this paragraph does not refer in any respect to trade unions?—No.

34,987. (*Dr. Lauriston Shaw.*) In regard to referees, I suppose you recognise that it is most important that when a referee has given his assistance to a panel practitioner all parties concerned should be disposed to accept the joint decision of these two people?—Certainly.

34,988. Do you not therefore see some difficulty in panel practitioners undertaking the responsible position of a referee? Is there not rather a fear that the approved societies will feel that the panel practitioner is disposed rather to back up his brother practitioner in his decision, and therefore not give so much weight to the final decision being a perfectly just one?—I have never heard of a suggestion of that sort.

34,989. But you recognise that you ought to try and obtain the services of a referee whose opinion will not be considered to be biased in any way?—Certainly.

34,990. And a whole-time referee appointed by the Commissioners would secure that freedom from bias, would it not, more than a panel practitioner?—No. I think not more than a selected panel practitioner. There are some exceedingly good men available for the purpose.

34,991. As long as the panel practitioner is nominated or appointed by the Commissioners, it will not matter whether he is actually engaged in the same work or not?—I think not; that is, acting out of his own district.

34,992. Why must he act out of his own district?—There is usually jealousy amongst medical men to calling in someone practising in their own area to adjudicate.



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34,993. You do not think that the same sort of jealousy might occur when there is a difference of opinion between a friendly society official and the doctors?—I do not think so.

34,994. But you take very strongly the view that the doctors with whom you have discussed this question do want help in difficult diagnoses?—Yes.

34,995. It is not so much a question of helping them out of the commercial difficulty—the difficulty of offending their patient—as to helping them to do what is just between two different claims?—Yes. It is to a less extent to help them out of difficulties.

34,996. With regard to this question of over-insurance which you have put before us, you tell us that in your society you have arranged that the amount of over-insurance shall be very small?—Yes.

34,997. Will you tell us how you secure that a man thus slightly over-insured shall not be greatly over-insured in some other company?—Of course, if there is any secret insurance away from us that might upset it, but the works' rule is to be insured, of course, in national insurance for 10s. and a definite proportion of his average wages in addition to the works club.

34,998. Do you require that a man who is joining your works insurance fund shall make a statement as to other insurance funds in which he may be covered?—No, we do not require a statement.

34,999. Would it be reasonable that you should ask for it?—It is a matter of common knowledge as a rule. Though we do not ask to have any statement, we practically know.

35,000. And in your private business you feel that you are not running any risk of people being insured in other societies as well?—We have found no difficulty on the point. We know that there are certain cases where a man is heavily over-insured, and we particularly watch those cases.

35,001. Do you think that the medical man who is responsible for giving a certificate in that case would also have that knowledge?—Our old doctor did, but we have just changed doctors, and I do not know that the new one does.

35,002. It would lessen the risk of unjustifiable sick claims if the medical attendant did know the cases of over-insurance?—Yes, we have had very slight cases in our works club during the past year.

35,003. Do you think that it would be a reasonable thing that when a man is trying to obtain sickness benefit out of the State, the State should require him to make a statement as to what other sources of insurance he was receiving?—No, I think that it is the other sources which should make the inquiry.

35,004. You think the private society should require, when a man is asking for sickness benefit, that his application form should state what other insurance he is receiving?—Yes, I think that it would be very useful knowledge.

35,005. Talking about your committee, you have, I think, taken the point that the people who are not doctors or representatives appointed by the Commission are not insured members so much as officials of societies?—Yes.

35,006. Do you think that you have, as a matter of fact, anybody on your committee who is actually an insured person?—Oh yes, many officials are insured.

35,007. But you have not anyone who is an insured person—an absolutely private insured person?—Yes, there are two or three.

35,008. Could you say, from your experience of insurance committees, that on the whole the actual private insured person tends to be unrepresented?—Yes.

35,009. It would be desirable if you could secure some means of representing actually the interests of the private insured member more largely than at present?—Yes, I feel that point strongly.

35,010. It should be kept in mind?—Yes. We have two or three members who are elected by the smaller societies who are insured persons, I think, including one or two representatives of the trade council.

35,011. Who are not also officials of societies. That is my point?—One is, and the other is not. We

have one woman member who is distinctly not an official. I think that there are one or two more.

35,012. You have been telling us about medical treatment outside the scope of the agreement. You think that, on the whole, such treatment is being given by your panel doctors?—The panel doctors, from whom I have had information, inform me that in no case within their knowledge have cases not been treated. I had 23 replies on the point.

35,013. Do you gather that this treatment outside the scope of the agreement was given by the panel doctors themselves, or was obtained through institutions?—Some three or four have replied that they have either done it themselves, with or without payment, or have sent them away.

35,014. Do you say that the majority of your men on the panel are country practitioners?—Yes.

35,015. And they are in the habit of dealing with all classes of cases?—Yes.

35,016. And are therefore capable of dealing with all classes of patients?—Yes, they are a very capable lot of men.

35,017. It is rather in the big towns where you find a certain proportion of men, who do not undertake all classes of work?—Probably.

35,018. There they have the assistance of the hospitals?—Yes.

35,019. And you have a fair number of hospitals in your district?—Yes.

35,020. Are there cottage hospitals in Somerset?—I think that it is fairly well covered with hospital accommodation of a sort.

35,021. Your committee is not making any special inquiry into the amount and distribution of hospital accommodation in the county?—No.

35,022. You are hearing of no complaint that it is not adequate?—No, if there is any operation suddenly necessary within 20 or 30 miles of Bristol, a motor car is got and the patient is taken straight up.

35,023. You think that the patients are taken straight up, and not left without the necessary operation?—So far as I can hear, they are all attended to.

35,024. (*Dr. Carter.*) You gave the Chairman some statistics of the distribution of insured persons throughout your county in the various towns, and so on. How many persons are there, roughly, actually included close to the borders of Bristol?—I should not think more than 3,000 or 4,000.

35,025. In what you might call the industrial area, for instance, Ashton?—It is not at all our heaviest industrial area.

35,026-7. You have a considerable number of persons there in rather congested areas?—It is not a part we look upon as presenting any difficulty. It is nothing like our thickest centre of population.

35,028. The doctors there are mostly also on the Bristol panel?—Many are on the Bristol panel, but we have some, of course, outside.

35,029. You have no more complaints from there than from other parts of your areas?—No, we have not.

35,030. And the nearness of a large city like Bristol, working with doctors who are on your panel and on the Bristol panel, does not contaminate your paradise in any way?—I have not heard of any difficulty.

35,031. There is no more difficulty with them than with others?—No.

35,032. There are some colliery areas within your district?—Yes.

35,033. How large?—My impression is that there are about 5,000 colliers altogether.

35,034. And from the colliers in the Radstock and Norton areas you have no further complaints?—They have a medical institute there, and the medical service is particularly efficient in that district.

35,035. So that you feel that in the colliery district of your area you are getting quite as efficient a service, and you are not conscious of any complaints arising or any unjustifiable claims being made there more than in any other part?—No, in that district the medical service is better organised than in any other district.



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35,036. With regard to the payment of the referee, you refer in your evidence to the agreement of both parties of society officials, the collecting and the friendly societies, that the cost should be divided between the Treasury and themselves. Have the doctors expressed any opinion as to their being called upon to make any payment towards this?—I do not think that they were asked.

35,037. Have you heard any opinion about it?—I should say from private conversation that they were quite unanimous in suggesting that the other people should pay.

35,038. You do not know whether they have seriously considered the question whether they should be called upon to make any payment or not?—No, it has not been seriously considered.

35,039. Is it not the fact that the doctors, when they first accepted service under the Insurance Act, desired and endeavoured to give you a thoroughly efficient service?—We had perhaps an unusual agreement with our doctors. We had a great deal of difficulty in getting our men to come in. We had very long confidential discussions with them. We told them from the beginning that we did not want to force them in, but we wanted the whole of them. We negotiated on those lines, and ultimately we got the whole of them in on very friendly terms.

35,040. You are satisfied yourself, as chairman of the insurance committee, that they have given you as efficient service as they could?—Absolutely loyal service.

35,041. Absolutely loyal, and, as far as within their power, an efficient service?—Yes.

35,042. And having done so, they are almost unanimously of the opinion that they want medical referees?—Yes.

35,043. May we take it that that is so in order to maintain that efficiency of the service which they desire?—Yes, it is largely on the ground of maintaining efficiency.

35,044. And on the ground that there are cases of genuine difficulty and doubt with regard to the question of incapacity for work which would be present in any system of administration?—Yes.

35,045. And this being inherent in the question, they feel that they should be helped to give that efficient service which from the first, they desired?—Yes, I think so.

35,046. Then there was another point as to the reasons why they should want referees, and that was the question of the commercial relations existing between the doctor and the patient which would lead possibly to unfair competition on account of leniency on the part of some doctors?—Yes, it might.

35,047. The doctors therefore feel that it is due to them that they should be relieved of this onus of difficult decisions with regard to incapacity which would press unfairly on the conscientious doctor?—Yes.

35,048. The effect of the appointment of referees would be a salutary standardisation of the interpretation of the term "incapacity" throughout the area?—It would assist in that standardisation.

35,049. It would be beneficial to the societies in controlling excessive claims within the area?—Yes.

35,050. It should not necessarily be a reason for any reduction of the remuneration of the doctors for giving that efficient service of medical benefits which, from the first, they have been endeavouring to give?—Yes.

35,051. You think that that would be the attitude of the doctors?—That is the attitude of the doctors.

35,052. Whether that is right or not, you feel that that is how they would argue?—That is how they would argue.

35,053. With regard to the certificates, have you any knowledge of the practice of doctors as regards ante-dating or post-dating certificates?—No, there is no general practice, though, no doubt, there is occasionally some ante-dating.

35,054. Do you know whether it is their practice to give certificates always on the first day of illness, or do they wait until the three days' waiting period has

passed, before giving the first certificate?—I know that many of them consider that they cannot give it until the third day.

35,055. Then, what happens when they give the certificate?—They would date it back then.

35,056. You think that the custom is to wait until the person has shown himself sufficiently ill to be entitled to sick pay, and that then they date the certificate back?—Yes, on their own knowledge.

35,057. Knowing that the person has been ill those three days?—Yes.

35,058. If a person came and said that he had been ill three days, and that was the first occasion the doctor saw him, you do not think that he would date the certificate back then?—No.

35,059. He would have no compunction in dating it back, if he had been actually in attendance?—No, not if he had been actually in attendance.

35,060. (Mr. Watson.) With regard to the workmen's compensation cases, you realise that the Act allows the society to withhold payment of any sickness benefits where the insured person appears to be entitled to compensation?—Yes.

35,061. He is really in no worse position because he is insured, than he was before the Insurance Act came into operation?—No, he is in no worse position, but I should like him to be in a better position.

35,062. Before the Act, if he wanted compensation, he had to go against his employer?—Yes.

35,063. The Insurance Act has provided certain benefits?—Yes.

35,064. Sickness benefit to the man who is entitled to compensation is not one of the benefits under the National Insurance Act?—I agree.

35,065. There is no reason why a society should go out of its way to relieve the man of that particular obligation in the ordinary routine of his daily life any more than it should relieve him of any other obligation?—It is an obligation so closely allied to sick pay that I think—and they have the machinery at their command—that it would be far less difficult for the societies to undertake it than the man, though I quite acknowledge that it is not a duty at present imposed upon them.

35,066. The Act says that if they take proceedings and fail in those proceedings, they are responsible for the costs?—Yes.

35,067. So that it is a serious liability for them?—Yes, but proceedings are very seldom necessary.

35,068. You will agree that the societies are not always managed by people who have competent advice at their command?—Not always, no.

35,069. Is it not very frequently the case that the secretary of, say, an Oddfellows Lodge, or a Foresters' Court, or a village club would have just as much difficulty in knowing how to go about recovering compensation for the member as the member himself?—I do not think that it need necessarily be so. The secretary is always selected for some special ability for the purpose, and a letter from an official is much more likely to receive consideration than an unofficial or even an official application from the member, or employee.

35,070. To a very large extent National Insurance is administered by local branches and local societies, is it not?—To some extent, yes.

35,071. There are 23,000 branches of societies and little societies scattered all over the country?—I have not the figures before me.

35,072. Will you take it from me that that is about the number of societies and branches of societies? Is it not a very difficult thing to imagine 20,000 secretaries sending official letters to employers demanding compensation for some of their members?—I should have thought that many of them are branches of large societies which might supply draft forms for such purposes.

35,073. Do you think that the local secretaries would be capable of handling those forms?—Yes, in the great majority of instances.

35,074. You see no possibility of difficulty through the fact that the local secretary, who himself is not



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concerned in the accident and whose society is not liable to pay, rushing in and sending in a demand to an employer who may not only be the employer of the insured person, but also the employer of himself?—I can imagine that many difficulties may come in.

35,075. You still think that you would prefer that the societies should have the power, and that they should have imposed upon them the duty of intervening?—Certainly.

35,076. Do you mind giving me a little further explanation of your suggestion that you hope the time will come when the Insurance Commission will take over the duties under the Workmen's Compensation Act, so that all compensation claims may be dealt with by one authority. What have you in mind there?—That would be an alternative to the societies taking it up. I should be perfectly willing for the insurance committees to take it up, but I think that that perhaps would involve even more difficulty than the societies taking it up.

35,077. The committees or the Commission?—The Commission through the committees.

35,078. It would be very difficult for a Government Department to intervene in a case where a person stated that he was entitled to compensation, and for the Insurance Commission to communicate with his employer and practically demand the payment of compensation?—Probably at the instigation of the Commissioners the insurance committees might be a very right and useful body for the purpose.

35,079. It would still be doubtful, would it not, whether the claim, when made, was one which ought to be paid?—Certainly, every claim has to be inquired into.

35,080. Would it not put the injured workman in a very strong position as against his employer, whether his claim were right or wrong, if a statutory body, such as the insurance committee, were empowered to support that claim?—I am prepared to put him in a very strong position.

35,081. In the outline of your evidence you suggest, as one of the important causes of excessive sickness, the acceptance by the societies of large numbers of bad lives, often without medical examination. And you give a number of cases in which you say the medical history shows that, although the person was a thoroughly bad life for insurance, the fact of his coming into insurance was to decidedly improve his health, and in one case the person was said to be now quite well?—Yes.

35,082. Does it not appear to you that results of this kind were exactly what were aimed at by the Insurance Act?—Yes, but my point is that they were certainly not aimed at by the societies. A society that is complaining of excessive sickness must bear in mind that such cases have been accepted, and that the increase in sickness is therefore only the necessary following of it.

35,083. I can understand that if people who were genuinely employed managed by collusion with somebody else to get bogus employment and so get insured, it would give rise to excessive sickness, but I cannot understand how the entry of these bad lives into insurance, if they were really employed people, can give rise to any excessive sickness claims, because the excess is in excess of something provided for, is it not?—Yes.

35,084. Would you not consider that the reserve values, say, in respect of persons of sixty years of age which refer to all degrees of goodness and badness of health, so long as the persons were actually employed at the moment they entered into insurance, made a proper provision for such cases as these to which you refer?—I cannot reply to that question at all. I have no knowledge on the point.

35,085. Would you take it from me that the reserve values do provide for heavy sickness claims in certain cases?—I quite accept it, but I have no knowledge.

35,086. You say that it is attributed to the fact of the acceptance by societies of persons without medical examination?—Yes.

35,087. The societies always did have medical examinations in the past, did they not?—Yes.

35,088. But, broadly speaking, they took in nearly all their members at ages under thirty?—Yes.

35,089. And they took them without any entrance fee except a nominal sum, or practically a registration fee?—Yes.

35,090. It would have been very unfair to insured persons, and to the scheme generally, to have required a medical examination, say, of persons of the age of sixty as the result of which everybody except those who were in thoroughly good health would have been thrown out. Then the societies would have been endowed with 10% in respect of everybody coming in at sixty?—I am not advocating the shoving out of these people, but simply pointing out that the taking in of these people by an old society which had previously had a medical examination must enormously increase the claims on their sick benefit fund. I have expressed no opinion that they should be kept out.

35,091. Would the admission of those persons into a society increase their sickness experience to anything higher than it had been under the old conditions? The societies in the past had persons, we will say, of sixty years of age who had not been medically examined for thirty or forty years?—Yes, but they did not admit chronic invalids at mature life without medical examination.

35,092. No, but they admitted those in youth who became chronic invalids before they reached sixty?—Yes, and they ought to have accumulated reserves in respect of them before they became chronic invalids.

35,093. That is what the Act does. It provides a reserve value for everybody who comes into insurance?—Yes, but I am not dealing with the Act. I am dealing with the result of particular societies admitting such lives.

35,094. It comes to this, that we really have to find a definition of what is excessive sickness. The excessive sickness with which we are greatly concerned is the excess over the amount of sickness benefits provided for in the Act?—Yes.

35,095. It would have been a straining of the intention of the Act, would it not, to have required everybody who came into insurance to be in perfect health?—I have made no such suggestion.

35,096. There must be a great deal of excessive sickness over what would have prevailed had everybody been medically examined?—Certainly.

35,097. That would hardly lead us to suggest that the admission of bad lives is the cause of real excess, would it?—The inclusion of bad lives is a cause of real excess in any society that admits them in an undue proportion.

35,098. The cause of excess over what?—Over their previous experience.

35,099. (*Chairman.*) I think the witness means that if one particular society took all the bad lives, the immediate result would be to cause it to thrive, looking at its experience, that it was paying more sickness benefit than it would have expected?—I will take it as the Chairman has put it. My point is that a society that has taken selected lives hitherto, and that opened its doors at the time of the passing of the Act to all applications, regardless of their medical condition, must necessarily have much heavier sickness payments under the new conditions than they had under the old.

35,100. Yes, and you disregard, on the other hand the heavier reserves which they have to meet those payments, because that does not enter into your purview?—That does not enter into my purview. I was dealing only with the average number of days' sickness in the year.

35,101. (*Mr. Watson.*) But if that society had been going for 50 or 60 years, and had a great number of lives on its books which had not been examined for 30, 40, or 50 years, it would still have its ordinary normal proportion of bad lives in its past experience?—It would have had its normal proportion in its past experience, but my point is that it would have an abnormal number possibly in its present experience.

35,102. Why?—By taking in extra lives without examination and not necessarily taking them in the proportion to their old lives.



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35,103. That is to say that there are varying degrees of strictness among the different societies?—Doubtless, there are.

35,104. (*Miss Wilson.*) Have you considered an alternative to your suggestion about section 11, viz., making it compulsory under subsection 3 on the society to make an advance to the insured person pending the settlement of the claim, and leaving it open whether the society or the person brings an action or takes the necessary steps?—No, I have not considered that at all.

35,105. Would that meet your point at all?—It would meet it so far as the necessitous cases at the commencement were concerned, but it would not meet it, if it were a prolonged case. It would meet it if a settlement were ultimately made, but not if no settlement were made.

35,106. It would meet it for the purpose of this Act, but not for general purposes?—Yes.

35,107. Was I right in understanding that you had a society connected with your employees?—Yes.

35,108. Have you got any experience about that which you would be willing to give us?—I should be glad to give any experience I could, but I have not particulars with me.

35,109. Is it a works society under Section 25?—It is on the Holloway system. It is not an approved society under the Insurance Act.

35,110-1. You were illustrating from it, when you said that you thought that there was a tendency for people to go back to work too soon, rather than to stay away too long?—Yes, I was illustrating from it.

35,112. You would expect to find a similar experience in all approved societies?—Yes.

35,113. Have you got women as well as men?—Yes, in the same society on the same terms.

35,114-5. Have you found the women more inclined to stay away longer, when ill, than men, and also to come back too soon?—We have some difficulty with the girls, but it is not very serious. Every year there are certain cases of men and women in which the committee consider that they stay on quite long enough.

35,116. But not very many? It is not a general complaint?—No, it is not a general complaint. The society has only about 200 members, so that we do not get very many.

35,117. Do you mind telling us what your works

are?—They are skin rug manufacturing, and, to some extent, leather, gloves, and motor rugs.

35,118. You have not had many married women?—We have not taken married women for years.

35,119. Is there any other point from your experience of that society which you think would be useful to us?—No, I think it is too small for comparison. It has been going for four years only.

35,120. You have no outworkers?—We have a few outworkers.

35,121. Have you had special difficulty in administering their benefits?—We do not take the outworkers into the factory society.

35,122. Have you had a sick visitor in connection with the factory society?—Voluntary visitors.

35,123. And you have found that work satisfactorily?—Yes. Of course, they all know each other, and sick visiting is not very necessary as a rule.

35,124. (*Chairman.*) Have you found an increase in your claims in your works' society since the Act came into operation?—Yes, we paid about 1s. per member more last year than the year before.

35,125. What do you put that down to?—It was a bad year. We had three or four tuberculosis cases, and there was one long cancer case.

35,126. Have you found, as a result of your people being insured elsewhere under the Act, that they are less inclined to come back to work?—No. Those who are insured elsewhere are quite reliable people, and I do not think that there has been any difficulty on that point.

35,127. Have you found any greater difficulty in getting constant labour?—We have run our works as far as possible on the constant system.

35,128. Have you found it more difficult to keep your people at work?—No, I do not think so.

35,129. Especially with the women?—No. Women always require rather careful consideration.

35,130. Have they required more careful consideration?—No, I do not think any more careful consideration.

35,131. Where have your people who have been insured gone to?—Practically all into the Holloway society. Some of them stayed in their old friendly societies, the Foresters, and the Hearts of Oak.

35,132. All over the place?—Yes, all locally. I think about 100 went into the Holloway State section formed in the town.

The witness withdrew.

Mr. W. WHITELEY (*Secretary of the Durham Miners' Association*), and Mr. T. H. CANN (*a member of the Committee of the Society*), examined.

35,133. (*Chairman.*) You come here, I think, on behalf of the Durham Miners' Association?—(*Mr. Cann.*) That is so.

35,134. Will you tell me what offices you respectively occupy?—(*Mr. Whiteley.*) I am acting as the secretary of the approved society, and Mr. Cann is a member of the committee.

35,135. The Durham Miners' Association, as I understand, is a trade union?—Entirely, yes.

35,136. And is approved as a whole for the purposes of the National Insurance Act?—Yes.

35,137. How many members are there in the approved part?—Roughly 24,200.

35,138. How many in the whole society?—140,000 in the trade union, 60,000 of whom are insured on the private side.

35,139. Your union grants and has granted for many years sickness benefit?—Yes.

35,140. And 60,000 are insured for sickness benefit with it?—Quite.

35,141. There has not been a separation of funds on the trade union side between the sickness benefit fund and the other funds?—No. At the annual meeting of the Association in December a resolution was carried that the sick fund should be self-supporting on the private side. The rules were registered, and they came into operation on March 2nd.

35,142. You have not yet had time to see the result?—No. We have reduced the benefit from 10s. to 7s.

per week to endeavour to make it self-supporting, and we are carrying on for 13 weeks to see the result.

35,143. In the past, you have not had a very happy experience?—No.

35,144. And it has been an experience progressively worse?—Quite.

35,145. Turning to the Insurance Act business, what do you say has been your experience?—From the start of paying benefits to April 11, our sickness and maternity works out to 5·81d. per member.

35,146. What did it work out for the year which ended at the beginning of 1914?—I could not actually give you those figures at the moment; it would probably be a shade less for the first 12 months.

35,147. Is it getting worse then?—During January and the first two weeks in February it was very heavy. We pay fortnightly. Half of our branches pay on what they call the big pay, and half on the small pay.

35,148. What does that mean?—When the fortnightly paying system was in operation, we had half of the collieries receiving their money one week end and the other half the other week end. The big pay was that on which the larger number of collieries received their pay. We pay our sick benefit fortnightly, and those lodges which were originally on the big pay applied one week end, and those on the small pay another week end. Commencing March 9 to April 18 we spent in sickness benefit 693l. 9s. 6d. The next week, the small pay week, we paid 335l. 5s. 8d. in sickness



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benefit. The next week, the big pay, we paid 646*l.* 7*s.* 3*d.* so that you will see that is going down a little. The next week we paid 319*l.* 12*s.* 4*d.* That is a reduction again. The next week, the big pay, we paid 573*l.* 19*s.* 8*d.*, and the week ending April 18th, we paid 310*l.* 11*s.* 10*d.*

35,149. That means to say that as the season of the year improved, you naturally expect sickness to drop?—That is so.

35,150. Is there anything more in it than that?—I think so. During January and February, both this year and last year, influenza was very prevalent.

35,151. You could not compare those figures with the figures for last year?—I could not for the moment.

35,152. You have been doing various things for the last few weeks, but do not trouble with them for the moment?—No.

35,153. Most of your experience is of a different state of things, is it not?—Yes.

35,154. You were organised as a trade union, and, of course, had trade union branches?—Yes.

35,155. But not branches for the purpose of the National Insurance Act, or for the Friendly Societies Act?—No.

35,156. So that the funds were centralised, and they all came out of one pot?—Yes.

35,157. How was the payment done?—The contributions to our trade union funds were collected by the local officials at the various branches on the pay night, and out of those contributions they paid out sickness benefits themselves.

35,158. Without reference to the head office?—There has never been any general supervision, it has all been local supervision.

35,159. Are you speaking of the State side?—No, the private side. That has gone on ever since I can remember. Then when we became an approved society we adopted sickness notes, and those had to be sent in to the general office for supervision.

35,160. After they were paid, or before?—Before. That was up to July, the first six months. Then we adopted a medical card, because the local secretaries were jibbing at this system, owing to the fact that they had been used to the old system, and we adopted this medical card for the purpose of them having the whole of a man's record before them.

35,161. Have you a copy of the medical card there?—Yes (*document produced*).

35,162. Have you got a copy also of the thing which you used for the first six months?—No, I have not a copy of that. They were all done away with.

35,163. It was the thing you call a "sick note"?—It was simply a medical sick note, something similar to that the Commissioners advised to be used.

35,164. How often did that come forward?—Once a fortnight. The claims are only made fortnightly.

35,165. Was the certificate fortnightly too?—Yes.

35,166. Was there a doctor's certificate in every case?—Yes.

35,167. I do not want to lead you to say anything you do not intend. There was supposed to be a doctor's certificate in every case?—Yes.

35,168. That came forward to the head office?—Yes

35,169. The head office passes it, do they?—Yes.

35,170. And then the local man pays?—Yes. The head office used to go through the sickness notes, and compare them with the application of the local secretary for the money, and, if they found they were right, they sent the money on for payment.

35,171. When they found that there was a certificate of some sort indicating something or other?—Yes.

35,172. Then you substituted this thing?—Yes.

35,173. Will you take this in your hand? I do not understand it. When a man filled it in, he filled in this declaring-on note?—Yes.

35,174. Which says, "I am incapable of work" through something or other, and "my first day's absence from work" was so and so, and underneath there is a medical certificate?—Yes.

35,175. That he took in on the Saturday of each fortnight prior to the contribution night?—Yes.

35,176. I do not quite follow?—I will explain. When we commenced as an approved society, for the purpose of having these things checked at the head office, we paid up to the Tuesday before the pay; that was keeping four days lying on to give the local secretaries time to collect the cards by the Tuesday, and send them to the head office. We returned them on the Wednesday or Thursday in time for them to pay on the Friday, but we were only paying to the Tuesday. That was leaving three days lying on. We have substituted the Saturday, to give the larger branches an opportunity of collecting their cards.

35,177. That is a further refinement, is it not?—Yes. That is the one we are busy with now. The one we were busy with was the one keeping three lying-on days.

35,178. On the back of it the doctor went on signing?—Yes.

35,179. And once a fortnight this went to the head office?—Yes.

35,180. And he paid, keeping this lying-on money?—Right.

35,181. During that time there was no sort of check from head office except a sort of financial check?—That is so.

35,182. When these things came up to the head office to be checked, what happened to them?—They had to be returned. As soon as any man's illness was completed and he received his benefit money and declared off, they were sent up to head office to make records.

35,183. Not till then?—No.

35,184. All you had was the man's schedule of the payments which he had to make?—Quite.

35,185. And all you knew was that the lodge secretary was paying certain sums of money, and you looked to see that he had not paid more than could be vouched for by the fact that there were people to receive the money?—That is so.

35,186. It was a financial and bookkeeping business, and not an administration business in any other sense?—That is so.

35,187. Is that the system now?—No. In every case now we have issued instructions to the local office that the medical card should be signed once a week. These cards are sent in with the application for the money. They are checked at the head office and initialled by the person who supervises them. If there is any question at all with regard to the illness, the class of illness, or, if it is an ordinary common complaint, the duration of the illness, we write to the local secretary, "This man must be visited to give us an idea of what he is like," and the money is withheld until we get that report.

35,188. Does that mean that no payment of any kind is made until this thing comes into the head office?—Yes.

35,189. Nothing is paid until the head office has passed it?—That is so.

35,190. You yourself, being at the head office, are a whole-time official?—Yes.

35,191. Paid out of the administration fund of the society on the State side?—No. I am a trade union agent. Part of my time is for the trade union. I get two-thirds from the administrative fund of the State, and the other one-third from the trade union.

35,192. Who appoints you?—The members of the trade union.

35,193. Not altogether in one block?—Yes.

35,194. How often do you come up for re-election?—Every year at the annual council meeting we are nominated. All the trade union agents are nominated every year. Of course, it is very exceptional if there is any opposition. (*Mr. Cann.*) Not once during the whole history of the society.

35,195. The society cannot all meet in any one place? They vote, I suppose, by ballot?—(*Mr. Whiteley.*) There is one representative of each lodge, and he exercises a vote on behalf of his members.

35,196. What about the local people, how are they elected?—By the members of the particular branch every six months. We are a democratic society, and it

\* Not printed.



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is rather difficult, but we have advised them that at least they ought to elect their insurance officials for a period of 12 months. Of course, it rather complicates matters when you get a new man.

35,197. Do they change very frequently?—No, there has been very little change. A large number, probably 40 per cent. of the branches have taken the matter up, and elected them permanently; that is to say, they are there until they commit some misdemeanour.

35,198. Do they have to be elected every 12 months?—No, at 40 per cent. of the collieries they have practically elected them permanently.

35,199. Since when has that been done?—Since we met the Commission last.

35,200. Are those gentlemen all paid?—Yes.

35,201. Are they working colliers giving their spare time to the work?—Yes, they are giving their spare time.

35,202. Is the pay such as makes any difference to them?—We are paying them 5*d.* per member per quarter.

35,203. What sort of number would there be in a branch or lodge?—We have some as low as 30 members in a branch, but they are very few. Our largest branch has 820 members.

35,204. Is there one man to do that?—No, there are two men to do it. We advised from head office that they should have one man, and make him a permanent official as far as the rule would allow, so that he could have the whole responsibility, and so that he would have no fear that at any election he would be thrown out, owing to the fact that he had done his duty to the society, by any clique of people being formed to remove him. We asked them to go on those lines, and they are receiving it very well. We have four or five branches where one man could not do it, and they have two men.

35,205. Do those men pay on their own responsibility without consulting anybody, before they send up to the head office?—That is prior to this year.

35,206. Your experience is all gained during that time?—Quite.

35,207. You do not yet know the effect of these new measures?—That is so. Prior to that time they were bound to receive the medical evidence.

35,208. Having got the medical evidence did the man make up his own mind?—The man, of course, after he got these medical cards applied to the head office for the money.

35,209. Somebody made up their minds whether the claims were to be met or not. Who did that? Was it the branch agent on his own?—Yes.

35,210. Without talking to anybody at all, he made up his mind about it?—You are quite right.

35,211. Nowadays, the responsibility really rests with the head office?—That is so.

35,212. That, I think, tells us pretty fairly how the society has been and is now organised. If there is anything you wish to add, please add it?—That is quite right.

35,213. That being the case, how is it that you account for the fact that you have got this very heavy sickness rate?—It is rather difficult to explain.

35,214. I do not mean to say that there may not be half-a-dozen causes. Please tell me some?—In Durham county, I expect, they will be pretty similar to other colliery villages, only the owners in our county supply the workmen with colliery houses, with free houses. We are getting information with regard to the housing conditions at a number of our collieries. We have one report here which we have been able to bring with us and which was given on January 22nd this year. It affects one of our collieries which is very excessive in sickness. I think it comes out for this particular branch at something like 8½*d.* per member for sickness alone. It is the Shotton colliery. They have two-roomed houses. There are 15 two-roomed houses occupied by 2 persons, 32 by 3 persons, 31 by 4 persons, 25 by 5 persons, 23 by 6 persons, 9 by 7 persons, 11 by 8 persons, 5 by 9 persons, 2 by 10 persons, and 2 by 11 persons. Those are all two-roomed houses.

35,215. What are these people. Are they families, or are they lodgers, too?—No, not lodgers, families.

35,216. What do the single unmarried colliers do?—They live with their parents.

35,217. You do not get a single collier not living with his parents?—Yes, you have some cases where they are lodgers. There are a number of widows, who take in lodgers. (Mr. Cann.) There are occasionally those who take in lodgers.

(Mr. Wright.) Do we know exactly what a two-roomed cottage means?

35,218. (Chairman.) Perhaps you would like to say what these two, three, and four-roomed cottages are?—(Mr. Whiteley.) I could not give you the measurements.

35,219. Is it a kitchen and a sitting-room?—It is a kitchen and a bedroom above. (Mr. Cann.) Mr. Whiteley has not seen much of these cottages. In many of the two-roomed houses you have one room downstairs and you have just an attic. The only means of reaching that attic are steps, not stairs. You have a kitchen in which to do every kind of conceivable thing. Frequently there is a bed in the kitchen as well, but that is in the very old style of house. They are dying out, but we have still got a number.

35,220. I suppose the two-roomed houses all round are dying out?—No, two-roomed houses are being built in Durham very largely.

35,221. What do they build them for?—I suppose cheapness. Our system, as Mr. Whiteley said, is that the owners supply what are known as free houses, but they are not free, because a certain amount has to come out of our wages.

35,222. Then you say ill-housing and overcrowding are causes?—(Mr. Whiteley.) Yes.

35,223. And you say that the worst of your experience is in connection with this Shotton colliery, where you say they are particularly overcrowded?—(Mr. Cann.) You have a return before you. That will be sufficient.

35,224. Is there any other matter?—(Mr. Whiteley.) There is another thing, and that is, that the men who go back to work want to be in a fit and perfect condition.

35,225. You never had anything to do with collier's work yourself?—No.

35,226. He takes a very high view of the standard of health necessary to go down the pit?—Yes.

35,227. If he is not in that condition he thinks that he is entitled to sickness benefit?—(Mr. Cann.) There is some truth in that. There are one or two other points. We think that the condition of mining life, especially in deep pits, is such as to cause heavy claims. The coal getter, working at the face, is working at a place which is very hot. It may be 75 degrees, or 80 degrees, and in some instances more than 80. That may not do a great deal of harm, as far as being in the face getting the coal. But when the day's work is over, the man will have to go perhaps a mile or two miles, or in some cases three and three and a half miles. He has to travel in what we call an intake. In that the man is travelling against a continuous current of air, and the nearer he gets to the shaft the greater the force of that air playing upon his warm system, which makes him more susceptible to colds. We think that that has something to do with the heavy expenditure.

35,228. Do you think that it is roughly true that a miner does not feel that there is much use in his going down, unless he can do the utmost that a miner can do?—Unless he is able bodied, there is no use in his going down. I think that there is a good deal of truth in what Mr. Whiteley has said.

35,229. I suppose some of them work under particularly uncomfortable conditions?—Yes.

35,230. At a particularly hard face. I suppose that a man who works in an uncomfortable position takes a very high view of the standard of health necessary, and that he thinks that he cannot go to work, if he has got the least thing wrong with him?—They are working in uncomfortable positions.

35,231. I suppose if a man has to work in a puddle of water, he would not go down unless he is perfectly well?—Averagely well.

35,232. What I mean to say is that he would stop away for things which would not keep you away from



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an office?—Under ordinary circumstances he would follow his work.

35,233. How many days' work do they work in the week?—I should think they work about  $9\frac{1}{2}$  days per fortnight.

35,234. What does the miner do with his off time?—I am including sickness.

35,235. I do not mean that. I mean how long does he work at the colliery year in year out?—I should say ten days per fortnight.

35,236. He takes each Saturday off and Sundays?—There are various reasons for stopping away. We have such a term as "sleeping the caller." We go in very early in the morning, sometimes at half-past two or three o'clock, and in order to get the men there to time there is a man engaged to go round knocking at the doors early in the morning. He begins at the nearest point to the pit, and it takes him about an hour or three-quarters of an hour to get to the different points. Some of the first men called naturally say, "I can still have another few minutes," and they may fall asleep again. That is one reason for losing a day's work. There are other reasons. For instance, men occasionally feel like being off for a day, and leaving sickness out of the question, I think that they work ten days per fortnight.

35,237. The miner sometimes wants to go and enjoy himself?—Our class are like most others in that respect.

35,238. He earns very good wages?—At the present time it is 7s. 2d. per day.

35,239. Is that the average payment, or for everybody?—It is for everybody, but there is a rather peculiar system. To begin with, if a man in any part of the pit is getting 5 per cent. less than 7s. 2d., then that man can make application for an advance to make up the amount to 7s. 2d. You will have other men who are making 8s. and 9s. per day.

35,240. Is that because they are in a more favourable position?—They are in a more favourable position, seeing that they are getting more than 5 per cent. above the 7s. 2d. The owners once in three months can make application for a reduction, and bring them down to 7s. 2d. There is a system each quarter by which the names of all the hewers are put into a big basin, shaken up and the names taken out. The first name that comes out has the first call down the pit.

35,241. Is that the best coal face?—It may be the worst. He takes his chance as he is drawn out. The men are formed into sets of four, and each quarter the ballot takes place, so that they get a chance every three months.

35,242. Does the man work at that particular place all that quarter?—Yes.

35,243. You have been talking about the hewers?—Yes.

35,244. They are the most highly-paid men?—There is one class much about the same, what are known as deputies, and firemen.

35,245. They are the people who fire the shots and look after the safety of the rest of the hands?—Firing shots and keeping the place secure.

35,246. A sort of overman?—Yes.

35,247. They are paid a wage?—Yes, a daily wage. It is a little higher than the hewer. At present, it is about 7s. 6d.

35,248. Are the hewers employed by a system of direct employment under the owner, or do they employ one another?—We have none of that system. The owner and the management are responsible for paying each man. We have none of what is known as "buddyism" at all in our county. Then you have another class of men who go down to about 5s. 4½d. Those are men who are advanced in life, and who have gone back to lighter work.

35,249. You told us that the names were drawn out and that the men went down in fours. What happens, supposing one of those four goes off?—They go in two shifts, two and two, in stalls.

35,250. What happens if a man cannot go down?—Then there is only one man in one stall.

35,251. Does that mean that there is less for the four men?—Yes. The one off work gets nothing, and there are only three men coal getting.

35,252. Supposing A., B., C., and D., go down, and supposing that on some occasion A. goes down alone, we may assume that he is getting half as much coal?—Yes.

35,253. If A. and B. go down, and B. does not feel quite fit, and they do not get as much coal as usual, then they get each of them less money?—Certainly, the money is divided.

35,254. So that the effect of any man going down, when not in the best condition for work, is really to reduce the wages of everybody who is working in the stall with him?—Bound to be so.

35,255. Do you think that that has affected the amount of illness?—I do not think so. Of course, there may be something in it.

35,256. All these people, hewers, deputies and so on, are in the union?—There is no one that goes down, apart from the official to the colliery and a few mechanics to do mechanical work, except the hewers.

35,257. I mean the men who run the engines on the surface?—They are not in our union. We have four associations in the county of Durham, the Miners', the Mechanics', the Enginemens, and the Cokemen. They are four separate associations. We also think our approved society is hit severely through the Workmen's Compensation Act. I only mention that in order to show that there is a difference between mining life and that in the ordinary approved society, which does not include mining life.

35,258. What do you mean exactly?—There is such a thing as miners' nystagmus. That is a disease which is getting more prevalent. A man goes to a medical referee to be examined, not for that disease, but for an accident that he received some time ago, a rather serious accident, for which compensation was paid. When the doctor examines him, he will say: "You are not suffering from that accident at all, but I think there is something else the matter with you." "How long have you been receiving compensation for the accident?" The reply may be "Thirteen months," or it may be more, or it may be just turned twelve. The doctor then says: "You have miners' nystagmus. I am sorry I cannot give you a certificate, so that you can receive compensation, because the Act only allows compensation if you have worked in the mines during the last 12 months." Now, it is quite evident, if he has miners' nystagmus, it was caused while in the pit, and that he was suffering from that before the serious accident. But the Act says 12 months, and the man cannot receive any compensation in any shape or form, and he naturally falls back upon the insurance.

35,259. What has he done during the 12 months, while he was suffering from the accident? Did he stop at home?—Yes, it was a broken hip.

35,260. Do you think there is much in that?—That is an actual case, and there are many of the kind. On the same line of thought may I say that there are a number of disputed cases in which it rests with us to prove that an accident has been received. There is no one there at the time in the pit when the men receive the accident, and the responsibility rests on us to prove that it occurred. In many instances we are not in a position to back it up with sufficient evidence, and hence the man does not get compensation.

35,261. Do you think in those cases that your local people are sufficiently alert to collect evidence, and help the man with his claim? I suppose when he meets with the accident, he goes to the local agent?—As soon as an accident occurs, he sends a note that he has reported it.

35,262. To whom?—To the official of the colliery, and then he sends word to the office in order to make doubly sure. That is the colliery office.

35,263. Does he tell the check weighman?—He has nothing to do with the check weighman, but only to notify the secretary of the branch, and then the secretary of the branch sends a claim for compensation into the colliery office, and if there is any doubt about it, it then comes on to our general office.

35,264. Take this case, that a man meets with a slight accident, and does not take the trouble to make a claim, or thinks it rather easier to claim on the funds of the State?—I do not think he would.



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35,265. Do you think if he did, that the local agent would be likely to say to him "This is an accident, and you must recover, or make an effort to recover under the Workmen's Compensation Act in the first instance"?—(Mr. Whiteley.) I may explain: we have an arbitration committee, a compensation committee.

35,266. On the State side?—No, the trade union. That arbitration committee is composed of owners and workmen, and a chairman, and if we get any claim in any of these cards, which states that the man is suffering from an injury, or anything that we think might have been caused by an accident, we write to the local secretary at once, to ask if the man has made a compensation claim, or rather to ask if the injury has occurred by an accident while the man was following his work. Then they reply and tell us how the accident occurred, and if we find that it has occurred at work, we tell them he must claim compensation. In a number of these cases it has been found that the accident happened at work. All the disputed claims that we have are brought before the arbitration committee, and we have to prove that the thing has happened in the mine. In 16 cases of that kind, we have been able to prove that, and the State insurance money has been refunded.

35,267. Have you compared the number of cases where you have recovered from the employer under the Compensation Act before and after the coming into force of the Insurance Act, and can you say if there has been any substantial difference?—No, I asked Alderman House, our compensation secretary, to give me information on that point, and we went through the disputed cases before the Insurance Act, and during last year, and there was really no difference in the number of disputed cases.

35,268. Does Mr. Cann wish to add anything?—(Mr. Cann.) I do not know whether I understood you just now. You asked a question about a man not reporting his accident, and not receiving compensation, and going on to the State funds. I think that that is not likely, for this reason: that if he reported his accident and carried it through and received compensation, what he would receive in the way of compensation would be much more than he would receive from the State funds.

35,269. Just turn the other way, and look at the habits of the men. Up to 1913, they had a fund to which they contributed. They were not bound to do so, but they did in fact. They took the line, did they not, that that was a fund to insure them against not feeling fit enough to go down the pit. It was quite right that they should do so. Everybody has a right to insure, but my point is that that was the kind of idea that they had up to the time of the passing of the Act. Do you not think that perhaps all their officials were elected for the administration of a fund like that, and they got certificates from the colliery doctors, and I suppose the doctor knew quite well what it was he was certifying?—(Mr. Whiteley.) Yes.

35,270. A man who did not feel fit would not go down to work perhaps in an uncomfortable place in a puddle of water. That was the idea, and do you not think perhaps that they carried the same sort of idea into their operations as soon as the Insurance Act came into operation, and looked at it in the same light. I daresay they did exactly what one would expect if one had insured against a particular risk, and they would come to look on the two things as being more or less the same?—(Mr. Cann.) I think there is a good deal of reason in it.

35,271. That is, of course, what you have got to teach them they must not do. It may be a very proper risk to insure against, but it is not a risk we have taken on, and we could not do it for the money?—(Mr. Whiteley.) Oh, no.

35,272. About the habits of these men; they must be physically a strong lot of men to do this work?—Yes.

35,273. How long do they go on doing it?—(Mr. Cann.) It depends largely on the constitution of the individual. I have known men who have had to give up at 50 years of age, and I have known men to go on to 65 and one or two up to 70.

35,274. Very exceptional men?—Very much so.

35,275. Take the ordinary average man?—If you take the average man, I do not think that you reach 60 years. I should think in the neighbourhood of 60 years would be the figure as far as the coal getter is concerned.

35,276. Then he goes down the ladder?—Yes, there are various grades. There is a certain percentage, but a very small percentage over 70.

35,277. What sort of life do they lead? Are they a steady lot on the whole?—Well, I should say that, taking workmen generally, they would be much about the average. They are hard workers, and without doubt a certain percentage of them like their gill of beer. I do not think that there is much complaint from that quarter.

35,278. You do not?—Not a great deal of complaint.

35,279. It is a very arduous occupation?—Oh, yes.

35,280. When people come up from the pit, they must feel very tired?—Yes.

35,281. And are rather inclined to see the sun and rejoice in it?—Yes, if you refer, and I think you are referring to intemperance, they have this advantage, that on account of working hard, it gets out of the system pretty quickly.

35,282. They rely on that to some extent?—I do not know that that would cause them to drink more.

35,283. I should have thought that with a man working hard, there was in the first place a great temptation to drink, and that it might not immediately do so much harm, or at all events that he would not feel it?—I think that it might do as much harm, but there is the possibility of him getting it out of his system much more quickly than the man who does not do such hard work.

35,284. There is a good deal of not feeling very well on Monday morning?—I say that we have a greater number idle on Monday morning than any other working day during the week.

35,285. It is not, for example, like working at a loom, where you have got to work day in day out, while it is a regular recognised thing in this business to be away for a day?—They are pretty particular now about lying idle. I can only repeat that we have a greater percentage idle on Monday.

35,286. The colliery proprietor wants some sort of certificate that the man is ill?—That brings in the Minimum Wage Act.

35,287. Does a man get a certificate that he is supposed to be suffering from the effects of drunkenness?—If the medical man signed one in that respect, his minimum wage would be stopped.

35,288-9. Tell us how the Minimum Wage Act touches that point. What is the machinery?—The machinery in Durham and Northumberland differs from that in any other county where they are allowed 80 per cent. of time. That is to say if 80 per cent. of time is worked, the minimum cannot be stopped. In Durham and Northumberland, apart from reasonable excuse they have got to work 100 per cent.

35,290. Unless you have 100 per cent. of work you lose money?—Unless we give a reasonable excuse.

35,291. So that if you drop to 90, you lose the advantage of the minimum wage?—Yes, without excuse.

35,292. It is not an excuse to be drunk?—It is not.

35,293. Nor to have been drunk the day before?—No.

35,294. You would not be surprised to find that doctors take a rather lenient view?—I should not be surprised at all.

35,295. Do you not think that if a man comes and asks to be certified on Monday?—He would not certify that he is idle on account of intemperate habits.

35,296. In the past of course there was practically no such friendly society system of the employment of doctors in the county of Durham, and you had no direct relation with the doctors, as in many other places in England?—We paid no annual fee to any medical man from the head office at all. In some cases the branches did.

35,297. How is that? Did they elect a doctor?—In some instances, what was known as the colliery



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doctor had not been giving satisfaction, and they took action to elect a doctor of their own.

35,298. How did they pay them?—The same as was paid to the colliery doctor.

35,299. How was the colliery doctor elected? Was he chosen by the colliers or by the proprietors?—Mostly by the proprietors.

35,300. Did they choose one doctor or give a choice?—I could not be definite on that.

35,301. What happened in the old days? Did the Durham Miners' Association ever go to a doctor and say, "Look here, your certificates are landing us into "bankruptcy"?—I do not think so. (Mr. Whiteley.) No; we are just now trying to arrange a conference with the doctors on this very point.

35,302. Will you accept this, that probably the doctor has formed a sort of view that if a man is not fit to go down the pit he must certify him, as he did before, as incapable simply because he thinks the man, in effect, ought not to go down?—(Mr. Cann.) But the doctor gives the man a little more than a certificate that he cannot go down the pit.

35,303. He does in words I know, but do you think that he is doing anything more in his mind? This is the evidence of a gentleman who comes from Durham, and I asked him, "When you fill up a certificate to say "that a man is incapable of work, what do you mean?" and he said, "I mean that he is incapable of his ordinary work. These men are mostly miners, and it means "that they are incapable of following the work at "the pit." Then I asked him, "What makes you "think that it means that?" and he said, "That is "the practical interpretation which we put upon a man's "claim, that he is unfit to follow his ordinary occupation. There is no other occupation in the district. If "he is not fit for that, he cannot get any work." Then listen to this answer of his, in reply to Mr. Watson: "If the doctor thinks that a man is fit for work, and "sends him back before he is really fit to produce the "normal output"—by which he means that B. can produce as much as A., you know—"he has a direct connection with the output. If he sends a man back to "work, and the man finds that he is able to put out only "two or three tubs instead of a dozen, the doctor has "that connection with it." Then he was asked, "Has "the doctor any right in your mind to give a man a "certificate that he is incapable of work when all that "is wrong is that the man can put out only two or "three tubs a day instead of a dozen, or whatever the "normal output may be?" and he said, "Yes. In our "interpretation we consider a man's ability to perform "his ordinary work, and to produce his average output. "If he is not fit for that the man is sent back to work "unjustly. (Q) Does he damage anybody when he "turns out only two or three tubs a day?—(A) He "damages himself. (Q) Why?—(A) He is getting "only one-third of his normal income. He is sacrificing his personal interests to his regard for his "club," and so on, and then he was asked, "Do you "think that a Durham doctor would be justified in "giving a man a certificate that he is 'incapable of "work"—those being the words of the Act—when he "is, in fact, capable of going down into the pit and "hewing two or three tubs a day?" and he answered, "If a man is able to go to work and to do reasonably "good work we certify him as fit for work. I do not "think that we ever take into consideration the actual "wages that he makes. We just have regard to his "fitness for his work in the ordinary way." Do you think that that is a fair account of what they are doing in Durham?—(Mr. Whiteley.) I should think so, because up to the moment we have only received one medical certificate which stated that a man was suffering from something but was capable of working, so I will take it that in general that is the view they take.

35,304. That may, or may not be, what we might call an honest view?—That is so.

35,305. But do you think, apart from that, that certificates are given which ought not to be given? Do you think that doctors are weakly allowing people to stop on the funds when they really are only lazy, or something of that sort?—Just a week or two ago I interviewed a doctor in the Bishop Auckland district,

who is one of the very few doctors in Durham county who seems to appreciate the Insurance Act. I had written to him concerning two or three cases of debility, and being in the district I called and saw him, and had about half an hour altogether with him. He said to me, "You have a difficult job on hand in this matter, but "if you get the medical profession up to the right "moral standard you will clear away 50 per cent. of "the difficulties of the National Insurance Act. I "have 1,400 persons on my panel and I could not "do with one more, and do all my patients justice. "During the year I have lost 30 people off my "panel, and in every one of those cases I can "give you the facts." He showed me the records in regard to the attendances, and in every one of those cases when he last visited them, and declared them fit for work, they went to a neighbouring doctor and got the continuing portion of the certificate signed; at the end of the year they transferred to this new doctor. In the meantime they were paying 9d. per fortnight to the doctor for his attendance on their dependants. When he refused to sign a further certificate for these because they were capable of work, they discontinued the 9d. and paid it to the other doctor for the attendance of their dependants, and at the end of the year they transferred to the other doctor. "So far as we are "concerned," said he, "the Act has created competition "amongst the doctors in Durham county, and as, "like everybody else, we are out to get as much as "we can, if one doctor takes up the right attitude "and is fair to the Act and the society, and even to "the insured person himself, and declares a person off, "and that person thinks he wants a week or two longer, "and goes to some other doctor, and that doctor gives "him a certificate instead of declaring him fit for work, "we have simply determined to do the same and allow "him to go on."

35,306. I suppose all those 30 people were not members of the Durham Miners' Association, were they?—Some of them were.

35,307. Do you not think that the local agent ought to have caught those people out?—I have been mentioning that at these district conferences I spoke of I pointed out to the local people that we sometimes get a certificate with three different doctors' names on it. We at the head office suppose that they are the assistants of the original doctor, and I tell them that they locally should be able to guide us in regard to that.

35,308. They know perfectly well locally that those others are not his assistants?—That is the point. In all these cases where such certificates are given, they know perfectly well, even before they send them up to the head office, that a doctor apart from the original doctor altogether, and who is not even his assistant at all, has signed, and they should notify us at once.

35,309. It seems to me to be a very serious thing for a doctor to give a continuation certificate to anyone who has already been declared fit by his own doctor; I should have thought that it could have been worth your while to make some kind of complaint to the organised body of the profession in cases of that sort?—The Insurance Inspector for Durham county is arranging with Dr. Todd for something to be done.

35,310. I take your suggestion to be that this particular patient, so far as the Insurance Act is concerned, is tied to Dr. A. for the year; his 7s. is paid in respect of him, and has to go into Dr. A.'s pocket; but the patient can transfer at the end of the year, and he can stop his 9d. a fortnight then and there?—That is so.

35,311. What you are suggesting is that it amounts almost to fraud to give that man a certificate in the circumstances I have just mentioned, for the sake of capturing his 9d.; that is what you are saying, is it?—That is exactly the statement which has been made to me.

35,312. I want to impress upon you, so far as I can, how very serious a thing that is?—Quite.

35,313. It would be incredible, would it not, that all the doctors in Durham county did that, and intolerable that any one of them should be allowed to



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do it?—I have talked these matters over with the inspector, and he is trying to arrange a convenient day on which we can meet the executive committee of the British Medical Association in Durham; it is a difficult thing to arrange, but when we meet, we are going to talk these matters over.

35,314. Have you made any complaints to the county insurance committee?—I did intend doing that, but I thought that, as we were trying to arrange this conference, I would not. The difficulty is for the moment that Dr. Todd cannot get all his men together on a day convenient to them and us.

35,315. Yours seems to be rather a difficult county to manage?—Yes. I thought in view of that conference that we could talk the whole situation over before we took any further steps in the matter.

35,316. I understand that you are taking steps immediately to tighten up the whole of your administration to some extent?—That is so.

35,317. I understand that you are trying to centralise a certain amount of control over the local people?—Yes.

35,318. I want to put this to you, because this has been given us in evidence, and I should like to hear what you have to say about it. It is rather a long passage, but I think it important that you should hear it. The witness said, "They may work five shifts one week and six shifts another week. They go on 'shifts for a fortnight.'" I asked, "Then it would be the fact that they are not so very eager to work?" and he said, "They are not allowed to work more, that is the coal hewers." Then I asked, "They do not work as much as they are allowed to work?" and he said, "The sober men do." I asked, "Is there not a very large proportion of them who, very likely for a good cause, do not work the full number of shifts?" and he said, "Yes." I said, "Does not that point to the fact that in this occupation, because the conditions are so arduous, or for some other reason, people do not work as hard as they might?" and his answer was, "The principal cause of absence from work is drunkenness; that is the reason for the loss of time." I asked, "Is it appreciable in the county of Durham?" and he said, "Yes; it is a cause of loss of time among the miners. A very large proportion of miners do not work on Mondays." I said, "Because they are drunk?" and his reply was: "No, but they have not sufficiently recovered from their week-end debauch." Then I asked him, "That being the case, do you still say that the motives which are not strong enough to make a man work a full shift, or keep sober during the week-end, are sufficient to prevent him coming on the fund?" "This is an opportunity for lying in bed on Monday and drawing sick pay"; he said: "They are not paid for a single day's illness; they must be off for a week." I want to know this; do you, or do you not, say that there is such an amount of drunkenness among the miners generally, that you would expect to find your sickness claims increased by diseases arising out of, or as the result of, debauchery and drunkenness?—(Mr. Cann.) Did I understand you correctly, in reading that extract, that the medical gentleman said they work five shifts one week and six shifts another week, and have an opportunity of working more?

35,319. What I read was, "They do not work as much as they are allowed to work?" In answer to which he said: "The sober men do"—they work as much as they are allowed to work, that is what it comes to. I asked him, "Is there not a very large proportion of them who, very likely for a good cause, do not work the full number of shifts?" and he said "Yes." And then I said, "That perhaps they did not work as hard as they might, because the conditions of their occupation were so arduous," or something of that sort, and his answer was, "The principal cause of absence from work is drunkenness; that is the reason for the loss of time." I am not interested, generally speaking, to know whether people get drunk and do not go down the pit, or the contrary. What I want to know is whether you find your sickness claims are swollen by diseases which result from drunkenness

and debauchery. This doctor says it has not that effect?—I should say there is a certain percentage of individuals who are idle on Monday on account of the effects of week-end drinking.

35,320. That is not quite what I meant. Do you find that there are a certain number of people who come on to the funds from various stomach complaints which are, directly or indirectly, the fruit of excessive drinking in the past?—Not being a medical man I cannot feel that I am able to give a definite answer to that. (Mr. Whiteley.) So far as gastric catarrh is concerned, in all such cases I write to ask the local official to make careful inquiry to see what has happened during the week-end before the patient is certified; I may say that I have not yet had a reply from anyone of the secretaries to the effect that the man was drunk.

35,321. Then I ought to read this passage in fairness to you. He said: "The man takes drink at the week-end, but he works hard for the rest of the week, and he is usually a better worker than the teetotal man." I said to him: "That may be, but surely you do not suggest that Saturday night and Sunday drunkenness is the habitual state of the greater portion of the population," to which he replied: "That is perhaps an exaggeration." Then I said: "Would you describe it in your own words?—I think that the drunken men would be perhaps 30 per cent. or 40 per cent. of the total. They have a good debauch at the week-end. (Q.) If 30 per cent. or 40 per cent. of the population have a debauch at the week-end, surely you would expect to find a certain amount of alcoholic excess?" "No," he said, "I will not admit that. These men in these debauches have to get their sleep after the Saturday and Sunday. There is nothing wrong with them for the remainder of the week"; and then I said: "Perhaps not for the first, or second, or third week, but after that?" And he replied, "That occasional type of drunkenness is not conducive to impaired health. They work it off. It is the tippler, the man who is constantly drinking who injures himself. These men work hard during the week. They can have a debauch at the week-end and they are little the worse for it." Is that really the state of affairs in Durham. You say that you do not find that people who come on the funds have been recently drunk, or are people who are getting drunk?—That is so; the medical evidence supplied to us does not suggest that.

35,322. You know that in the past some of the societies differentiated against coal miners, and either refused to take them, or took them only at enhanced premiums or for reduced benefits?—That is so.

35,323. Have you had much experience of that kind of thing in Durham? Do you find that the miners are forced upon you by reason of the fact that they cannot get anyone else to take them, or are they freely taken by other societies in the county?—I should think that they are fairly freely taken. Our membership is very low in proportion to our trade union membership. The Northumberland and Durham Miners' Permanent Relief Fund only has about 40,000 of our people, and you will find other 65,000 Durham miners in other approved societies in the county.

35,324. Some of your people are in the Northumberland and Durham Permanent Relief Society, are they?—Yes.

35,325. (Mr. Mosses.) How many lodges are there in your division?—(Mr. Cann.) About 200; that is, say, if you are speaking of the association generally, the trade union.

35,326. Yes, and they range in numbers from what?—From 35 to 2,500 odd.

35,327. Generally speaking, is there one lodge to one colliery?—That is so.

35,328. You say, that out of 140,000 trade union members of your association, 60,000 are insured against sickness on the private side?—Just about that in round numbers.

35,329. Is membership on the private side purely voluntary?—That is so.

35,330. And no pressure is brought to bear upon your members to insure against sickness?—None whatever.



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35,331. You have some 24,300 who are members of the approved society?—(Mr. Whiteley.) That will be about the figure.

35,332. How did you get these approved members?—When we became an approved society we were rather late in becoming approved. We issued the ordinary application form, there was no medical examination, and the bulk of our members were transferred from other approved societies.

35,333. Can you tell the Committee why you were so late in becoming an approved society?—We had a representative of the Commissioners in the county in the February before the July; but the strike came on in March, and, owing to that, all our officials were engaged in attending to the ordinary trade union matters, so that the time got on. We took a ballot of the county on the completion of the strike, and they still said that we ought to become approved, and that is the reason we were so late in becoming an approved society. As a matter of fact, after the strike was settled, there was still time, but on account of the Minimum Wage Act coming into operation, meetings had to be held to explain it, and there was further delay in consequence.

35,334. And it is to those circumstances that you attribute your comparatively small membership?—That is so.

35,335. Because your trade union members had made other arrangements in the meantime to become attached to an approved society?—Yes.

35,336. Of the 116,000 odd members of your trade union who are not members of your approved society, can you tell the Committee if there is a large number insured in other directions, in friendly societies, in collecting societies, and so on?—For the purposes of the Act they are all insured, of course.

35,337. I mean for ordinary friendly society benefits?—I do not know.

35,338. Then you cannot say anything on the question of over-insurance?—No.

35,339. Do you provide medical benefit for the whole of your members on the private side?—No.

35,340. You have nothing to do with medical benefit?—We have nothing to do with medical benefit.

35,341. Your members have no medical benefit beyond what is provided under the National Insurance Act?—That is so.

35,342. Did you provide medical benefit before the passing of the Act?—No.

35,343. You were speaking of colliery doctors: what are they?—Each of the workmen at the colliery paid 9d. per fortnight to the doctor, and that was stopped out of his wages at the colliery office, for medical attendance.

35,344. That was administered by the employers?—Yes.

35,345. Might I ask what is the contribution of your members for the private side benefit?—6d. per week.

35,346. I understand that you have reduced the benefit from the private side from 10s. to 7s. per week?—Yes.

35,347. Have you made a corresponding reduction in the contribution?—No.

35,348. That, I suppose, is in order to make the thing solvent?—Yes.

35,349. By whom was the reduction in benefit made?—It was made by the committee. At a council meeting in December it was decided that the sick fund should be made self-supporting, and the matter was left in the hands of the committee to find ways and means to arrive at that result. The committee have reduced the benefit from 10s. a week to 7s. a week for 13 weeks from March 16th last, to see how it will work.

35,350. Have you power to make a still further reduction if that is not sufficient?—Yes.

35,351. Without the further consent of the members?—Yes.

35,352. Have your members kicked against it?—Yes, but that is all they can do.

35,353. I was very much interested in this memorandum you put before the committee with regard to housing. I suppose the Shotton colliery is a typical one?—(Mr. Cann.) I would not put it in that form, because it is a very old colliery.

35,354. I take it the majority of your members are housed in cottages of three rooms in which the ground floor is partitioned into two rooms and you go up a ladder to a room, which covers the whole area of the house?—That is generally so in the old type of house.

35,355. In the old type of houses there are no sanitary conveniences, are there?—There is an improvement in that direction now. It has been gradually improving for the last nine or ten years, although some of the houses are still in a very bad state.

35,356. What is the general rule—privies outside the houses?—Yes, and I have known houses where there were none.

35,357. No sanitary convenience at all?—Not a particle; but that was a good many years ago.

35,358. They have outside privies common to two or three families?—Yes.

35,359. In addition to that, you have what is known as middens?—That is so.

35,360. And the whole of the household refuse is piled on those places and cleared away at certain intervals; and of course during the intervals they are breeding grounds for bacteria and filth of every kind?—In a few cases; but it is gradually dying out.

35,361. What is being substituted?—There are earth closets in most instances and in a few cases a water closet; but still there are some very bad ones left.

35,362. Are you speaking for Durham only, or for Durham and Northumberland?—I am not speaking for Northumberland at all.

35,363. I was thinking more of Northumberland; has any improvement taken place there, do you know?—I do not know.

35,364. In all these cases there is some local health authority, is there not?—Yes.

35,365. Is it on their initiative that these improvements are taking place?—Yes; but a great deal of the agitation is due to our organisation.

35,366. As an organisation have you taken part in this agitation?—Not directly as an organisation, but indirectly we have.

35,367. I think that the work in the Durham coal-fields is generally carried on in three shifts?—At the present time I should think 75 per cent. of it would be.

35,368. That means that the pit is continually working, and that it only gets a chance of cooling down on Sundays?—No; we have a very short shift principle in Durham. We start at 4 o'clock in the morning, so far as coal getting is concerned, and we are done at the latest at half-past 9 at night. You have the pulleys running 18 or 20 hours a day, but the men are all out of the pit, apart from those who are repairing, on an average at half-past 9 p.m.

35,369. Does that apply to Northumberland as well?—They work longer hours there. Our coal hewers only average 6½ hours per shift from bank to bank. We have the shortest day in the whole country.

35,370. I see in two cases of houses of two rooms you have 11 persons, and in the case of houses of three rooms you have one of 14 persons in the same house. Are they members of the same family as a general rule?—As a general rule that is so.

35,370a. A certain number of this man's family would be employed down the pit?—Yes, you would have a number at bank; that is to say, those of a working age.

35,371. And would it not be fair to say that they are generally on shifts opposite to the one their parent is on—I mean the whole family is not down at the same time?—If you have a large family in a three-shift colliery you will have members of it in each shift.

35,372. So that really the house is not being occupied the whole of the time?—As far as being home at night is concerned, unless they are employed as stone men or shifters (that is to say, those who do the repairing and who make way for the coal hewers to get to their places), they would all be in the house from 9 in the evening until 4 the next morning.

35,373. It is difficult to think of 14 people living in a three-roomed house, even from 9 in the evening until 4 o'clock in the morning. I thought that they would not be so overcrowded if they were in different



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shifts?—You might have a number of them in what we call the repairing shifts. I may say that as an association we have nothing whatever to do with getting that memorandum up.

35,374. You said that the miner's occupation is a very arduous one. I suppose you will have some general knowledge of other occupations; it is not the most arduous occupation in the world, is it?—I would not go that far.

35,375. Take iron workers employed in puddling, firemen and blacksmiths; is not that a very much more arduous occupation than coal mining?—I think it is very hard, but I should say, especially in regard to iron workers, that theirs would be even heavier work than coal hewing, because they are handling much heavier tools.

35,376. But the iron worker is subject to much more violent fluctuations of temperature than the coal miner?—That I cannot agree with.

35,377. But he may be right in front of a very hot furnace—you say the average temperature at the coal faces varies from 70 to 80 degrees—and then go away and cool down for a little?—I do not think that that is so severe as a man who is working in 80 degrees of heat and comes out immediately into a very cold current that is brought through the downcast shaft.

35,378-9. Is it not a fact that the alternations of heat and cold are not so bad as the gas a good many workmen have to inhale, which would make for excessive sickness in the case of steel smelters and gas-producer men, for instance?—If you take after-damp into consideration, that is a very deadly thing. Then there is stythe, as we call it. That is a certain amount of foul air which gets into any portion of the mine where the coal has been worked out, in the cavities which have been formed there. This is forced out, and although it is not actually deadly it is very injurious, and, if you have that to breathe, then it is very injurious, and would tell very much against the workmen's health. I have worked in mines of that kind where my candle would not burn owing to the foul air, and my candle in *that* position (*indicating*) in order to make it burn. Working in such a mine as that is very injurious to the health.

35,380. You say that the miner has as much to contend with in the way of foul air and that sort of thing as men in the other occupations I have referred to?—I am bound to admit that.

35,381. I take it that the average coal hewer in your district has wages of 1*l.* 15*s.* per week?—Yes.

35,382. In addition he has a house, such as it is, and a garden?—Very rarely; it has almost died out.

35,383. At one time they used to grow fine gooseberries in their gardens; have you nothing of that kind in the county of Durham now?—I do not know of any garden that will grow gooseberries now in Durham.

35,384. If the man has 35*s.* a week with a house and, in some cases, a garden, I should say that he is fairly well circumstanced so far as this world's gear is concerned?—I would like to rectify one thing there: all the miners are not provided with what we generally term free houses; the collieries, apart from the new ones, have ceased doing it. When a new colliery is commenced, of course, they have to build houses, because, naturally, there is no house accommodation around. In a very large number of collieries men are living in rented houses and paying their own rent. Therefore, to say that they have all got free houses is not quite accurate. Rent is allowed at the rate of 6*d.* per shift for coal getters, and 5*d.* for the rest.

35,385. That is in lieu of the provision of colliery houses?—Yes.

35,386. As a rule, do you find that coal miners drop out of their occupation and take to other trades, or is it a case of once a miner always a miner?—If you take a miner above 30 years of age, I think that you may look upon him as being a miner for the rest of his life. Of course, younger people in their teens sometimes look in other directions for a living.

35,387. With regard to the small number who systematically worship St. Monday, is there not a risk of these men being discharged?—Yes. Mr. Whiteley reminds me of a case I might refer to. He has had a

communication from the workmen that a new manager has come on the scene at a certain colliery, and is introducing a new system, and any individual losing more than five days in any one quarter (I may say the present quarter has 14 weeks) has to go to the colliery office to be questioned and lectured, and if, after the warning and so on, there is no improvement, he will undoubtedly be dismissed.

35,388. Would any objection be taken by the trade union to such a course?—If systematic lying idle existed, no.

35,389. That is, if the union was of opinion that the men had lain off unreasonably on account of drink it would not interfere?—That is so.

35,390. Who does your sick visiting now?—(Mr. Whiteley.) It is done by the local official.

35,391. Is he a man who is appointed to be sick visitor, or is it the local secretary?—The local secretary.

35,392. Is he specially paid for sick visiting?—No, he gets 5*d.* per member per quarter for doing the work.

35,393. And that 5*d.* per head per quarter is inclusive?—Yes, it is inclusive.

35,394. What does he do for his 5*d.*?—Mr. Cann reminds me that we paid 4*d.* per member per quarter until recently. It was increased to 5*d.* owing to the fact that sick visiting was made compulsory. Where there is only one official he does it all himself, but where there are two, the secretary does everything but the sick visiting, which is done by the other official.

35,395. Who pays the money to the insured person?—If the man is laid up, his representative comes to the union room on the pay night to receive the sick pay. In cases where there is no representative to call at the room on behalf of the insured person, then the secretary or the treasurer (there are those two officials), as the case may be, goes to the man's house, pays the money, and gets the signature of the person receiving it.

35,396. In such a case the sick visitor would pay the money?—Yes.

35,397. Do they sick-visit apart from the paying of the money?—Yes. Prior to this year we are bound to admit that the sick visiting was very loose. We only asked them to visit a man once a fortnight, and so on; but now we have put this into operation, that first of all a man must be visited before he receives any actual money, that is to say, when he sends in his sickness card the visitor will go next day, perhaps, and see how he is, and if he thinks that the insured person is not in a state which would entitle him to receive money from the funds, he reports the fact to the head office.

35,398. Does the sick visitor consult with the doctor at all?—No.

35,399. I understand you to say that you are tightening up your administration, and that sick visiting is being included in that general tightening up?—That is so.

35,400. And that prior to your taking stock of your position the sick visiting was very loose?—Quite.

35,401. Do you think that it is any better now?—Yes.

35,402. Do you attribute the falling off in your State sickness expenditure to that tightening up?—I do not think that it has had any very large effect yet.

35,403. Do you think, then, that it is still capable of improvement?—Yes, I think so, and that is the reason we have had these district conferences of local officials, to bring them up to this, because our local officials were not prepared to make a systematic sick visitation. They said they thought it was rather lowering them, that they had never been asked to do it in the past, and that they could not get themselves down to it. Of course, when the thing was explained to them, and they were told what was necessary they saw it; so I think that the sick visiting will be done better and more accurately than it has been in the past. I am also hoping that it will have a considerable effect; but up to the moment I do not think that it has had any actual effect, because it has not been in operation long enough.

35,404. Generally speaking, do you find that your committee backs you up in these remedial measures



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you think it necessary to adopt to ensure the solvency of the scheme?—Yes, one has not found a great deal of difficulty with regard to the committee; but the whole of our committee have not had any real experience in the administration of sickness benefit, only as shown by our private side, and all of them, and myself to a large extent, have looked upon this matter probably not so seriously as we ought to have looked at it. But now I think that the committee fully realise the responsibility of this thing, and we are all expecting that there will be good results from the tightening up of administration.

35,405. Putting it shortly, you have been guided more by sentiment than by judgment up to now?—Yes, that is the whole point.

35,406. (*Dr. Carter.*) I want to get a clear idea as to what you think is happening as the result of your workmen working in this 70 to 80 degrees temperature at the face of the coal, and then their being exposed for some time to currents of cold air; in what way do you think that that does them harm?—(*Mr. Cann.*) Their bodies being in a heated state and then coming out into a cooler atmosphere they are susceptible to cold, which is looked upon as the forerunner of a good many evils.

35,407. Quite so; but what diseases do you think it is producing in your area?—That I could not say. (*Mr. Whiteley.*) In deep collieries the variations are greater sometimes.

35,408. Would you expect to find, if this was a condition precedent to serious disease, that diseases of the chest, such as bronchitis and pneumonia, would be likely to result, if that were operative very largely as a cause of disease? If that was important in the causation of disease in your district, would you think gastritis or pneumonia would be more prevalent among the miners?—(*Mr. Cann.*) I am afraid I cannot answer that question.

35,409. Would you think that gastritis, which is a stomach trouble, or pneumonia, which is inflammation of the substance of the lungs (a chest trouble), is more likely to be produced by such causes as you detail?—I am sorry that I am not in a position to answer that question.

35,410. Would you be surprised if we had been told here that there was very little pneumonia indeed amongst the miners in your area?—(*Mr. Whiteley.*) We have not tabulated that kind of thing.

35,411. I merely put it to you that if this was a very serious cause of ill-health in your area, we would rather expect to find that pneumonia and bronchitis would obtain very largely as causes of claims for sickness benefit rather than gastritis. As a matter of fact, it is reported to us that 75 per cent. of claims (I believe that was the figure given) are for such things as gastritis and stomach trouble, and that there is very little pneumonia indeed in your area?—(*Mr. Cann.*) I take it from you.

35,412. (*Mr. Watson.*) May I take it that on the private side in the year 1911 the total amount paid for sickness and death benefits was 80,929l.?—(*Mr. Whiteley.*) I could not say for certain now, because I have not the figures with me, but it would be something near that amount.

35,413. In 1913 it was 107,000l.?—Yes, I believe that is near the figure.

35,414. Roughly speaking, what would the death benefits amount to in each year?—I do not quite know; it runs somewhere between 35l. and 40l. per week, so far as I remember. I am sorry that I have not the figures with me.

35,415. It comes to this, does it not, that whatever the system may have been previously, and whatever indulgence towards the members the committee and the doctors thought they were justified in extending, you were dealing with a state of things where the claims were in fact only about 75 per cent. of what they proved themselves to be after the Act was passed, and came into operation?—Yes.

35,416. And, therefore, although undoubtedly there was a very high rate of sickness before then, the position of things was not so serious in 1911 as in 1913?—That is so.

35,417. Until you had some practical experience of the working of the Act you had no reason to anticipate that the additional 10s. a week for sickness benefit would result in that very large accession to the claims?—No.

35,418. You agree that under the system where the lodge secretary received the claim from the member and visited him in a more or less casual manner, or not at all, paid the claim and then informed the central office, there was a great deal of excess, and undoubtedly a great deal of abuse?—Yes, I should think so.

35,419. I am not anxious to pillory your society or any other, but I want to show that certain systems produce certain results?—That is so.

35,420. And it is because of the result of leaving the thing purely in the hands of the local people that you have decided to adopt a plan which will enable the central body to keep a tighter grip on the sickness claims?—That is so.

35,421. You said that men who take more than five days off in a quarter are brought before the manager and interviewed on the subject?—(*Mr. Cann.*) It is just introduced at one place; we only got information of it on Monday last.

35,422. There has been, I take it, on the part of the owners an objection to allowing the men to be off an indefinite amount of time. Would you agree, therefore, with the inference which I think we might draw from the evidence of the doctor which has been read to us this afternoon, that doctors have given a good many certificates with a disease put upon them to men who were not in fact suffering from real sickness, but from the results of a week-end debauch, and who had to explain to the manager the cause of their absence from work?—I believe a good few have been given.

35,423. It would follow, would it not, that the society—whether it knew of it or not—by the practical conditions of the case would be compelled to pay on those certificates?—(*Mr. Whiteley.*) Yes, I think so. (*Mr. Cann.*) I should say it would much depend on the nature of the sickness that was stated on the certificate. If the doctor left it in the least doubt, then I think Mr. Whiteley would put the machinery into operation at once. (*Mr. Whiteley.*) That is so.

35,424. Yes, now; but, unfortunately, in the past the claims have been paid?—(*Mr. Cann.*) Yes, on the private side, unless the certificate caused a doubt. If the doctor's certificate created a doubt, we used to make inquiries. (*Mr. Whiteley.*) The money was paid by the local official previously; so long as he got medical evidence which satisfied him, the money was paid.

35,425. He got the doctor's certificate that the man was incapable of working, and he did not very much care what was the cause, under the old system?—(*Mr. Cann.*) I see your point—we have secretaries and secretaries, of course.

35,426. Do you have many cases where the man has only a day off?—(*Mr. Whiteley.*) I do not remember any at the moment. We have them where they have been three days off, and just an odd case or two of two days off.

35,427. Where a man has been off for four days during the year, so that he has drawn some benefit, he can have benefit for every day after that, can he not?—Yes.

35,428. Is there any tendency to claim for odd days?—There is no case that I can remember of a single day being claimed for. There have been one or two cases where claims for two days have been made, and I think, in those cases, it was Thursday and Friday in the week, so that that would not affect it. A large number of cases were for three days.

35,429. Among your 200 lodges there may be cases, may there not, where the secretary or sick-visitor, although a member of the union, is not in every case a member of the approved society?—Yes.

35,430. And it is possible, I suppose, that that has been a contributory cause of any slackness there may have been in looking after the interests of the society?—Yes, that is quite possible; but, fortunately, all the officials of the approved society at the present time are approved members with us.



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35,431. You have now arranged that that should be so, have you?—No, but in the course of the conferences I made careful inquiries, and found that there were three officials who were not. I pointed the position out to them, that one hardly thought it a right thing for men who were not members of an approved society to be receiving salaries from it and still remain members of another society, and that

The witnesses withdrew.

whilst they may be quite honourable, they might not do justice as much to one as to the other; so that all our officials are approved members of our own society now.

35,432. That is to say, every person administering the funds of the approved society is himself a member of that society, and, therefore, interested in its welfare?—That is so now.

## FIFTIETH DAY.

Thursday, 23rd April, 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Mr. WALTER DAVIES.  
Dr. ADAM FULTON.  
Miss MARY MACARTHUR.  
Mr. WILLIAM MOSSES.  
Dr. LAURISTON SHAW.

Mr. A. C. THOMPSON.  
Mr. A. H. WARREN.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.

Mr. ALEXANDER GRAY (*Secretary*).

Dr. J. E. PHILLIPS (*Malpas*) examined.

35,433. (*Chairman*.) You are a medical practitioner practising in Malpas, in Cheshire?—Yes.

35,434. What are your qualifications?—I am a member of the Royal College of Surgeons and a Licentiate of the Royal College of Physicians.

35,435. How long have you been in practice in Malpas?—Thirteen years in September.

35,436. Where were you before then?—In Middlesbrough, in Yorkshire.

35,437. Are you on the panel for Cheshire?—Yes.

35,438. How many people are on your list?—As far as I can ascertain, owing to difficulties from the registration office, somewhere about 1,150.

35,439. Are you alone in practice?—No, I am with a partner.

35,440. How many of your people are men, and how many are women?—The panel consists chiefly of members of a lodge of Oddfellows, the average of which is—men 649 and women 201. That is about the average for all. Roughly speaking there are about 25 per cent. women.

35,441. What sort of a place is Malpas?—It is a bright agricultural healthy, charming district. It is a very prosperous agricultural neighbourhood.

35,442. Is there any big centre of population at all?—No, the country, generally speaking, is divided into a large number of small holdings. There are no very large farms running up to 150 and 180 acres and so on.

35,443. How far is it from Chester?—Fifteen miles.

35,444. And from Crewe?—Seventeen. It is between Chester and Shrewsbury, not quite half way, and between Crewe and Wrexham.

35,445. Down in the South of Cheshire?—Yes, near Flintshire and Shropshire, at the corner.

35,446. You cover a considerable extent of country?—Yes.

35,447. What are the limits of your practice in miles?—We are not exactly in the centre of the practice. We are rather in an oval. In one direction the distance extends 12 miles across, and it is something like 13 the other way.

35,448. What are the names of the villages on the northern limit?—Tattenhall on one side and Iscoyd, otherwise known as Whitewell, Flintshire, on the other side, and to Bangor-on-Dee on the south-west side, and on the north-east to Cholmondeley.

35,449. Does it take in an industrial population at all?—No.

35,450. Do you get about in a motor car?—Yes, we have two.

35,451. Do you keep surgeries in the various villages?—No.

35,452. You call to the people's houses?—Yes, a great deal of the practice is calling at people's houses rather than bringing them into the surgery.

35,453. How do you divide up your day?—It is fully occupied as a rule. People come into the surgery in the morning from 9 to about a quarter past 10. A large number of people prefer to come into the surgery if they are not very ill, rather than pay visiting fees for long distances. At about quarter past 10 we start the first portion of our visiting. We get back generally about half past 1 or 2 o'clock. After luncheon we have prescriptions to write for our lady chemist, and we have more work again until tea-time and then in the evening, from 6 until 7.30 or 8 o'clock.

35,454. During all that time you are seeing panel and non-panel people indiscriminately?—Yes.

35,455. Have you any sort of idea how many panel people get certificates as compared with those who come to consult you?—I am afraid I have not.

35,456. I suppose that they are all agricultural labourers?—Agricultural labourers, farm servants, and small holders.

35,457. Many of the women are domestic servants in big houses?—Yes.

35,458. There are a good many big houses about there?—Yes.

35,459. Generally, do you think that unjustifiable claims are being made?—Not deliberately.

35,460. What do you mean by that?—In this sense, that illness is not so clearly defined, and it depends so much on the disposition of the individual patient. One man would go to work with a little stiffness in his back, and another would not, but would prefer to have an extra day or two rather than start work in the middle of the week.

35,461. He would prefer it I know, but what do you prefer?—In the average case we have known the people for many years, and the patient is told that perhaps he had better go to work.

35,462. What was your position before the Act was passed? Were you surgeon to an Oddfellows Lodge?—It was a peculiar position. There were myself and my partner and another practitioner in the village, who is not on the panel—he is one of the few men in the whole wide area who are not. We never had any



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agreement with them. We attended the members of their lodge at so much per annum, the usual rate.

35,463. Who paid you that money?—The lodge.

35,464. Though you had no agreement?—Though we had no agreement.

35,465. What do you mean by saying that you had no agreement? You were appointed?—No, we were not appointed. My position was this: they used to put our names on their list with the other practitioners, and the patients had free choice of doctor for themselves.

35,466. How did you get on to their list? A man did not turn up one morning and say: "We are going to put your name on our list"?—My former partner was on the list.

35,467. Do you suppose that there was some agreement with him to start with?—No.

35,468. What was the fee per head?—4s.

35,469. And the patients came to you?—Yes.

35,470. Did you act in the same way for any other lodge?—Yes.

35,471. They came to you, and you certified?—Yes, I certified when they were ill, and looked after the interest of the lodge as well as of the patient.

35,472. Did the lodge secretary come and talk to you?—Occasionally when there were any difficulties or doubts about a particular person.

35,473. Doubts as to whether he was really so ill that he could not do his work?—Yes.

35,474. These were all contract people though there was no contract?—Certainly.

35,475. Was anybody else in the same position besides the members of this Oddfellows lodge?—No.

35,476. Any inhabitant could not turn up under the same terms?—No. Whenever we considered that a man had got beyond the stage of being attended as a club patient, we would say: "We cannot do this at this price."

35,477. That is, people who were members of the Oddfellows. But what happened in the case of people who were never Oddfellows?—They were just private patients.

35,478. Did you hold other offices in the neighbourhood?—I was surgeon to the Yeomanry.

35,479. Was the parish doctor your partner?—No.

35,480. When the Act came into operation, all these Oddfellows' members came on your list?—Yes.

35,481. And a few others besides?—Yes. I took the trouble to estimate before the Act came into force how many we should be likely to have on our list. We went over every case and we estimated that we should have between 1,150 and 1,200, which was a very near estimate.

35,482. Is yours what is called an unopposed practice?—No; there is opposition in the village.

35,483. That is opposition from the gentleman who is not on the panel?—Yes.

35,484. As far as the panel is concerned, it is unopposed?—Yes.

35,485. What has become of all the parish patients?—There were never very many of them. There were just a few old women and men who were uninsured people.

35,486. It is a prosperous area?—Very.

35,487. What do agricultural labourers make?—Wages have gone up, but on the average, beforehand, they had 15s. to 17s. a week and perquisites.

35,488. And cottages?—No cottages, except in special cases.

35,489. Do you find that some of them are rather apt to stay on a little longer than they are entitled to?—Yes, I always found that. It is not because they want deliberately to get more than they are entitled to, but that one man will go back to work, when another man will not. I find that particularly this year there is a distinct inclination on the part of people who are not very well to do this, and if a girl has anæmia, you cannot tell exactly when she is fit to do her work, and she may, instead of going back on Wednesday, wait until the following Monday to go back.

35,490. That is a kind of valetudinarianism?—Yes.

35,491. What do you do with that? Do you stand but against it?—Yes, and where we think that they are

better at work, both mentally and physically, we say that they must go back.

35,492. Do you find any difficulty in making up your mind?—Not in the average case. There is difficulty occasionally. The difficulty is in deciding exactly what is exactly the condition in obscure states. We find this particularly in the country districts with regard to muscular pains and the group of diseases called lumbago, and so on.

35,493. Some of those are frauds?—It is not for me to say that.

35,494. Do you not think that they are?—Not in an average way. As I have mentioned, one knows the character of every person in the district, and knows who is keen to work and who is not.

35,495. I suppose that labour is rather scarce, even in south Cheshire?—It is.

35,496. Therefore the farmers are very anxious to get their men back to work as soon as they can?—Yes.

35,497. Do you get many complaints of people stopping away?—They have been complaining, particularly this year, that their servant girls, upon whom so much depends in the cheesemaking area, are inclined to stay away a few days longer than they should do.

35,498. These are the dairymaids?—Yes.

35,499. Is that an arduous occupation?—I should say distinctly so.

35,500. What do they make in wages?—It depends on whether they are skilled or not. 40l. a year is an average for a dairymaid, and quite an ordinary girl will get 20l. a year.

35,501. Living in?—Yes.

35,502. Do married women go in for that?—A large number of the married women milk. It is an asset to the farmer to have a labourer with a wife who is capable of milking.

35,503. What does she make for that?—3s. 6d. as a rule. But in the busy season the farmer would prefer to give 4s. to a good milker than 2s. 6d. to a moderate one.

35,504-5. Are they mostly insured?—No, they are not insured. They do not come under the Act. They are excused.

35,506. Do you think that most of your people are over-insured?—No.

35,507. They are insured for something else besides the 10s. and 7s. 6d.?—A considerable number of them are.

35,508. Do you find valetudinarianism more extensive among women than among men?—I could not say that it is. If a man is neurotic, he is more neurotic than the average woman as a rule. Where a man imagines that he is ill, he thinks himself very much more ill than the average woman under similar conditions.

35,509. But do you think, in the case of the average woman, that there is a greater tendency to stop on the fund and, as you have just described, to stay on until the end of the week? Is that automatic on her part?—More or less automatic.

35,510. What do the profession think about it all?—The profession have a great deal of misgiving about what may happen, and they are in a state of unrest. I consulted some of my colleagues in the district before agreeing to come and give evidence, and they were annoyed to think that the existence of this inquiry should not have been made known to them, so that they might have selected for themselves an individual, who might possibly have been myself, but they were not given the opportunity of selecting anybody to give what they term evidence in a general sense acceptable to the whole profession in the neighbourhood.

35,511. I do not quite understand that, because the existence of this Committee has been widely advertised?—It is an extraordinary thing that they did not know.

35,512. I should have thought that everybody who wanted to come would have had ample opportunity of coming?—The existence of the Committee was not known even to the secretary of the medical committee for the county.

35,513. I do not like giving advice to professional gentlemen, but I should suggest a perusal of the daily papers or even of the medical journals. Leaving aside that cause of unrest, what else is worrying them; I am not thinking about medical benefit so much, except in so far as it relates to sickness benefit?—What they are



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afraid of is—and it is a general complaint, particularly this year—that there is a greater tendency on the part of insured people to be constantly troubling them and worrying them about conditions which are so trivial that there is nothing really the matter with them, and they would be all right in a day or two.

35,514. That rather means a sort of growing valetudinarianism on the part of the people, which is an unfortunate thing?—Yes.

35,515. It must lie with the doctors to check that?—Yes.

35,516. Perhaps your profession is somewhat to blame by always telling us that we are ill, so that we have almost come to believe it?—The position is not quite clear. If the profession realise that there would be no further encroachment on the amount they are paid at present, there would be a tendency for matters to settle down at a far greater rate than at the present moment. We were compelled to do certain things against our wishes to begin with, and they have not quite forgotten it, and there is still a little soreness here and there.

35,517. Do you think that that soreness makes them act unfairly towards the Act?—Not for one moment.

35,518. In the old days they used to look after the funds of the lodge as much as the people?—Yes.

35,519. Are they still doing that?—Not in an average way.

35,520. Why not?—Because the lodge has ceased to exist.

35,521. But it is merged in a bigger lodge?—Therefore you cannot possibly expect the same local interest to be taken in a general matter as in a local matter.

35,522. Is not that rather strange? Is there any reason that what was very admirable in the case of a local society should not be done also when that society is merged with a big one?—No; but a human being is a weird creature, and he is not likely to take the same interest in a national thing as in a local affair. The ordinary man in the country is very much more interested in the affairs with which he is dealing, and in the people among whom he works.

35,523. You realise that unless the profession will take that same kind of interest, or perhaps more interest, in the affairs of this thing, it cannot go on?—Quite true. They quite realise it, and if there was a little more sweethearting of the profession generally you would find that all this tendency to difficulty in reference to that 25 per cent. of the funds would be obviated or could be saved.

35,524. You mean that there is really such a certifying or something happening at present, that you do think it is causing a drain on the funds?—There is a something.

35,525. Do you think that there is a remediable leakage?—Yes.

35,526. Through the action of the profession itself?—Not through the action of the profession any more than through the individuals themselves.

35,527. Through the joint action of the insured persons and the profession?—I would not go so far as that, but a little persuasion might induce a girl or a man to return to work or to feel that he has an interest at stake, instead of getting the full 10s. or 7s. 6d.

35,528. You think that the profession might do that, and does not do it?—I do not think that it can be expected to do it.

35,529. Could it ever be expected to do it?—Yes, I think it might be.

35,530. How are you going to get it to do it?—We might have what you would call medical missionaries, if you like.

35,531. What would they preach?—What I was thinking of was this: suppose a type of individual was appointed as medical referee, who would have the confidence of his profession, and the confidence also of the officials also concerned with the working of the Act, he would have a very large influence in readjusting these matters, which may be great in the aggregate, though small in detail.

35,532. Of course, an extra day's stopping on the funds by insured persons mounts up?—That is just it.

35,533. You seem to think that there is something which the doctors might do, and are not doing?—Yes. It is entirely outside their professional duties.

35,534. They are still uneasy and suspicious?—Yes.

35,535. What are they suspicious of?—Their treatment in the past makes them quite reasonably suspicious, because they did not anticipate the conditions that have arisen. One did not think three or four years ago that such conditions would have arisen and would have been brought about so quickly as they have been.

35,536. I do not quite understand what the complaint is?—It is such a difficult matter that I cannot say. People just do it, and there it is, but I cannot explain it.

35,537. Many of your brethren have had their incomes increased?—I do not think so in the country.

35,538. You mean in Cheshire?—Yes.

35,539. You will agree that elsewhere they have increased?—I believe so.

35,540. You were always a prosperous area?—Yes.

35,541. And you always got well paid?—No, we were underpaid as a rule.

35,542. Nobody ever was well paid, but you were paid?—Yes.

35,543. You had not got the same conditions as there were in some of the southern counties?—I should not think so.

35,544. Do you think that that is at the root of it?—Possibly, it may be.

35,545. You think that the doctors do not feel the same sort of obligation towards the National Insurance Act as they had towards the local body, partly because it is national and partly because they are cross?—I should almost be inclined to believe that without definitely saying so.

35,546. That is a very serious state of affairs, looking at it for the moment at the point of view of the profession supposing whoever is responsible for this thing came to the conclusion that the present conditions of medical service make it necessary to make some change?—That would be more serious still.

35,547. Do you not think that the profession had better address their minds to it from that point of view?—I do not know that I should be responsible for inducing them to think in that sense. For instance, I have a *locum tenens* at home, quite a good man. I was very glad indeed to get his services at seven guineas a week; three years ago I could have got any number of young men; at the present day they will not come, if there is any work of that type to be done. They do not want it. They would rather have 300l. or 400l. a year, with no responsibility for them, and the difficulty in obtaining men is intense.

35,548. Why is that?—Because they do not care to undertake that class of work.

35,549. Is there not another reason—that there is a much greater demand, and that the supply is short?—Possibly.

35,550. The services of a *locum tenens* have gone up from what?—From three guineas.

35,551. And the fact that the fee has gone up to seven guineas shows that the Act has increased the value of the doctors?—Certainly.

35,552. If one's average commercial rate were increased by a 130 per cent. it would be gratifying to most people?—Quite so. But the average income of an ordinary practice like my own is not increased, while our expenses have increased.

35,553. Still there has been generally a high appreciation of medical incomes. There are so many hundreds of thousands of pounds included in the sums of 7s. which are being paid out to medical men in all parts of the kingdom, and that is greatly in excess of what was being spent when a fee of 4s. was being paid by the old friendly societies?—Obviously.

35,554. I do not want to discuss the whole medical benefit question, but of course as far as the young man is concerned, he has got a much easier access into the profession when he is once qualified. There is obviously a shortage?—Yes, but they are disinclined to take up this work.



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35,555. In the slums, but besides the slums there must be lots of places?—Another reason is the difficulty of getting men to come to the country, because it is very arduous, and they get very weary of it, after a few years.

35,556. Suppose you had a medical referee, what kind of a medical referee would you like?—I should be inclined to have a whole-time medical referee, for a certain area, a large area. and that the profession in that area should be consulted beforehand as to the appointment of the referee, though not necessarily leaving the appointment to them in any shape or form, but merely that they should have a man whom they would like to have and in whom they would have confidence, as well as the people who are otherwise interested, for example, the friendly societies.

35,557. By whom ought the appointments be made?—The Insurance Commissioners.

35,558. How many people would you want for the whole country?—I could not say.

35,559. Take Cheshire; would one man do the whole of Cheshire, leaving out Stockport?—Yes, working from Crewe. I do not see why one man should not do the whole of Cheshire, including Stockport and Staly-bridge.

35,560. What do you think ought to be paid?—I could not say. But a man in a responsible position to do that class of work, and a man who would be acceptable to the profession and to the friendly societies, would have to be well paid, so that you might get a really good man.

35,561. You would want a good many of them to cover the whole country?—He might do even more than Cheshire. It depends upon how accessible the country is.

35,562. You would want 100 of them anyhow?—You are sure to.

35,563. It would be a pretty difficult thing to get 100 men of this description all at once. How old would they be?—They should have been in general practice for not less than 12 or 15 years.

35,564. That would make them somewhere about 40?—Yes.

35,565. Do you think that you could suddenly ask the profession to find 100 men of that type over 40 years old?—I think that they could be found.

35,566. In reference to consulting the profession you realise that anyone put into that position would have to satisfy two parties, the profession and the friendly societies?—Yes.

35,567. It would be rather an unfortunate thing, from the point of view of the friendly societies, that he should be a person appointed after consultation with the profession?—No, I do not say that, but I say that the representatives both of the friendly societies and of the profession should be consulted before the Commissioners appoint a referee.

35,568. How do you propose that they should be consulted?—The fewer on a committee as a rule, the better. Two representatives of the medical profession, and two of the friendly societies on the committee, should discuss the matter.

35,569. If the power and responsibility and all the rest of it are going to rest with the Insurance Commissioners, surely the responsibility of selecting the men should rest with them?—Yes, but I do not think that they would be able to appoint this man who would be equally acceptable to both doctors and friendly societies, and these bodies should have some voice in suggesting names for the Commissioners to appoint.

35,570. It seems to me that to appoint a servant on another person's recommendation is the worst way in which you could possibly manage it. You must have responsibility somewhere. You would not suggest that the particular man who was appointed for Cheshire should live down in Cheshire for the rest of his existence?—No, they might have to move him.

35,571. You would have to co-ordinate the service all over the country, and have it more or less graded?—Yes.

35,572. Really what it comes to is, that it would be a sort of Civil Service?—Yes.

35,573. And the person appointed would have to be movable like a Civil Servant?—Yes.

35,574. So that there would not be very much object in appointing after consultation with the Cheshire people?—Not necessarily, but when a community has had just a little voice in the selection of a servant, generally speaking matters are made easier for him, and in an ordinary way he is a much more acceptable person.

35,575. Do you not think that the profession, like all organised professions, has a great deal to say to the appointment, that is in the matter of professional reputation and all those things which bring people forward?—I do not think that there is much organisation among us.

35,576. I mean that the sort of general reputation that a man bears with his fellows has a great deal to do with the position of a doctor as with that of any other professional man?—Yes.

35,577. Does it not really come to a sort of consensus of opinion of doctors as to whether a man is coming to the front?—Not in general practice.

35,578. But being picked out from among the general practitioners?—Yes.

35,579. Especially with all your various local organisations, committees, and so on?—Yes.

35,580. Suppose instead of having a whole-time man that you had a part-time man, what would your profession think of that?—I do not think that they would be very partial to it.

35,581. I mean a part-time panel man, acting in an area that was not his own; for instance, if a man in Knutsford came down to the Malpas district?—Personally I would not have any objection, but I do not think that in any average way they would be very partial to it, although I cannot say.

35,582. On the other hand, what would they say to having a specialist from some Manchester hospital who is outside general practice altogether?—I do not think that they would like that, because a consultant of that sort is not in many ways conversant with the affairs and dealings of general practice and the conditions which exist.

35,583. A practice of this kind is sometimes the better of having a man who is not conversant with its ways, to knock it about a bit?—I do not think so.

35,584. Is it not the fact that this general practitioner, who is working all by himself, or with a partner, does not know much about what the man is doing in the next village?—In our district we know one another. We are on speaking terms with one another, and we are kind to one another. We help one another professionally.

35,585. I remember when this business began being told what the practice of friendly societies was, and I have now come to the conclusion that there are about a thousand practices of friendly societies; and I cannot help thinking that there must be a thousand practices of doctors?—No doubt.

35,586. You cannot get anybody who knows all these?—No, I wish the Committee to understand that this is merely an expression of personal opinion.

35,587. That is what we want. We desire to get from you these things which we cannot know?—Therefore, one is not perhaps justified in saying "I know so and so." But, personally, I would have no hesitation in saying that I do not mind who comes as referee.

35,588. This Committee might come to the conclusion that a co-ordinated scheme of referees all over the country is desirable. They might also come to the conclusion that that was the sort of thing that you could not have all at once, and they, therefore, might try various experiments all over the place. Have you thought of two or three panel doctors sitting in a rota as referees on one another's cases?—No, I have not thought about it.

35,589. Do you and your partner do everything yourselves, or do you limit yourself to the regulations? What do you do when you come to the top limit, and a man is suffering from something which is said to be outside the scope of general practitioners' work?—If they are poor people we put them in our motor cars and send them as a rule to hospital in Liverpool, which is 32 miles away.

35,590. I suppose you do a great deal?—Not if I can help it in a surgical way.



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35,591. Why not?—I find that I can get friends of mine to do the surgery that is required for poor people. All insured people can go to hospital. Otherwise if there is a poor person who could not afford to pay a fee, I have plenty of friends in Liverpool who would be good enough to come out and do it for me.

35,592. Do you think that by that means insured people get better treatment than they would otherwise do?—Certainly.

35,593. You feel that that is the sort of thing that wants a special man?—Yes. A man who is operating daily must do these things much better.

35,594. What do you do about eyes?—We do ordinary refraction ourselves.

35,595. If there is anything a little bit obscure?—As a rule they go to an oculist in Shrewsbury or in Liverpool.

35,596. Do they do what is necessary without a fee?—If the people are poor; or they may go to hospital.

35,597. What do you mean by poor?—Say, a servant girl who is getting 8*l.* or 10*l.* a year. For example, the other day there was a girl who got her eye cut with a ginger-beer bottle. She was sent to a hospital. She could not afford to pay anything.

35,598. She was treated for nothing?—Yes.

35,599. What happens to agricultural labourers?—They cannot afford to pay, and they go to hospital also.

35,600. What about women's diseases and things of that kind?—We always send to Liverpool the ordinary women's diseases requiring operation.

35,601. Are they sent to Liverpool now?—Yes.

35,602. Do they get in there without trouble?—Yes.

35,603. Is there a considerable waiting list?—That depends entirely on what terms you are on with the staff in various hospitals. If they are friends of yours, there is no trouble. Somebody has got to wait.

35,604. What about the extraction of teeth?—We pull them out by dozens every week.

35,605. What do you do in reference to filling and stopping?—They are advised to go to a dentist. A couple of dentists came to the village every week.

35,606. They have to pay them?—Yes.

35,607. Is there any gratuitous treatment?—Not for dentistry.

35,608. I daresay you do not get so much of this in Cheshire as in the industrial areas, but I suppose that you do find a number of people suffering from dyspepsia and other disorders, which are obviously due to the state of their mouths?—Yes. One has said that we should very soon have very little to do, seeing that we have pulled out so many teeth.

35,609. Did you get the mouths cleared out?—Those were obviously septic mouths from which the teeth ought to come out, and they came out. Generally speaking, I make arrangements with friends of mine who are dentists, who, according to the needs and pockets of the individuals, supply what is necessary.

35,610. You think that everybody really gets everything that he requires?—In our district there is no doubt about it.

35,611. Does your area send large subscriptions to the Liverpool hospitals?—There are a good many people living in our neighbourhood who have businesses in Liverpool, or have been connected with Liverpool, and have friends who have the distribution of charity tickets, and so on.

35,612. Is there any difficulty as to the details of certification?—None whatever.

35,613. Have you any difficulties with the friendly societies' people?—None whatever.

35,614. Or any complaints?—No. Occasionally there have been inquiries as to when a certificate should be signed. We try to make the thing go as easily and nicely as possible. We have no diseases existing in our district concerning which there should be any difficulty at all.

35,615. That is, perhaps, rather a fortunate accident. What I really meant was about dating and such things as that?—In a country district with a wide area, in the case of persons whom you know to be ill you often say: "Better wait two or three days to see how you go on. You may be able to go back to work in two

" or three days." If that man is not able to go back to work in four days, it is obvious that we ante-date it.

35,616. Why?—We are giving the friendly societies the assistance of the fact that possibly the man may be able to go back to work in three days, but at the end of the four days we find that he is not, and that he is a little bit worse.

35,617. Why cannot you give him a certificate the first day?—We can do that, but we are saving some people some trouble, and we are saving the funds of the society particularly.

35,618. Why are you saving the society?—Because they get from the first day in the aggregate. They are what they call full members.

35,619. You mean the first three days?—Yes.

35,620-1. I should have thought that it was your duty to give the man a certificate the first day he was incapacitated?—Yes.

35,622. I should have thought it a dangerous thing, dating certificates afterwards?—We always sign with the date, but we never sign without having seen the person.

35,623. But you do not seem to take the same view as I do of what "having seen the person" means, if you say "I have this day seen"?—We do not use that form.

32,624. What form do you use?—We use our own simple little certificate form.

32,625. Do you not think that you had better use our form?—No; that is how we get over the difficulty.

32,626. You do not get over it; it seems to me that you do tumble into it?—Quite so, but it is not done with any deliberate intention, and the friendly societies accept those certificates.

32,627. You are dealing, practically speaking, with one lodge whose members you know pretty well?—Yes.

35,628. You cannot expect always to go on like that; you get other societies coming in?—Yes. The Prudential have a certain number of people, and so on.

35,629. What do they do?—They get the ordinary certificates.

35,630. That is a very inconvenient thing for you, to have two or three different forms?—No; there are only two.

35,631. The ordinary form and the Oddfellows' one?—Yes.

35,632. (*Mr. Mosses.*) You are in the happy position of having practically no competition in the Arcadia in which you find yourself?—There is no strenuous opposition, and there is none from the panel point of view.

35,633. Before the passing of the National Insurance Act you used to be medical officer for certain friendly societies?—Yes.

35,634. And the same parties have now chosen you as their panel doctor?—Yes.

35,635. So that really there has been no change in your practice?—Yes.

35,636. As a rule you had as your private patients the family of the society member?—I always have had.

35,637. And you have yet?—Yes.

35,638. From reading your statement of evidence I gather that your relations with some of the friendly societies were not altogether happy?—They were perfectly happy until just after the passing of the Act.

35,639. What happened then?—Then there was a lot of heartburning and a lot of difference arising in various parts of the country in reference to the attitude of the friendly societies. At Chester, for example, where we met the delegates from the friendly societies, and five medical men were present; the question arose as to the payment for non-insured persons, and we had a long discussion, and came to the conclusion that we could not undertake the attendance on these people at less than we were paid for insured persons. The consequence was that a certain number of people got much annoyed and were going to do this, that, and the other thing, and advertised for men to undertake work and so on. That generally happened throughout the country and caused a little friction, but it was soon forgotten.

35,640. Would you like to go back to the old friendly society régime?—No, definitely not.

35,641. In that you represent the opinion of your colleagues?—The opinion of a great number of men.



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35,642. So that if the National Insurance Act has done nothing else, it has delivered you from the jurisdiction of the friendly societies?—Quite so.

35,643. I was very much surprised to hear you say that the Insurance Act had made no improvement in your financial condition?—Not in our condition at all.

35,644. I do not wish to pry into your private affairs, but you get considerably more for panel than for friendly society patients?—Quite so, but taking the total number of panel patients and the total of private patients, the amount received last year did not differ materially from what was received in an average year before that.

35,645. Have you ever refused a certificate of incapacity for work?—Not where it was legitimate.

35,646. Have you had any illegitimate claims for certificates?—No claims are made. They think they would like to go on the club for a week, and we say no.

35,647. You do say no in some cases, and refuse a declaring-on certificate?—Yes. Of course, if a person comes into the surgery and says that he has a pain in the back, I tell him to come back in a day or two, and that I will not give him a certificate to-day. But if he comes back and insists on it, I have got to believe him when he says that he has got a back-ache. I have got no means of finding out whether he is telling the exact truth or not.

35,648. But you do not too readily grant certificates?—No.

35,649. Do you find that the majority of your patients who are on the funds of the approved societies declare off towards the end of the week?—Practically always. They do not come to us, say, when they ought to come on Thursday. They come on Saturday. It is not our duty to hunt them up all over the country.

35,650. Then if you were convinced that a person who came to see you on Saturday for a declaring-off certificate had been able to go to work on Wednesday, would you date it back to Wednesday?—I would date it back to that time when I saw him, and that he was fit to go. Though I may think that probably he was fit to go back on the Wednesday I could not say so, because I did not see him until Saturday.

35,651. I take it for granted that the whole of your patients who receive State benefit keep back until the end of the week, before coming to you for a declaring-off certificate?—As a rule, but not everyone. It depends on whether they want to take the pig to auction or do something else, work a bit in the garden from Thursday to Saturday.

35,652. You can see that there is room for considerable leakage there?—That is the whole thing that is going to embarrass the Act financially, that extra two days at the end of the week, so to speak.

35,653. Have you many servant girls on your list?—Yes. The women are almost all servants.

35,654. Do you find sickness more prevalent among them now than it was before the passing of the Act?—I do not think so; the actual sickness you mean?

35,655. No; the declarations on the funds?—That is so.

35,656. It is much more prevalent?—Yes.

35,657. Do you find that between going from one place to another there is a tendency to declare themselves sick in order to draw benefit?—I have known occasions on which I have been asked, but a certificate has not been given.

35,658. There are three parties who are concerned in the National Insurance Act—the doctors, the insured persons, and the approved societies. Whose interests do you consider paramount?—The insured person.

35,659. Are you of opinion that, generally speaking, the insured persons are getting conscientious and careful treatment in your district?—Certainly.

35,660. Have you ever given any thought to the provision of skilled nurses as an auxiliary to the work of the doctor?—We have skilled nurses, district nurses, in all the little villages in the district.

35,661. Do you find them valuable auxiliaries?—Certainly.

35,662. (Mr. Warren.) I take it that you think that if there was a little more consideration shown to the profession it would be well for the general working of

National Insurance?—It is not quite a question of consideration. There is the indefinite sort of something which one cannot explain in words so to speak. If that could be brought about, it would enhance the working of the Insurance Act very much.

35,663. May I put it in your own words, if there was a little more sweethearting of the profession, it would be better?—Yes. It is very difficult to explain what I mean.

35,664. From whom should those overtures of love come?—It was for want of a better word. I am afraid that my choice of word was not very good.

35,665. Who should make the first advance in the sweethearting?—The Commissioners.

35,666. But it must come from someone; is it to come from the approved societies?—It is very difficult to say whom it should come from, or where it ought to arise. I am afraid that I cannot give any opinion from whom it should emanate.

35,667. You told us, this morning, of your connection with the friendly societies, and I took it that you did not regard your connection as one of contract or agreement?—It was indirect, and not definite. We were in that happy position that the people had free choice of three doctors.

35,668. You took on members of the friendly society at so much per annum, which was paid half-yearly?—Yes, and if we objected to having certain people on our list for medical attendance, we would say "We cannot have so-and-so on our list."

35,669. But whether there was any written contract or agreement, you gave six months' notice to sever your connection?—I do not know what the legal position was.

35,670. May I point out that in the September previous to the January in which the medical benefit became operative, you, in common with the profession throughout the country, served the friendly societies with notice?—That is so.

35,671. Thereby implying that there was some agreement?—Apparently.

35,672. And the effect of serving that notice was that you cut off from the friendly societies the medical benefit which they had promised to all their members?—No. It was simply a question of doing what everybody else did, and that we would rather attend them for nothing than go on under the old system. We should never allow them to suffer from want of attention. In fact, during the 14 days in January 1913, we did attend them for nothing.

35,673. I think that that was general throughout the country. There was that interval of time which was bridged over, but it did leave the societies in the position of not being able to furnish to uninsured persons the medical treatment that they had previously contracted for?—Not in our district. They had the option to pool their subscriptions and pay the doctor out of the pool.

35,674. They had the option of providing medical benefit for those persons at a materially advanced price?—Not in our particular instance, because we discussed the matter with them and said: "If you have any people whom you consider want medical attention, we would rather give them that medical attention; but we cannot grant it as a right. We are not going to enter into any contract with you so that you can demand it."

35,675. It was to be a gracious act on your part as to whether you would attend them or not?—Exactly.

35,676. Was it unreasonable in those circumstances that there should be some effort made by the societies to meet the difficulty by providing a medical man themselves?—It was for them to do the best they could to get the service which was required. I do not know that it was unreasonable, but it was done in a rather aggressive sort of way. We never had any difficulty with the members. It was only the action of two or three little men in the village who, we often find, get on their hind legs and say a great deal more than they mean, and lead others to believe that they mean something, when they do not.

35,677. If those little individuals got on their hind legs in the villages and tried to bring about certain changes which they desired, it was not regarded as



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friendly, but was there friendliness shown in September 1912?—That was in giving notice; in a sense it might be called unfriendly too.

35,678. Therefore, I fail to understand wherein consists the audacity of these persons in endeavouring to meet the difficulty?—In this case three or four men were acting contrary to the wishes of the majority of the lodge. There was a very small section which was discourteous, and one felt very angry about it at the time.

35,679. Could they be acting against the feeling of the lodge when one remembers that friendly societies throughout the country, even up to this moment, are still insisting on the restoration of the right to administer medical benefit?—Yes.

35,680. So there was a general principle throughout the society?—The majority did not wish to have any alteration made at the inception of the Act, and, as I have said, it was not the action of the men who were generally concerned with the working of the lodge, but it was a little sort of caucus.

35,681. However, you do recognise that there are a number of interests in National Insurance?—Yes.

35,682. And that while there is the interest of the medical profession, which is very important, there are also the interests of the approved societies and the insured persons?—I should say that the insured person is the person mainly concerned, and that the obtaining of the best advice, and the best treatment from the medical point of view, was what the Government intended in placing the Act on the statute book.

35,683. Would you agree that it is highly desirable that there should be a very cordial understanding between the medical profession and the officials of the society administering benefit?—There can be no doubt about that: it would make things so much easier.

35,684. They would be in close touch, working together?—Yes.

35,685. It should be possible for the officials of the approved society in a reasonable way to approach the medical men, and for the medical men to speak to the officials of the approved societies?—Yes, that occurs in my practice.

35,686. You would strongly urge that it should be so, and in every way possible you would desire to bring that about?—Yes.

35,687. What would happen in your area at the moment if the officials of approved societies were to approach the medical men, if they had grave doubt as to the *bona fides* of a person who was receiving benefit?—They would come to the doctor or send for him.

35,688. So that they need have no fear in approaching him?—No.

35,689. And they would not expect to be ordered out of his surgery?—No.

35,690. He would not be told that it was none of his business?—Not at all.

35,691. Your area is, generally speaking, agricultural?—Agricultural purely.

35,692. You are of opinion, I think, that, generally speaking, insured persons do not quite appreciate that their own interests are involved in this matter?—No, they do not.

35,693. They do not realise that they stand or fall by the experience of their approved societies?—No.

35,694. Do you think that they regard the money benefit as guaranteed by the State?—Yes.

35,695. Practically that the funds of National Insurance are inexhaustible?—That is so. In fact the way that the uneducated and illiterate people look upon this matter is that there is 10s. a week to be got, as long as they are not working.

35,696. And you think that they are moved on every possible occasion in the direction of getting that?—They attempt to get it in an average way. Not always. Generally speaking there is a greater tendency to do that now than there used to be.

35,697. You mention in your outline of evidence that the definition of being incapable of work is not taken in any sense different from that adopted in the usual practice of the friendly societies. The usual practice you refer to there is incapacity for following their ordinary employment?—Yes.

35,698. Would you agree that it would be very difficult to positively assert that a man or woman was incapable of any kind of work?—Obviously so.

35,699. And, therefore, it is always in that sense that the term is used—incapable of their ordinary employment?—Yes.

35,700. (Mr. Wright.) You speak in your outline of evidence of the autocratic position of the country doctor. That means, I suppose, that the country doctor can do pretty much as he likes?—Not necessarily. Again, perhaps one has been unhappy in one's words, so to speak. He is in an independent position in the sense that he has not to curry favour with people in order to obtain work. He has not got to resort to practices which are not consistent with the best traditions of the profession.

35,701. Do you draw some distinction in that respect between the position of the country doctor and the town doctor?—It is so, yes. I have been in a town practice, and I have seen methods adopted which one was very loath to think were being adopted by professional men in order to obtain work.

35,702. You would be of opinion that in town the competition between doctors may lead to some undue leniency in the matter of granting certificates?—I am told that that is so, and I feel sure that it must be so.

35,703. You have had some experience of friendly society practice. Have you ever known, in your experience, any certificate given by you to be dishonoured, by the society refusing to pay sickness benefit upon it?—No.

35,704. Have you ever had a certificate questioned as to whether the diagnosis was correct?—I cannot recollect that I have.

35,705. Generally speaking, do you consider that when you give a medical certificate, that is an authority to the society to pay sickness benefit?—Certainly, that is my own personal view.

35,706. And you would be very much surprised if benefit were refused, except on the ground that the insured person had broken some rule such as being out after hours?—I should be very much surprised.

35,707. The medical certificate is really a voucher for the payment of sickness benefit?—I think so. It ought to be, in my opinion.

35,708. That was so in the old friendly society days, and it is at present?—Yes.

35,709. Supposing the official of an approved society came and questioned you in regard to a diagnosis, and complained that you had not stated to his satisfaction in sufficiently clear terms the nature of the illness, what would be your attitude?—Generally speaking we should explain. I have known a case of want of intelligence on the part of a temporary secretary who wanted to know when I signed the certificate dyspepsia one week and indigestion the next, why the two things were different. Of course I explained matters.

35,710. In your proof you say "Illness certificates are never given to any persons when the reason of their incapacity has been due to accident." What do you call illness certificates?—Sick certificates. We very carefully define what is sickness, and what comes under the Workmen's Compensation Act. That is what I meant to infer.

35,711. Supposing a person comes to you and tells you that he has met with an accident, what would you put on the certificate?—Due to accident.

35,712. You would make it quite clear?—We always do.

35,713. And you would put on "due to accident" without inquiring as to the circumstances under which he met with the accident?—One always does that in order to obtain some sort of idea as regards diagnosis.

35,714. Would you put "due to accident" whether you were satisfied that the accident occurred whilst he was working for his employer, or whether it was merely an accident at home?—Irrespective of that.

35,715. So that the official of the approved society would be put on his guard, and would commence making inquiries?—Yes.

35,716. After saying a good many things with regard to the vindictiveness and unreasonableness of a certain section of officials, you say this: "All the



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"practitioners in this district would be glad to be relieved of the responsibility of dealing with officials of this type, and would gladly support any scheme that the State might offer to promote the disappearance of such officials." What sort of scheme do you suggest that the State should offer?—The friendly societies might appoint reasonable men—what I call good fellows. There is always a little man in a little village who does nothing else but talk; he does very little work; he probably keeps a shop which his wife runs, and that is the type of man we object to most strongly, but not the well-known and intelligent type of friendly society official.

35,717. Is this little man, whose wife keeps the shop, and who talks and does not work, a typical friendly society official?—I am afraid so. I have noticed several in little villages round our district. It may be a little shoemaker, and he has time to get on to his feet and do a lot of talking, and creates trouble generally, so to speak.

35,718. With regard to this uneasy feeling that you say the profession have, is it that the doctors feel that their present position is too good to be allowed to continue, do you think?—No. As far as I am concerned, and living in a very healthy district as we do, it might interest the Committee to know that those who are insured in that small friendly society last year pooled their subscriptions, and we were asked to send in our accounts in the ordinary way. There were 70 of them at 4s. per annum, that is 14l. The half-yearly accounts were sent out. Some were half-crowns, some 3s. 6d., and some more, but they were charged what we should have charged a working man if he had been paying for himself, and the total amounted to 14l. 12s. for the first half-year, and it worked out practically throughout the year at 8s. 5½d. per head per annum.

35,719. Per person attended?—Per person attended; that is payment for work done.

35,720. It only worked out at practically 4s. per person insured?—No, the 14l. 12s. was for the half-year.

34,721. Two shillings then?—No.

35,722. I understood they were still paying 4s. a year?—They did, and they had to find the other 4s. by an extra levy.

35,723. What are they actually contributing to the pool now. Is it 8s. per annum?—I do not know what they are doing this year. I have not asked them. Of course a lot of these will come in under the Act now.

35,724. You mean that they must have paid 4s. each to the pool for the half-year. They are practically paying the doctors the same amount as insured persons?—Yes, and that was not done in a deliberate fashion at all, or with any idea of making it work out to average that amount. It was a mere accident, and if that is so in a country district the service would be far greater in an unhealthy district. Therefore our position is not such a fine position in the ordinary way. Plenty of people say that their attendance works out at 6d., and so on. But what they are afraid of is interference with the capital amount which they receive at present, and if that was going to be curtailed I am afraid, generally speaking, that there would be a great deal of trouble again.

35,725. So far as the doctor's work is concerned at present, there is no sort of supervision over the panel doctor, is there?—I do not understand what sort of supervision you want to get.

35,726. He does his work exactly in his own way as he chooses?—Yes. If a man is not much good, generally speaking he would not retain his patients.

35,727. What kind of responsibility does the average panel practitioner feel towards the insurance committee?—My responsibility is to the insured person really, to get him well as quickly as I can, and do the best I can for him.

35,728. You do not feel that in any way the conduct of your practice is controlled by the insurance committee?—It is controlled inasmuch as they have a right to complain in an indirect way to the committee, but that does not concern the way I do my work. It does not concern me in the least.

35,729. Have you realised that there is a growing demand on the part of friendly society members for a State medical service?—That I have no knowledge of.

35,730. (Mr. Davies.) I suppose the attention given to the insured person now does not differ in any respect from the attention they got under the old friendly society system?—Not in the least. Whether it is a poor charwoman or a nobleman, they never bring their own bottles. They get their medicine dispensed by qualified chemists wrapped up in a similar way. We make no difference whatsoever.

35,731. The question of payment has not affected you at all?—Not in the least.

35,732. I think you say that working in the villages, round your way, you know the people very well, and they know you very well?—Very well.

35,733. Can you say whether there is a feeling amongst the insured persons themselves as against the friendly society official for any control of the doctor by the society?—That I could not really definitely answer honestly. I do not know.

35,734. So that practically there has been no demand one way or the other?—I do not think so.

35,735. All they want is good medical attendance, and getting well as soon as they can?—Yes.

35,736. It is not a question with them as to whether friendly societies have control, or whether it is a State service, or any other service?—I do not think they care very much, except a certain number of keen friendly society men. There has been a great influx of members to this society; in fact, one advised all the servant girls, and so on, to become members of the society in order that they might be interested locally rather than be interested in an insurance company.

35,737. (Dr. Lauriston Shaw.) You told us, I think, that some 15 years ago you had to pay three guineas a week for your *locum tenens*?—I had to get a *locum* four years ago, and, I think, I only paid him three guineas per week.

35,738. It is only in the last year that you have had to pay so much?—No. It has gone up to 4l., and I have paid 5l., and now I cannot get a reliable man for that amount per week.

35,739. It has been gradually going up for some few years?—Yes.

35,740. It cannot be said that it is wholly due to the advent of the Insurance Act?—I do not think so.

35,741. Have you sufficiently studied the returns of the profession to know that the number of the profession has not been increasing as fast lately as it did?—Yes.

35,742. There has been a diminution in the entries?—A slight diminution for some years.

35,743. (Dr. Fulton.) You say your income on the whole has not increased since the introduction of the Act?—No.

35,744. Has your work increased?—I think the best expression of opinion I can give you about that is the fact that the *locum* I have now was with me on two occasions during the last year, and he said that there appeared to be a lot more people bothering in the surgery with small ailments. We seem to have more people, but I could not tell you actually whether there is more work or not.

35,745. Your visiting does not take you longer than it did?—No, but it keeps us occupied all day.

35,746. But you do not notice any appreciable change in the number of hours you are out of doors?—No.

35,747. Are you later in getting out in the morning?—Not myself, but my partner is. Probably that is due to work.

35,748. You do not really know that there are more people coming to the surgery?—No, I do not know, but I imagine it. At least one has a rough idea that it is so.

35,749. Roughly speaking, your position is very much as it was before, neither better nor worse?—That is so.

35,750. You say that, as far as you can see, there is not much deliberate fraud among your patients?—I do not think that there is any deliberate fraud.

35,751. But you lay stress on the question of the personal equation with regard to the power of working when in pain. That is not a new feature?—No.

35,752. The question of muscular pain has been a very old difficulty in friendly society work?—Yes; and is likely to be I am afraid.



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35,753. The question of anæmia is rather a new feature in our work from the certification point of view?—Yes.

35,754. Not from the treatment point of view?—No. There is rather a tendency for the servant girl to want to go home in the slighter degrees of anæmia. While she could get good food where she was and take her medicine, and in the meantime go on with her work, she now prefers to go home.

35,755. Does she get better more quickly at home?—I do not think so, unless it is a case in which she is ordered to go. They have worse food, and are always pottering about doing something when they are at home. You cannot keep a girl sitting about and doing nothing.

35,756. When one of these girls who is obviously suffering from some degree of anæmia asks you for a rest, have you had difficulty in deciding whether she is entitled to it or not?—Personally, I have not, but my partner has.

35,757. How do you account for the difference?—A difference of opinion. He is of opinion that a girl would get better quicker by being sent home and put to bed. I say, no; she does not get better quicker at all. She would get better just as well if she was at work, as long as she is not over-pressed.

35,758. That is an honest difference of opinion, such as is proverbial in the profession?—Quite.

35,759. So that you would not be disposed to blame your partner?—No. It is his honest opinion.

35,760. Do you say that the attitude of the doctors as far as you have observed is that they are willing to do their duty, so far as they have contracted to do it, but that you think that they do not care to go beyond that duty?—But they do. It is not my duty to send my motor car for example for a patient 30 miles away—60 miles there and back—and be out of pocket in regard to all those expenses, but one does it.

35,761. Do you think that if the minds of the profession were more at rest there would be more of that done?—I think so.

35,762. The Chairman tried to get exactly what was the cause of the unrest?—There is that undefined something which it is impossible to explain.

35,763. Is it uncertainty as to the future remuneration?—I think that that has a great deal to do with it.

35,764. Or uncertainty as to the future conditions of work?—Remuneration, and conditions of work, too. They become tied down to do this, that, and the other, and difficulties are made. I know difficulties which have happened in our county. The insurance committee have gone so far as to insist that a man should supply someone to take his place during the half day that he takes off. That becomes very onerous. It is these little trivial things which really cause friction. That is only just a typical instance of a little grievance.

35,765. You think that if the minds of the profession were set at rest with reference to future remuneration and conditions of work, things would work more smoothly?—I am quite sure of it.

35,766. And you think that the assistance of the profession would be given more cordially in trying to keep down sick claims?—Yes, more cordially, and in the same sense as I have told many men. If a person has been hurt, and has a claim against an insurance company—if he has been in a railway accident, for instance—they send a man down and try to settle. He comes three or four times and it is a hopeless business. I have told lots of them that if they left it to me to settle I would do what is fair by the patient, and they would be a great deal of money in pocket. That is an attitude of mind that it is desirable to encourage.

35,767. You do not suggest that the administration of sickness benefit should be left in the hands of the profession?—No, but I mean that they could do such a lot to tide over that odd two or three days.

35,768. About that odd two or three days, is that a new feature in your experience? As a friendly society medical man, did you find that the members usually stayed on till the end of the week?—As a rule, yes.

35,769. So that the statistics which are built up on the experience of friendly societies included that loose

two or three days?—I think so from my personal experience decidedly.

35,770. Did you do contract work in Middlesbrough when you were there?—Yes, we had one small works.

35,771. Did you find the same thing there?—No, I think that they simply paid for medical attention.

35,772. When an insured person asks you for a certificate, is your mental attitude towards the granting of it just the same as it was, when you were acting for a friendly society?—Precisely similar.

35,773. You are not conscious of any difference at all?—Not the least.

35,774. You are not more lax in granting certificates?—No.

35,775. Are you more strict?—No. I try to do what is reasonable and fair. I think that that is the usual thing in practices like mine, but not necessarily in town. I cannot say anything about that.

35,776. Have you any reason to think that it is different in town?—I am told it is.

35,777. By men in the town?—No; not professional men.

35,778. Do you think that that is reliable information?—I could not say that.

35,779. In your independent position in the country you did not feel under the thumb of the friendly societies, did you?—Not in the least.

35,780. The little man who kept a shop, and was an important factor in the friendly society—were you afraid of him?—Not in the least.

35,781. Were you sometimes a customer of his?—Yes.

35,782. Did you deal at his shop?—That is not what one was afraid of. It was the irritation.

35,783. Then you say that your relations with club secretaries are the same as before. You are dealing with the same men as before, and you are willing to answer their inquiries?—Yes.

35,784. Did they make inquiries about patients at all before the Act?—Yes.

35,785. On what grounds?—I could not say.

35,786. What did they ask?—They said, for instance, that they had seen a man working in his garden, and asked if he ought to go off the club or not.

35,787. But they rarely questioned your certificate?—They questioned it in that sense.

35,788. They questioned the patient's capacity for work and, therefore, they were questioning your certificate saying that he was incapable?—No. It was granted several days before, and he had been seen working in his garden.

35,789. But it was an inquiry with reference to your certification?—It was something which would help me to form an opinion as to his capacity, when he came to ask for another certificate.

35,790. Of course there was usually a certain number of people who had to be watched?—Not many.

35,791. Perhaps a few?—I do not quite recollect. I think that I can recall one man.

35,792. You quite understand that in a large town where the medical practitioner cannot know all the insured persons, he is rather at a loss in that way?—Yes.

35,793. In the course of time he may get to know people who may have to be watched?—One used to know who ought to be at work in the old days at Middlesbrough.

35,794. You say one reason why you do not date the certificate on the first day is in order to save the private side of the fund?—Not necessarily. I think if a man is capable of work in two or three days, he ought to go to work and should not have a certificate.

35,795. But the result is that it safeguards the private side of the fund, if he is a member, as well as the State side?—The fund question never enters one's mind at the moment.

35,796. Has it ever done?—Yes, it used to, and does still in a sense, of course.

35,797. In the old days did the question of the fund crop up in your mind?—Yes, because there was another friendly society, a very old-established one, in the village—a small one which has gone bankrupt and which has since been wound up—and we deliberately used to try and save them, because they used to ask us to do so.

The witness withdrew.



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Dr. A. ROUTH.

[Continued.]

Dr. AMAND ROUTH (*nominated by the President of the Royal College of Physicians*) examined.

35,798. (*Chairman.*) You are a doctor of medicine and a Fellow of the Royal College of Physicians, and you are Consulting Obstetric Physician at Charing Cross Hospital?—Yes.

35,799. You have a number of other medical appointments of various kinds, and are the author of a number of articles, principally on the subject of obstetrics and gynaecology?—Yes.

35,800. You realise that we are primarily concerned with sickness benefit under the Act, and, therefore, while you can tell us a great number of things which would interest us enormously, we want to keep closely to the sickness benefit rather than anything else?—Yes.

35,801. You have had no actual experience of the working of the Act itself?—None whatever.

35,802. From our point of view, what we find is that there are large demands being made upon the funds of the societies in respect of the period before the birth of the child, larger demands perhaps than the money provided on the advice of the actuary is sufficient to meet. Would you like to tell us anything about that?—Approaching the question rather from the obstetric point of view, I would like to urge that women should be even more safeguarded during their pregnancy than they are now. I have sent in a list of causes of ante-natal disease and death, any one of which would not only render the woman more or less incapable and ill, but would endanger the life of the child. My first desire is to try and arrange that every poor woman, whether under the Act or not, should come under some sort of medical supervision to find out if she is all right or otherwise. If she is not all right, and if there is some abnormality which needs attention, she should be put in some hospital or cottage hospital, so that she may receive the attention that she needs.

35,803. Would you mind leaving out of question those women who are not insured. We are simply concerned here with the insured women?—Yes. At present an insured woman is under no obligation to notify her pregnancy to anybody until she is actually confined. She may at any date of her pregnancy choose a doctor or a midwife, but there is no time stated for that, and she may practically go the whole of her pregnancy without having any medical supervision at all. There is no inducement to her to notify her pregnancy voluntarily or otherwise. The best way to enable her to see the advisability of notifying her pregnancy would be to let her have some sort of pregnancy benefit during the latter weeks of pregnancy, so that if she notified beforehand she would get that assistance in addition to the maternity benefit. That would bring her under the notice of a panel doctor or a midwife. The panel doctor, of course, in the majority of cases could ascertain if there was anything wrong with the patient—pelvic contraction or the beginning of a toxic condition. If she notified her pregnancy in that way to a midwife, she would not have the training to deal with obscure ante-natal diseases. Personally, I do not think that she ought to have that training. Supposing her pregnancy became known to a midwife, the midwife should be under the compulsory obligation of notifying the pregnancy of this woman to the medical officer of health, who would appoint some one to see the patient.

35,804. We have nothing to do with the medical officer of health on the insurance side?—I know. Some doctor, then, whom the insurance people would appoint to look after these ante-natal cases notified by midwives.

35,805. You realise, do you not, what the present position is? Insured people are entitled to sickness benefit while they are rendered incapable of work by some specific disease or by some bodily or mental disablement?—Yes.

35,806. We are told that as things are at present large claims are being made upon the funds of the societies in respect of women who it is said—I do not say that it is a correct expression—are simply pregnant. There is nothing the matter with them but pregnancy?—I understand that, according to the

Act, bodily disablement that renders people incapable of work is one of the points, and from the obstetric point of view, although the act of parturition and pregnancy itself is normal and theoretically a physiological process, in our modern conditions it is always more or less a pathological one.

35,807. Would you mind translating that, if I may say so, into the English language?—By physiological process I mean that it ought to cause no more trouble than animals have.

35,808. It ought to be a natural function of the body?—Yes.

35,809. And by pathological you mean something abnormal?—Yes, something abnormal.

35,810. Is it not something more than abnormal?—Pathological means suffering, suffering as the result of something which is a disease or an abnormality—a pelvic contraction, for instance. If she has a pelvic contraction, or tumour, so that it becomes extremely difficult for the child to pass, that becomes a pathological condition. Or she may have a toxemia, which will produce in her a poisonous condition which acts on the different glands of the body, so that they are not excreting their proper products. She gets poisoned by what is left behind.

35,811. I must not ask you whether simple pregnancy is a disease. It may possibly be a lawyer's question, but it cannot be a doctor's question?—There are a certain number of men who consider it a disease, but I do not think that the majority do. We do not know what pregnancy is yet.

35,812. Supposing these people were entitled by reason of some disease to sickness benefit, would you say in the popular sense of the word that a woman with pregnancy and nothing more could possibly be entitled to that benefit under that head?—No.

35,813. Now we come to bodily or mental disablement. We can leave out the mental disablement for this purpose. What do you say, so far as bodily disablement is concerned?—There are a large number of conditions during pregnancy which make a woman in a very uncomfortable state so that she is not able to stand about for long or to do household work, charring or whatever it is she is in the habit of doing. She may have varicose veins, for instance.

35,814. Do you mind leaving varicose veins and other objective symptoms in other parts of the body out of consideration for the moment?—That is the direct result of her being pregnant.

35,815. I agree that where you have varicose veins it would be very difficult indeed to say that she was not suffering from a disease. It may be a disease which is due to pregnancy, but it is none the less a disease. Varicosity in the leg is just as much a disease as scarlet fever?—Yes.

35,816. I want to exclude those things, and get to rather more difficult questions. May I put it like this: Supposing it were stated as a legal proposition that a woman who goes through the normal course of pregnancy right up to the last could not be said in law to be entitled to the benefit, but that a woman who had some complication other than varicose veins was entitled, would that place the profession or the ordinary reasonable human being in some little difficulty? Is that too obscure a form of question?—I am trying to realise the exact point you are putting to me.

35,817. Take the morning sickness in the early stages of pregnancy. Nobody can say that that is a complication or a disease, can they?—No, it is more or less a normal symptom.

35,818. But that may pass from that normal symptom to such excessive vomiting, that the woman practically cannot stand?—That is so.

35,819. Can you tell me, as a medical man, at what exact moment it passes from the one to the other? I suppose that there are all sorts of stages?—There is the ordinary and the pernicious vomiting, which is probably a toxic condition of a very grave character, where a patient would be bedridden, and there would be no doubt about it. There are cases where the



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sickness is much more than the ordinary sickness. Perhaps they are sick all day until the evening. Then they take some supper, and they bring it up. Then they take another supper, and they keep that down. That woman would be in an uncomfortable position for the whole of the working day when she was constantly sick, and I should think that no one would hesitate in a case like that. Others would be sick two or three times in the morning. They would not bring up food, only mucus. They have only got their morning sickness and they do not suffer from starvation, and they probably would not be certified.

35,820. Is it possible for the medical man to make up his mind as to what is a complication standing between those two extremes, the ordinary morning sickness which is almost a normal symptom of pregnancy and the excessive vomiting which is prostrating and may lead to starvation? Is there any such difference in kind between those two states as to enable a man to say that one is a disease and the other is normal, or must he say all along that there may at any moment be such a gradual passage from one to the other that the whole thing is a continually melting vista?—I do not think that you can draw the line anywhere. You can examine the urine and get a good deal of evidence from that to show whether it is a toxic condition. If so she would probably get worse.

35,821. It passes into a toxic condition, does it not?—There are probably two distinct varieties of sickness. There is one, the nervous sort, the spasmodic sort, which we do not think is due to toxic causes, and there is the distinctly toxic.

35,822. That is an answer to my question?—But there may be so little evidence of toxin in the urine and elsewhere that you might not be sure what you are dealing with. And you might have both conditions present.

35,823. I suppose the actual physical state is this: An organism is growing inside the woman which by the mere physical fact of its growing is causing her inconvenience. That is one of the things which is happening?—Yes.

35,824. And as it grows, it causes pressure?—Yes.

35,825. Some of those processes which it causes may themselves result in serious symptoms, which may give you cause for uneasiness?—Yes.

35,826. I am not thinking about syphilitic things and so on?—This has nothing to do with vomiting.

35,827. I have left the vomiting and have come to something else?—Quite so. Pressure sometimes may vary according to what organs are pressed upon.

35,828. And those pressure symptoms may be so large that you come to say it is a case of what you would call complications. You could not say that it was a case of simple pregnancy and nothing more?—No, if a woman had hydramnios, water round the fetus, or a pyelonephrosis from infection, or if she had a tumour connected with the uterus, plus pregnancy.

35,829. That is clearly a disease. As the fetus grows she must obviously, in 99 cases out of 100, be rather uncomfortable, and I want to know at what stage the doctor can say this has passed from being uncomplicated to being complicated, or is the whole thing gradual from start to finish? Do the mere normal symptoms become so exaggerated in themselves as to become complications?—Yes, of course pressure symptoms are perfectly evident, and very often show objectively as well as subjectively. It is not only that the patient says she is uncomfortable, but you can get physical evidence of it by varicose veins or piles or some swellings of the private parts. Further on there may be pressure upwards on the diaphragm, or pressure on the ducts coming from the kidneys.

35,830. Considered in the light of the legal doctrine, a woman in a state of uncomplicated pregnancy would never be said to be entitled, but a woman in a state of complicated pregnancy could be stated to be entitled to sickness benefit. I want to know whether in practice this is a line which it is possible to draw. What do you think?—I think one could generally tell whether a patient was more or less *hors de combat* by her condition.

35,831. Everyone admits that in the last month of pregnancy, a woman working in a mill is in such

a condition that she cannot work. She cannot get about among the looms. On my assumption, if that woman is merely like that and has uncomplicated pregnancy, she is not rendered incapable by any disease or bodily or mental disablement. Therefore she is not entitled to sickness benefit, although she is what you call *hors de combat*. If she has varicose veins, that is a different matter. It is a complication. If she has any complication, that is a disease, and a disease entitles her to sickness benefit. I wanted to suggest that there are a number of stages between those two stages when a medical man might find it difficult to say that there is any difference in kind, although there is a difference in degree?—In the ordinary way I imagine the panel doctor would be the one to decide.

35,832. Yes, he has to decide, having regard to the law?—He would have such very small opportunities of judging in his hurry, and the patient perhaps coming to his surgery. You could not get scientific investigations into the condition of the urine. It is not merely examined for albumen and sugar. It wants special chemical tests which we can do at a hospital, or get done by special clinical research laboratories, but in the ordinary examination where you have to take merely what the woman herself says, there would be a great deal of difficulty.

35,833. The difference between you and me is that you are always asking yourself what difficulty the doctor would have to find out whether the thing has passed from A to B?—Yes.

35,834. Not whether they do not melt into one another. That you cannot say?—I admit that there must be a crossing of the line at some special spot which you cannot determine.

35,835. May I put it in another way? One would naturally expect to find doctors in an industrial area take the line that a woman ought not to work during her period of pregnancy, and one finds also that they are saying to themselves, "I am going to certify this woman. She ought not to go to work." Then it may be said to the doctor, "You have no right to do that. All the woman is going through is the ordinary processes of nature. She has not any disease or bodily disablement. You have no right to give her a certificate." He says, "Very well, but of course if she has got something more than pregnancy then I must certify her?" The answer is "Yes." Do you think he would have any difficulty in finding a complication, if he wanted to certify her, and be on perfectly safe ground?—I do not think that from the mere fact that a woman has got a complication a certificate ought to be given unless it is affecting the pregnancy or being affected by it.

35,836. Supposing you have a sympathetic doctor with a strong bent of mind in the same direction as yourself—that no woman ought to work during pregnancy. Supposing he says, "I am going to give a certificate if I can, but I know that I have got to find a complication to justify me in doing so," would he have any difficulty in finding a complication?—I think that we have to divide the complications of pregnancy. First of all there are those due to pregnancy itself. It is frequently obvious that a woman has a complication due to the pregnancy itself, which may be justifiably certified.

35,837. What do you mean by a complication due to the pregnancy itself?—All these toxemias, or a condition of the after-birth, causing hemorrhage, for instance. The placenta may get detached during pregnancy. There may be some disease of the placenta, when it is not merely detached. All those would be due to pregnancy. If there were excessive leucorrhœa. All those would enable one to certify. The other complications merely happen to be present with the pregnancy.

35,838. I do not know why you draw a line between them so far as certification is concerned?—One would have to divide all those conditions which complicate pregnancy from those which do not interfere with the pregnancy. A woman might have a decayed tooth. I should not call that a complication of pregnancy, but, if she had a pelvic contraction or tumour, or a polypus, or a cancer of the neck of the



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womb, those are distinct complications, or if she had kidney disease which brings on child-birth or diabetes.

35,839. From our point of view, it does not matter in the least whether the complication arises from the pregnancy or is concurrent with the pregnancy, if the effect of the pregnancy plus the complication is to incapacitate. All I am trying to put to you is this: Can you conceive such a thing as pregnancy which is really normal?—Certainly. Heaps of women go through without the smallest inconvenience. In fact, they are better than at other times. I am talking, however, of working women. If they were able to put their work on one side they would not need to be certificated, which is what I should like every working woman to be towards the end of pregnancy.

35,840. The object in being certificated is in order that she may put her work on one side?—Yes.

35,841. Everybody is familiar with the procedure of the doctor. He always begins by telling her that she is undergoing a natural process, and that she is lucky to be going through this stage, but I have never found a woman to take that point of view?—That is so.

35,842. She may be better for it in the long run, but nobody is going to say that during those nine months, or any part of those nine months, she is capable of undergoing, say, a severe course of training in athletic exercises or anything of that kind?—I should like every woman to be under medical supervision during pregnancy, so that she should be safeguarded. Then if there were anything wrong, she would get this sickness benefit.

35,843. Supposing we have to draw the line somewhere or other, it is no use saying that women with simple pregnancy are not to have a benefit, if we have to go on to say that women who are pregnant and have something else the matter with them at the same time may have it, is it? Would that work, as a matter of practice?—I thought as regards all these cases that if she were pregnant and any of these conditions were due to maternal or foetal causes, it would justify the doctor giving a certificate, but with such minor things as headache, toothache, having nothing essentially to do with pregnancy, and the pregnancy otherwise normal, he would not give a certificate.

35,844. What does it matter whether they have anything to do with pregnancy or not? We are engaged in asking ourselves, "Is this woman so disabled that she cannot follow her occupation?" That is not quite legally accurate, but it is good enough for the moment. We are indifferent as to whether her disability arises from something which itself has arisen from pregnancy, or whether it is merely concurrent with pregnancy. We are asking whether it is possible to draw a line between the pregnant woman with whom there is nothing the matter except pregnancy, and the woman who has some slight thing the matter with her beside pregnancy, since you say that in either case the woman ought not to work?—There is a point at which one could not say whether she had a complication or otherwise, but it would soon declare itself.

35,845. Do you mind shifting to another side of the question? We are really concerned here with women who are working with their hands only, and we are primarily engaged in considering about their sickness benefit. It is a matter of some legal doubt as to what their rights are with regard to sickness benefit when they are pregnant, but supposing we were to think that something ought to be done *eo nomine* by way of pregnancy benefit, it is no use advising the Government to do anything which is going to keep them away for nine months. You would not think that reasonable?—No.

35,846. Probably it would be bad for the woman?—I think that is so.

35,847. It would be a bad thing?—Yes.

35,848. Where would you draw the line?—Without reference to complications?

35,849. Never mind about complications for the moment?—A month or six weeks before pregnancy would be about right I think. You mean to allow them something per week?

35,350. Yes. Supposing we were in a position to do that. I want to test your mind?—I should like a month afterwards and six weeks before.

35,851. If you could not get more you would be quite content with one month before and one month after?—Yes, if that was all one was likely to get.

35,852. How are we to know whether it is a month before?—It is a much more difficult matter to decide now what is a still-birth, for we have to decide that it is after the twenty-eighth week by the Notification of Births Act, 1907.

35,853. It does not matter very much in that case whether you do it right or wrong?—If there were such a thing as a month's pregnancy benefit beforehand, the great advantage to my mind would not only be that they would get some rest or some help at that time, but that they would notify their pregnancy earlier.

35,854. Do you mean earlier than the month?—Certainly. As soon as they thought they were pregnant.

35,855. Do you really think that?—I do. They come to the lying-in hospitals, and notify their pregnancy within two or three months. Sometimes they wait till the fourth or fifth month. If they knew it were a question of getting a pregnancy benefit at the end of the eighth month, they would take good care to notify their pregnancy early, so as to get counted properly. It would be one of the best things for the patients, because they would voluntarily notify their pregnancy and come under medical observation.

35,856. They come under medical observation of their own panel doctor?—Yes, but he would not have time to have their urine scientifically examined once a fortnight or so. My idea, as regards notification, is that it would be better if the administration of the maternity benefit and the sickness benefit and the pregnancy benefit, if any, were in the hands of the local health authorities. If that were done there would be the medical appliance for supervising them during the rest of their pregnancy after they had notified. A panel doctor would hardly be in the position, and, as I said before, a midwife does not know enough to be of any use.

35,857. If the panel doctor is going to be any good at all, he ought to be able to look after that?—Under present conditions, would a panel doctor be expected to supervise a pregnant woman?

35,858. Yes, if there is anything the matter with her?—Yes, but this is merely to see that she is all right. To have the urine tested it takes 10 minutes.

35,859. Is it a necessary thing to be done in the course of your attendance upon the patient?—I thought that the panel doctor was really only in attendance upon a pregnant woman at confinement, unless, of course, there was something wrong.

35,860. No, he is not in attendance upon her during confinement. The confinement and the month afterwards is cut out of his contract, and for that, if he attends her, he gets special pay, but otherwise he is bound to attend her as he is any other patient, and, if it be a proper thing during that period for the urine to be tested, and that is the sort of thing within the scope of a panel doctor's business, then he is as much bound to do that as anything else?—I thought people only came to consult the panel doctor when they were ill.

35,861. No, though, of course, if I were an insured person, and were to go to consult him, he might say, "What have you come for, bothering me?"—In private cases they are our own patients, and we have no difficulty in getting them to come and have their urine tested. Hospital patients coming to be tested by the external maternity department, or patients who come into the hospital, come every month or so if requested to do so, and if there is any doubt about the first examination there is no difficulty, but here apparently the panel doctor has nothing whatever to do with the confinement. The confinement is taken by another doctor.

35,862. No, I did not say that?—There is nothing consecutive about it, and that is a great drawback.

35,863. The panel doctor, after all, is freely chosen, and I suppose that anybody who freely chooses a panel



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doctor does not go and freely choose another doctor for the confinement, if they have a doctor at the confinement at all. We do not know really about that?—If a woman were not insured herself, she could not go to the panel doctor.

35,864. We are not concerned with those cases at all?—If she were the wife of an insured person, she would get the maternity benefit.

35,865. We are not concerned here with the maternity benefit, but with the sickness benefit?—Yes.

35,866. I think I understand your point of view. Is there anything you would like to add?—There is one point I have recently become aware of. I understand that the maternity benefit is only given to women who are confined of a living child or after the twenty-eighth week. I would like to say how really more important it is that a woman should be seen to and provided for after a miscarriage before those dates. It is a much more serious thing for a woman to have a miscarriage after three or four or five months than it is to have a child at a later date, and apparently there is no provision in the Act for that.

35,867. We are not concerned here with maternity benefit. Our main function is to consider the excessive claims on the sickness benefit fund of the society?—They come under sickness benefit?

35,868. If they were insured women, they would get sickness benefit; but, if they were not insured women, they would not get it. It is perfectly obvious that the Insurance Act is not intended to cure every ill that flesh is heir to. It is to insure against particular risks in consideration of particular premiums?—A miscarriage is clearly a "disease."

35,869. I know it is, and if it occurs in an insured woman it is insured against; but if it occurs in an uninsured woman, it is not?—Yes.

35,870. (*Mr. Warren.*) I may take it that you are strongly of opinion that in all cases of these persons who come under the Act, there should be provision made for the benefit both prior to and after confinement?—Yes.

35,871. There is considerable disability experienced by women in the matter of pregnancy, even supposing that there is nothing arising from it; I mean in cases of what may be termed simple pregnancy, where nothing has arisen. Women do experience difficulty in following their ordinary occupations?—That is so in a large majority of cases.

35,872. Particularly during the eighth and ninth month?—Yes.

35,873. In many places women who may be regarded as quite in their normal state of health are, for decency's sake, sent home by their employer, or by the manager, and are compelled to abstain from work?—Yes.

35,874. Therefore in all cases, both before and after confinement, there should be some provision in the form of a benefit. Why do you stop at 5s.?—I was rather alarmed that it would add to the expense of the Act. I would much rather that it was 7s. 6d.

35,875. It was only because of the sum that would be involved?—Yes.

35,876. Would 5s. be of any real value in meeting the case?—It would not meet the case, and I do not suppose that 7s. 6d. would meet the case, but it would help to enable them to get someone to come in for an hour or two if it were purely domestic work.

35,877. It would go part of the way. And it would relieve a good deal of the apprehension under which the woman labours?—I believe it would.

35,878. In endeavouring to read your article in the "British Medical Journal," I take it that you are of opinion that there is a great deal of apprehension and anxiety in the minds of women as to how they are really to go through what to them is a troublesome time, unless there is some monetary provision?—Yes.

35,879. Therefore may I take it that if it were possible it would relieve that apprehension and anxiety even to a greater extent if the sum were 7s. 6d.?—There is no doubt of that.

35,880-1. (*Mr. Mosses.*) Could you tell the Committee what percentage of pregnancy cases there are in which there are complications which require some sort of

special observation and treatment during pregnancy?—I should think something like one-third. I should think that one-third would have some complications.

35,882-3. Then you advocate the isolation of cases requiring special observation in some institution?—Yes. What we call a pre-maternity ward or bed.

35,884-5. Attached to the hospital?—Yes, if there were a hospital, or put in a cottage hospital if there were only that. Generally they could be taken to the nearest town where there would be a bed, and where they could be taken in.

35,886-7. That would require an enormous extension of the present hospital accommodation?—Not necessarily. Almost every hospital would take in a maternity case as an emergency, and that is what is done, but, unfortunately, they are generally taken in too late. The risk is greater if the case is taken in when labour, for instance, has begun. What we want to do is to have beds more or less reserved or capable of being put up for these cases that have something wrong with them during their pregnancy, so that they may be adequately treated.

35,888-9. Still, if one-third of the pregnant women require—?—Oh, no, one-third would not require pre-maternity treatment. There are some abnormalities that can be treated without taking them into the hospital. They are a very large majority of these conditions. If the woman had scarlet fever or small-pox, she would go to the fever hospital. There are some of these conditions, for instance, pelvic contraction and some of these mechanical causes, which would not be dealt with at all until a week before she was confined. She would be admitted ten days before her confinement was due with a view to the operation.

35,890-1. Do you anticipate any objection would be taken by the women themselves being taken away from their families and being isolated?—Not for a serious malady.

35,892-3. (*Dr. Fulton.*) You understand, of course, that panel doctors are required to give certificates for disabling diseases?—Yes.

35,894. And you appreciate the fact that in the early complications of pregnancy, it is rather hard to draw the line between pregnancy with vomiting which incapacitates and pregnancy with vomiting which does not?—That is so.

35,895. Is it possible to suggest any standard which would enable a medical man to say that a person was able to work or was unable to work in such cases?—I do not know, because it would affect different people differently. One woman would not mind being sick three times a day, and another woman would be pulled all to pieces by it. Supposing it is not the mere reflex sickness occurring the first thing in the morning, then it is probably a symptom of toxemia; it is the toxemia that is making her ill and her vomiting is then a symptom of something else than pregnancy. Then a woman might be troubled with varicose veins.

35,896. With varicose veins the degrees of varicosity are so gradual that it is difficult to say what degree entitles a woman to sickness benefit, and what does not?—It is a progressive condition; the further a woman advances in pregnancy the worse the varicose veins get, and you cannot operate upon them during pregnancy.

35,897. You think those things will always cause difficulty in the administration of the Act?—Yes, I think they must.

35,898. I suppose that you could not help this Committee in any way by assisting in the formation of a standard of incapacity in regard to pregnancy and so on?—As regards varicose veins, if they were very thin and looked as if they might rupture, the woman suffering from them would be bound to lie up; or if there was very much œdema or swelling of the feet. One would judge of what their effect would be.

35,899. In any case, if there was that condition you would advise her to have a certain amount of rest during the day?—Yes, certainly. She ought not to be on her feet at all or standing about, if she has bad varicose veins, even in the morning.



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35,900-1. And if she was a factory worker?—She should not go to the factory at all, because it generally means standing about.

35,902. If she followed an occupation at which she sat at work, it would not be so imperative for her to knock off work?—No, and also if she was her own housewife.

35,903. As a matter of fact, women now, if they intend to have a nurse or a midwife or a doctor, engage them fairly early in pregnancy?—I think if they were likely to get a pregnancy benefit they would probably do it earlier still.

35,904. Would you like to make that compulsory?—No.

35,905. Would you make it a condition of receiving pregnancy benefit?—I should not even in that case, because I think that it would not conduce to voluntary notification. I am not really in favour of compulsory notification; but I think that it would help voluntary notification very much if they had a pregnancy benefit.

35,906. Would it meet your case if notification was made by the panel doctor on whose list the insured person was placed. Supposing he was asked to make a monthly report as to the condition of a pregnant patient?—Yes, if that could be done; but I think in that case the panel doctor should be the one whom she chooses for her confinement. It would be a great pity, if there was anything wrong with her, that she should be passed on to somebody else who knows nothing at all about her.

35,907. (*Dr. Smith Whitaker.*) I understand your proposals to be that there should be notification to someone, it might be to the general practitioner who is referred to as the panel doctor, or it might possibly be to the medical officer of health. Where the woman was definitely under the charge of the doctor she intended to employ in her confinement, you think it should be that doctor?—Yes, I think so.

35,908. But where she proposed to employ a midwife, you suggest that notification should be made to the medical officer of health?—Yes, that is my idea.

35,909. How do you consider that supervision should be carried out of the woman whose notification goes to the medical officer of health when a doctor is not going to look after her?—The medical officer of health would nominate somebody. I presume that under the medical officer of health there are certain assistants of his, medical men and women, who help him in his work, and he would appoint one of them to go and visit the woman, or he would arrange for her to come and see him or one of his assistants at their private house.

35,910. This would mean the employment of doctors to carry out the work?—Yes, some doctors, certainly.

35,911. You do not suggest, generally speaking, that the general practitioner would not be capable of doing this work, if there were some provision made for the calling in of experts where necessary?—No.

35,912. And the general practitioner would be allowed to call in expert assistance, if it were required, or to recommend the woman to go to a hospital if necessary?—Yes, because in the great majority of cases he would know the history of the woman, and there would be no necessity for him to make vaginal examinations to find out pelvic conditions, but he would simply have to examine urine and so on.

35,913. He would be obviously the right person if he had confined her before?—Yes.

35,914. Supposing a woman were in such a state as to require constant care at any stage of pregnancy; take, for example, a case of threatened puerperal eclampsia. In such a case she ought to go to a hospital to get the constant supervision of diet and everything under proper control. Supposing your scheme was working, say, within the next 12 months, do you think that there is sufficient hospital accommodation for all those cases in London?—Yes, because a case of threatened puerperal eclampsia would be a very useful one from the clinical point of view for teaching students, and a bed would, therefore, be made for such a case, apart from its urgency.

35,915. Do you think that there would be sufficient accommodation in the hospitals for the cases, putting

it broadly, of pregnant women for whom it might be thought desirable that hospital treatment should be obtained?—It would be very easy to make such accommodation, because it would simply mean that one or two beds would be reserved in a big hospital for maternity cases. At general hospitals in London now, even though there is no pre-maternity accommodation, there are always cases which are admitted as emergency cases, and they are put into beds in the gynaecological ward or somewhere else. It very rarely happens that the hospital is absolutely full.

35,916. Leaving pregnancy for a moment, a general practitioner told us that he had cases which needed curetting; he was afraid to do it himself because their homes were in such a state that he feared infection afterwards. Would you think that there was any difficulty in getting beds for gynaecological cases needing curetting?—Of course such a case would be admitted if there was a vacancy. If it was an ordinary curetting case, it could probably wait if there was not a bed. It is also quite likely, when the case came before the expert, that he would think something different should be done. Every case needing curetting is not taken in, but such a thing ought not to be done in a poor house, because the woman must have proper nursing and so on.

35,917. Do you think the beds in London hospitals suffice to meet the demand which would be made upon them if these cases were systematically looked out and sent to the hospitals?—They are admitted now, I think. Are you assuming that there would be more cases requiring curetting.

35,918. Not necessarily requiring curetting. But your proposals, if adopted, would probably increase the demand on hospital beds for pregnancy cases?—Yes, I think so.

35,919. So that there would have to be a greater number of beds provided in the hospitals?—No, not for curetting cases.

35,920. Would there not be a difficulty in getting beds for pregnancy cases?—Some curetting cases are chronic cases, and others are acute more or less. If it is a pregnancy case, it must be done, and the sooner the better. It is these chronic curetting cases that—

35,921. I am still unable to see how you are going to get improved accommodation for pregnancy without curtailing what already seems to be scanty provision for other gynaecological cases. Surely they are competing demands?—I have no doubt now that attention has been drawn to ante-natal disease, and that the profession is waking up on the subject, we shall get pre-maternity wards pretty well everywhere. They are being largely provided now—often by building additional wards. I do not think that there will be any difficulty whatever in getting any pre-maternity cases in that we want to get in.

35,922. You think that the public interest will be sufficiently aroused to provide additional funds for the provision of the necessary additional accommodation?—Yes, I do. If they happened to be admitted in greater numbers than now (which would be a very good thing during pregnancy) other chronic cases like curetting cases would have to stand out till accommodation was provided.

35,923. In your outline of evidence you call attention to the importance of rest for at least a month after pregnancy, on account of the subsequent trouble which may be caused. Do you think women are getting more rest now that you have both the maternity benefit and, in the case of the insured married woman, an additional sickness benefit?—I should imagine that is so, but I do not know.

35,924. Have you had any opportunity of observing that in your practice?—No, I only know the grateful terms in which women speak of the maternity benefit. They look forward to their confinement now with much less dread than they used to do.

35,925. Your personal experience of the condition of women engaged in industrial work would be in your hospital practice, of course?—Yes.

35,926. Have you seen anything of hospital work amongst these women since the Act came into operation?—No, only of the women who have come into



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my ward for some complications afterwards and have been treated there.

35,927. Of course, all medical men would agree as to the benefit to a woman's subsequent health, especially in avoiding inflammatory conditions, of rest after labour?—Yes, and in avoiding displacements, prolapsus, and so forth.

35,928. And those conditions might often be the cause of subsequent ill-health and periods of incapacity for work in later years, and that would be avoided especially by rest after labour?—Certainly.

35,929. I follow your distinction between sickness due to toxemia and ordinary pregnancy sickness, but the question we should have to consider would be whether such sickness incapacitated the woman?—Yes.

35,930. Supposing a doctor had two women who were actually incapacitated by sickness, could he say that in one case the sickness was due solely to pregnancy and that in the other case it was due to complications of pregnancy, and could he be diagnostically sure of that?—Of course, a woman may be sick during pregnancy from brain trouble, and that would be a complication which would require treatment more of the brain than of the pregnancy.

35,931. In that case the doctor would be able to say definitely that the sickness was due to brain trouble, but would there be any case in which a doctor could profess to such a knowledge of the condition of the blood, the nervous system, and the general constitution of his patient as to be able to say, "This sickness is caused by pregnancy, and I know that nothing but pregnancy is contributing to the causation of this condition of the incapacitated woman"?—But in 99 out of 100 cases of sickness during pregnancy, it is due to pregnancy and to nothing else.

35,932. Yes, but supposing we take 100 women at the same stage of pregnancy, and one of them is so sick that she is absolutely prostrated, and possibly at death's door, although they are all in the same condition as regards pregnancy?—Well?

35,933. By what logical process can we say with confidence that there are no pathological causes at work to incapacitate the one and not the 99?—The ordinary morning sickness during pregnancy is probably reflex in character, and is due possibly to some irritation of the neck of the womb, but it is due primarily to pregnancy, and it does not generally affect the health of the individual. Arising out of such a case, or any other case where it is not due to any reflex causes, we find the evidences in the urine and in the blood, which show that that woman is suffering from toxic poisoning.

35,934. Except in cases where you find evidence of it, would you say that incapacitating vomiting during pregnancy never arises except where there was toxæmia?—I should not like to say that, because there are some women who vomit on the smallest provocation. Once a month they are sick probably; they are a nervous type of woman, and would be much more sick during pregnancy than a woman who has nothing toxic to explain it.

35,935. Would you call that condition of the nervous system physiological or pathological?—Well, it is difficult to say; it is on the borderline.

35,936. Supposing the sickness went to such a point that she became incapacitated, would you call that a pathological condition?—Yes, I should think so. I should call it bodily disablement causing incapacity to work.

35,937. Let us assume that the immediate cause of sickness in a given case is merely the tension of the cervix uteri. If the nervous system of 99 women is such that that tension does not produce incapacitating sickness, and the nervous system of the hundredth woman is such that it does produce incapacitating sickness, do you consider it right to say that in that hundredth case it is produced by pregnancy and nothing else, or would you say that it is produced by pregnancy plus some pathological condition of the nervous system that makes her re-act to that stimulus much more strongly than other women do?—Yes; but I do not think that you are taking into consideration

the fact that amongst the 99 women there may be severe cases of toxemic pernicious vomiting.

35,938. I have selected my cases for the purpose of my argument?—I see.

35,939. That is to say, that if you tried to establish a distinction between what was due to pregnancy and, therefore, might be said to be physiological, and what was due to pregnancy complicated by some morbid condition, if you had incapacity you would be almost driven to say that the person incapacitated was in an abnormal condition?—Yes.

35,940-1. Supposing you had a condition of things in which you paid sickness benefit for a certain number of diseases and certain others were excluded; supposing, for instance, you had an insurance against the consequences of zymotic diseases and you excluded syphilis, in that case you could tell quite definitely?—Yes.

35,942-3. But in the case of pregnancy our state of knowledge now is such that we cannot say what is pathological and what is physiological; what is due to pregnancy only and what is due to pregnancy plus other causes?—Yes, I suppose it does come to that. But to revert to the vomiting; it is recognised that there are two distinct types of vomiting; one which has no toxemic cause and, therefore, the urine would be normal, so that you could put that case on one side; and the other conditions with diminished chlorides and excessive ammonia and perhaps a little albumen in the urine, which are pathological, and ought to be treated. In the reflex cases where there is morning sickness some of them would not be incapacitated at all, and others would be incapacitated because they were weaker women or badly nourished and so on, and they ought to be put under sickness benefit because they are evidently suffering. There is another very great distinction in vomiting during pregnancy, when only mucus is brought up and when a meal is brought up. A woman will tell you that she is sick after every meal, and if you are not very careful you will assume perhaps that she is bringing up her meals, which means starvation, but with most of them it only means mucus from the œsophagus.

35,944. I understand you to mean that in the first case the sickness is slight, and that she would not have sickness benefit, but in the second case it is a pathological condition, and she should therefore have sickness benefit?—If a woman is bringing up her food she should certainly have sickness benefit, because she is not getting proper nourishment, and it means also a feeble child.

35,945. I will assume that if you could say with confidence that this even severe incapacitating vomiting was due only to pregnancy, and that no other cause was playing upon her excepting pregnancy, she would not be entitled to sickness benefit. Would you in such a case feel called upon to certify that that was due only to pregnancy, and could you certify it with precision?—Am I to understand that if a woman is suffering from vomiting due to pregnancy, and due only to pregnancy, and yet is incapacitated, she is not entitled to receive sickness benefit?

35,946. I was assuming that that condition was laid down and that a line was drawn there. Would you if that were the case feel able to make that diagnosis?—Yes, because it is such a very rare thing for the vomiting during pregnancy to be due to anything else. If she goes on normally through the early stages to the third or fourth month and is sick in the morning, it is pretty obvious that it is due to pregnancy.

35,947. And to no other cause?—To no other cause. A cerebral tumour would show itself at once, and you could diagnose it.

35,948. Assuming that these people are suffering from toxæmia?—May I just interrupt you for a moment to explain. The child is attached to the mother by the placenta, and the ultimate portions of the placenta, which constitute the whole group, have a curious action on the mother's tissues, in that they burrow into the tissues of the womb and become implanted there and receive the nourishment—they are capable of a sort of digestion of



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the maternal tissues to make their way and to become implanted. As the result of that action ferments are produced, which are more or less poisonous to the mother. As a result of those ferments, which are present in every case, anti-toxins are thrown out by the mother's tissues to counteract those ferments. If the ferments are in excess of the anti-toxin, or, apparently also, if the anti-toxins are thrown out in too large a quantity to counteract the ferments, the woman becomes toxic, and any of these conditions—eclampsia or acute yellow atrophy of the liver—might arise. One of the worst conditions is pernicious vomiting, which is practically incurable and frequently ends in death.

35,949. We now get to the point that in a large proportion of cases the production of ferments and anti-toxins goes on normally, and is on the whole beneficial?—Yes.

35,950. Then you get a very small percentage of cases in which this formation of poison takes place to excess, and the patient is poisoned. What is it that causes one woman in a thousand to develop this poisoned condition where 999 women do not?—It is either because the ferments or the anti-toxins are produced in too large quantities.

35,951. What determines that?—Nobody knows.

35,952. Then must there not be something in the constitution of that particular woman which causes that to take place in her which has not taken place in the others?—No, it is a purely local thing. Of course there is a theory which has been recently given out, that it is due to excess of lutein in the tissues of the ovary—in one of the follicles of the ovary.

35,953-4. That would be constitutional in that particular woman?—In that particular woman, certainly. What they are we do not know, but it is something to do with the action of these placental villi.

35,955. But you do not know whether what determined the production of poison in one particular case is something which existed in the woman before she was pregnant or something which arose in her in the course of it, perhaps from the action of the environment?—I think it is simply these chemical poisons which are thrown out by the action of the villi. So far as we know, it is not due to the constitution of the patient at all. Some women might get a child a year afterwards, and not have these toxic conditions. It is the same woman but a different placenta, and it behaves differently. We do not know why it should be so, and we do not even know what the poisons are.

35,956. (Chairman.) If you do not know what the ultimate causes of these toxins are, you cannot tell whether they arise from pregnancy itself or from something external to pregnancy acting upon it. You do not know that?—Yes, we do. We can get extracts from the placenta which will poison animals.

35,957. That may be, but you do not know how they become connected with the pregnancy, do you; you have just told us you do not?—We know where the poisons arise; we can point to within an eighth of an inch where they start from.

35,958. Yes, but you do not know how they get there; that is what I mean?—Yes, as the result of fermentation.

35,959. But you do not know how it is the fermentation came to be excessive?—That is so.

35,960. And you do not know whether it arises from something inside or from some external cause?—We know it does not come from outside. It is simply the trophic action of these placental villi. It is much the same as ordinary digestion.

35,961. I will put it like this: Supposing I have a pain in my stomach; I know it must have arisen from something I put into my stomach, or from my stomach generating something itself. Those, I take it, are the only two possible ways in which the pain could have arisen. It may be a sort of automatic thing in my stomach, or something from outside; which it is I do not know?—No; I think that this is a biological process, a vital process. If a person had cancer of the

stomach that would cause pain. It is not anything you put in, nor is it due to the constitution; it is a local growth.

35,962. I know; but we have not got back to any scientific theory of life which supposes that things spontaneously come to be; we know that they are caused by something, do we not?—I am afraid I do not quite see the point of this. The placenta is made up of a number of little villi—

35,963. Supposing I have a pain in my big toe, and I do not know what it comes from; I know it must arise from something. Is not that the situation?—Yes.

35,964. Supposing that I were entitled to sickness benefit for every sort of disease except pains in my big toe uncomplicated by anything else. That is the situation I want to consider—everything which incapacitates a woman excepting pregnancy by itself. Supposing, then, that I am entitled to sickness benefit for everything which happens to me excepting pains in the big toe uncomplicated by any other thing. You do not know, and nobody knows, whether these excessive ferments and excessive toxins can be said to be pregnancy by itself or something more. You have told us that you do not know what causes the toxin. I hope I am not bothering you?—It does not bother me, but I do not quite see the importance of it.

35,965. Will you take it from me that it is immensely important to us from our point of view, although it may not be to you from the scientific point of view?—A woman can only get toxemia if she is pregnant, and, so far as I know, it has absolutely nothing to do with any constitutional condition, and is due entirely to pregnancy.

35,966. Surely it is a misuse of scientific language to say that anything in the world is due to pregnancy; that is only the popular way of saying it. Like everything else from the beginning of things, it is due to a chain of causes, is it not?—Yes.

35,967. You would not talk like that to your students, would you?—Yes, I should talk exactly in that way to the students. They would understand the process, because they know about ferments in other parts of the body, you see.

35,968. Here is a woman whose placenta is in a particular condition; the child is born and the placenta disappears. The process of conception again takes place and the second time the placenta is not like the first in that toxemia is not produced, as you just now said. Now in the first place there was toxemia, due to something or other, and in the second place there was not. There must be some cause for the fact that it was there in the first place and not there in the second. Pregnancy will not do as the cause because it was present in both cases. What you are telling us is that you do not know what that other thing is, that, in fact, nobody knows?—Perhaps I did not explain it quite correctly when I was speaking of toxemia. In every case of pregnancy these placental villi do exactly the same thing—they produce ferments, and those ferments are poisonous ferments, so that if the person did not do something to counteract it, every pregnant person would get toxemia; I think we can go as far as that. But in the ordinary way a sufficient amount of antidotal material or anti-toxin is thrown out by the individual which just exactly balances the poison, and the patient does not suffer at all. If that woman is in such a condition that she cannot pour out sufficient anti-toxin as an antidote she will suffer from auto-toxemia; and we think also that they become toxic as the result of throwing out too much anti-toxin. So to that extent it is due to the individual quite apart from pregnancy.

35,969. Yes, but there must be some cause why there is excess of anti-toxin in some cases and deficiency in others?—That is so, of course, but we have not the least idea of what it is. It is supposed that the blood is charged in some way with wrong materials from the ductless glands in the body, from such glands as the thyroid gland and so on.

35,970. Therefore, it is impossible to say, and you cannot say in any ordinary use of language, that this deficiency of anti-toxin or excess of it which is



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produced in particular cases is due to pregnancy, because it is not. It is due to some state, it may be a temporary one, of the woman's body which prevents her from supplying the antidote to the ferments?—That is so.

35,971. And in every case in which toxemia occurs there must be something besides pregnancy, some complication of pregnancy which produces these conditions?—Yes, I think one can say that with certainty.

35,972. Are we justified in saying, therefore, that in every case where you find incapacity arising from some toxic condition, you can assume (although you do not know what it is) that some cause is at work other than pregnancy itself?—It is obviously due to the pregnancy, and the patient is not able to protect herself from this poison in the ordinary way.

35,973. Yes, the patient is not able to protect herself owing to something which we do not know?—That is so. Her power to resist the toxins is inadequate.

The witness withdrew.

## FIFTY-FIRST DAY.

At Winchester House, 21, St James's Square, S.W.

Wednesday, 29th April, 1914.

PRESENT :

Sir CLAUD SCHUSTER (*Chairman*).

Dr. T. M. CARTER.  
Dr. ADAM FULTON.  
Miss MARY MACARTHUR.  
Dr. LAURISTON SHAW.  
Mr. A. C. THOMPSON.

Mr. A. H. WARREN.  
Mr. A. W. WATSON.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. ALEXANDER GRAY (*Secretary*).

Mr. R. J. DAVIES (*Insurance Manager of the Amalgamated Union of Co-operative Employees*) examined.

35,974. (*Chairman*.) Are you the insurance manager of the Amalgamated Union of Co-operative Employees?—Yes.

35,975. The Amalgamated Union of Co-operative Employees is a trade union, which has been approved as a whole for the purposes of the National Insurance Act?—Yes.

35,976. How many members has it on the State side?—Roughly, 26,000.

35,977. How many of those are men, and how many are women?—About 20,500 are men and 5,500 are women.

35,978. Of the women how many are married?—280.

35,979. How many members have you on the private side?—42,000 males and females combined. I could not give you the figures for each.

35,980. Are all the persons who are members on the State side also members on the other side?—Yes, with the exception of a few, who cannot get transferred to other approved societies, owing to the fact that they will not be accepted for reasons of health.

35,981. They joined as ordinary members?—Yes. Everyone must be a member of the trade union before he is eligible to join our approved society.

35,982. You have a few people in the approved society who have since left the trade union, who have not been transferred on account of their state of health?—Yes, very few.

35,983. I think that you have some figures as to the exact experience which you have had since the passing of the Act. Perhaps we may take those figures for the first three quarters and see where we are?—We have later figures than those which I might give you.

35,984. You might let us have the figures for the quarters per member per week taking the men and women separately?—Yes.

35,985. You have in the first quarter, men, 1·82*d*. In the second quarter, 1·70*d*. In the third quarter, 1·21*d*. For women you have, first quarter, 1·61*d*., second, 1·95*d*., and third quarter, 1·55*d*. Is that maternity and sickness?—No, sickness only.

35,986. In each case both for men and women?—Yes.

35,987. You were going to add something to those figures?—Yes. Fourth quarter, males, 2·29*d*. fifth quarter, 1·79*d*., sixth quarter, 1·93*d*. I have recently got the figures out for the seventh quarter. I have not got them here, but the experience is very much heavier than in the previous quarter for males. If I remember rightly it is 2·42*d*. I forget what it is for females.

35,988. Would you give me the figures for women?—Fourth quarter, 1·95*d*., fifth quarter, 1·55*d*., and sixth quarter, 1·51*d*. The seventh quarter is lower than the fourth quarter but higher than any of the others.

35,989. Do you mean that it is higher than the second which is higher than the fourth?—Yes.

35,990. Is it somewhere between 1·61*d*. and 1·94*d*?—Yes.

35,991. What sort of people are your 26,000 members composed of?—Mainly shop assistants and clerks.

35,992. Scattered all over England?—Yes, all over the four countries.

35,993. Are these figures for the four countries?—Yes. About 20,000 of these members would be retail employees, people engaged in the distribution of goods, and about 6,000 would be men and women engaged in production.

35,994. What you call production is what I would call manufacture—is that so?—Yes.

35,995. Are they all over the place, or is there any particular part of the country where there are more of them?—We have more members in the Manchester district than in any other district.

35,996. Is there any particular part of the country where the incidence is heavier or lighter than in any other?—Yes, in the Manchester district particularly. For the purpose of this Committee I went through all the branches in the four countries. They are not branches within the meaning of the Act, of course. We averaged all the sickness benefits paid to each branch in the organisation in the four countries for the last six months, and we singled out each branch



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where the average sickness benefit for both males and females exceeded the rate of 3*d.* per week on the membership of each branch. Out of 700 branches there are only 16 which exceeded the rate of 3*d.* per week. Out of the 16, four are in Manchester and one in Salford.

35,997. Where are the other 11?—One covers a manufacturing society, a co-operative society in Droylsden, but the majority of workers are living in Manchester.

35,998. That is in addition to the four?—Yes. The others are scattered as follows:—Beswick (Manchester), Norwich, Silvertown (on the Thames), Avonmouth (near Bristol), Cwmbach in Glamorganshire, Nelson in Lancashire, Birkenshaw in Yorkshire, and Sowerby Bridge and Middleton in Lancashire.

35,999. Are the people grouped together in branches, by reason of the fact that they are all engaged in that particular area in manufacturing?—Yes.

36,000. Are all the manufacturing people together in each branch, containing manufacturers only?—Yes. For instance, the Co-operative Wholesale Society may have a factory in a given town, and all the persons employed in that factory, who are members of our union, are members of the same branch.

36,001. And no others?—None. They may be scattered in several villages or districts.

36,002. But there would not be one branch containing together the persons employed in a factory and also those employed in a shop?—Very seldom, but that is so in some cases.

36,003. Where the thing is small?—Not necessarily, but where the factory is small, and the retail shop may be large.

36,004. What manufacturing is it in which these 6,000 people are engaged?—Soap making, jam making, biscuit production, flour milling and cabinet making, and there are workers engaged in producing chemists' sundries.

36,005. What about spinning and weaving?—We do not organise those.

36,006. Or match-making?—We do not touch those.

36,007. What about clothiers?—We do not organise those, except in very rare instances.

36,008. The Co-operative Wholesale does?—Yes. Where there is a trade union covering them, we do not touch them.

36,009. The branches of your society are not branches for the purposes of the Insurance Act at all?—No.

36,010. Is all the finance centralised?—Yes.

36,011. Is the administration centralised also?—On the insurance side the funds are centralised, and all the administration is centralised.

36,012. Where is the central office?—In Manchester.

36,013. Is every claim passed from Manchester?—Every claim must come through our central office, before it is either admitted or paid.

36,014. What local organisation is there?—We have a set of officers in each place for each branch. The secretary acts really as our agent, and, although we have a branch committee and branch officers, there is very little for them to do on the insurance side.

36,015. Are they elected for the trade union side?—Yes, and they have the right to transact insurance business as well, whether they are insured with us or not. When they have any suspicion at all of malinger or when they think that a claim is not justifiable, they inform us, and they are our agents in that respect, as a rule.

36,016. Otherwise, you are the complete masters of the situation at the head office?—Yes, but we question claims, especially claims such as those in which we find that a person is certified as suffering from influenza for, say, 20 weeks.

36,017. What sort of an organisation have you at the head office besides yourself?—An executive council of 18 is elected by all the members of the organisation, and we are subject to the executive

council in the insurance department just the same as on the trade union side.

36,018. Is the executive council in permanent session?—No, it meets once a quarter for insurance purposes, and as often as is necessary for trade union purposes.

36,019. Except when it meets once a quarter, the officials do the whole of the work at head quarters?—That is so.

36,020. Who directs the amount of sick visiting to be done?—The branches.

36,021. Are they allowed funds for that purpose?—We pay them a total sum for all insurance administration purposes, amounting to 1*s.* 6*d.* per member per annum. They have to do all the work for that amount. It is for them to decide how they shall allocate that sum.

36,022. Do you know what they do with the 1*s.* 6*d.*?—Yes. We send a receipt form with remittance, and the receipt form is drafted in such a way that it fits in with the auditor's returns.

36,023. So the auditors audit the 1*s.* 6*d.*?—Yes, the details are audited, and we get to know what sums they spend on officers, expenses of travelling, sick visiting, and so on.

36,024. What do they spend on sick visiting?—I have not got the figures, but I do not think that they spend much.

36,025. Would you give them instructions from headquarters that they were not to do so much sick visiting?—No.

36,026. Suppose you get a certificate for influenza for 20 weeks, and you desire to inquire into it, who approaches the doctor with regard to it?—I have a circular here which we address to the secretary of the branch from which the member concerned is claiming. The circular is as follows:—

‘DEAR SIR,

“WITH reference to the claim for State Sickness Benefits made in respect of M , we notice that the member is stated to have been suffering for weeks from

According to our experience, it is unusual for a person to suffer from that disease for so lengthy a period.

“We have every desire to administer the benefits of the National Insurance Acts in a sympathetic manner, but we have had several cases lately where members have endeavoured to impose on our funds, and their action in so doing has prompted us to make inquiries into all cases where a *specific* disease is not stated, or where the illness has lasted for an unusual lengthy period.

“We must ask you, therefore, in the case referred to above, to secure a new medical certificate from the member, in order that we may consider whether the claim is a *bonâ fide* one or not.

“We shall also be glad to have any comments you may care to make regarding the claim.

“Your co-operation in these matters will oblige. Yours fraternally,

“R. J. DAVIES, Insurance Manager.”

36,027. Do they give you particulars?—We have not had this circular in operation for more than three weeks, and I do not think that we can yet judge of the results.

36,028. Suppose that a case is taken up, what is done in reference to the doctor? Is he remonstrated with locally, or do you write to him from head-quarters in Manchester?—They would deal with him locally first of all, and we would deal with him from the central office, if they failed. That is our usual custom.

36,029. Have either you or they carried any complaints with regard to the doctors as far as the insurance committee in any case?—Just in one case. That was in the Manchester district.

36,030. Was that done by you, or by them?—We submitted the complaint, but they dealt with it first.

36,031. Generally speaking it is your view that excessive claims are being made?—There are so many ways of looking at it, that I would hardly make the



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general statement that excessive claims are made, but undoubtedly a few claims are made which are not justifiable, and our greatest difficulty of all is not in consequence of malingering, but because shop workers and clerks do not know that they are entitled to compensation when they meet with accidents.

36,032. I will come to compensation afterwards. It is a very important point, and I want to take it separately from the other side?—From another point of view the excessive claims that we get are mainly from these productive workers. Unfortunately, from what we can gather, there are married women especially, and the majority are proportionately members of one branch—that is our Manchester Laundries branch—who seem to think, and they say so in some instances, that as they have paid so much per week towards the Insurance Act, they are entitled to something out of it.

36,033. You think that they make claims which are not correct claims?—Yes, but mainly in ignorance.

36,034. You were going to give me some reason for the fact that the Manchester experience was so much worse than the experience elsewhere?—First, I should say that the majority of these branches in Manchester represent productive workers, men and women engaged in manufacture; but I think that the system of administering medical benefit in Manchester and Salford is a cause contributing to this high rate of sickness benefit which we experience.

36,035. Why do you think that?—Because they seem to secure medical certificates more easily in the Manchester district than they do elsewhere. Of course, it is very difficult to get facts to prove this, but one is led to that opinion by the certificates that come in from time to time.

36,036. By the nature of the certificates?—Yes.

36,037. Have you tested that by going through the certificates when they come in, and seeing whether they have represented a true state of affairs?—I have done this in connexion with our Manchester Laundries branch, which is the most difficult one of all to deal with. A large number of the members are married women. The rate of benefit averaged 8d. per week. I went up the other day, and interviewed our branch secretary and told him that in my opinion something was radically wrong with the administration of the branch so far as insurance benefits were concerned, and it is rather remarkable that whereas prior to this we had six claims each week, we have not received any claim since I went up there three weeks ago. Of course, that does not indicate that we shall not receive claims, but they do not seem to come in as frequently as they used to.

36,038. Did you take all the certificates relating to that branch and have them analysed? Would that be a good thing to do?—Yes, but so far we have only totalled the sums paid in sickness benefit for the six months.

36,039. You can hardly follow that up unless you take the actual certificates on which the money was paid?—Several of these women have come to our office, and we have tested a few cases and paid a medical referee to examine them.

36,039a. With what result?—The result has been that the few persons who have been examined, have gone back to work sooner than I anticipated. One or two did not attend the examination.

36,040. Had you any individual dealing with the Manchester doctors, any talk as to the certificates given by them?—Very little.

36,041. There was one case that was sent to the committee?—Yes.

36,042. What was that about?—The refusal of the panel doctor to give certificates to one of our insured members.

36,043. That is the other way about?—Yes, but I may say that the information which we received from our own member was not as accurate as we would have liked it to be, but generally speaking I have not much to complain about in reference to the medical profession.

36,044. For what reason do you think your insurance rate rushes up and down and varies so much in different

quarters? Why is there this enormous jump on the seventh quarter?—Because of the amendment to the Insurance Act, relating to the payment of 10s. per week to practically all men.

36,045. Men over 50?—Yes.

36,046. Have you got many men over 50?—We have a large number over 50. When the Insurance Act came into operation we went through all our entrance forms, and found that there were only 32 members, all males, who were over 65 at the date of entry.

36,047. There is nothing much in it?—No. On the other hand our membership is very young.

36,048. If your average is very young, the Act of 1913 cannot have made very much difference?—Although we had not many over 65, we have a fair number over 50.

36,049. Of course you have not worked it out, and I dare say you cannot tell, what is the actuarial amount that you ought to be spending?—No.

36,050. You realise that the 2d. and 3d. of the Commission is merely a drawing allowance. It may be too much or too little?—Yes. At the same time it is the only guide that we have, and perhaps it would interest the Committee to know that in our approved society I should say that when the Insurance Act came into operation, one out of every three members was under 21 years of age.

36,051. Is it a fact that a very great number of people in your society are employed under section 47?—I have the figures here. At the end of 1913 there were 2,927 males and 643 females employed under section 47.

36,052. I cannot understand your figures as to the different quarters because the first quarter in which benefits were payable began in January 1913, and I do not know how you get the sixth and seventh quarters?—It means the first quarter in which the State sickness benefit was paid.

36,053. That was January to April 1913?—Yes.

36,054. We are now in the sixth quarter, whereas one would rather infer from your figures that we are in the eighth?—We are in the eighth now.

36,055. There were four quarters in 1913 and we are now in the second quarter of 1914, so that we are now in the sixth quarter?—The sixth quarter ended in January 1914. We are in the first half year now so far as the insurance card is concerned.

36,056. The sixth quarter did not terminate in January 1914 so far as the payment of benefits is concerned?—No. The fourth quarter ended then.

36,057. You have given us the figures as to paying benefits for the seven quarters?—I am sorry if I have quoted wrong quarters. I have the figures printed here. The third, fourth, fifth and sixth quarters are the quarters. The third quarter meant the first quarter in which the benefits were paid. That was 2·34d. The fourth quarter was 2·29d. The fifth quarter was 1·79d. and the sixth quarter was 1·93d.

36,058. What has become of the quarters in which 1·82d., 1·70d., and 1·21d. were paid?—The difference is this. You will see the percentage of State sickness benefit paid to members, whereas the figures given now are for the sickness and maternity benefit combined for males, and the percentages are therefore greater. So far as I remember the figure for the seventh quarter is 2·42d. for males. I do not remember the females.

36,059. How do you account for these violent fluctuations, ending with a general tendency to get worse?—For the third quarter, which was the first one in which benefits were paid, I am afraid that the administration of the sickness benefit was not what it should be.

36,060. It was a little lax?—Yes. We had temporary clerks. That was one thing that contributed to it. In the fourth quarter even on the trade union side we find the sickness benefit less. When we come to the fifth quarter, which is the best part of the year, it is 1·79d. Then we go up gradually and when we come to the seventh quarter, 2·42d., you have a change in the law which, in my opinion, affects the total sum paid.



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36,061. Section 3 of the Amending Act came into operation in October?—Yes.

36,062. So that the people over 50 began to get full benefits as from the 13th October?—Yes.

36,063. All you can say is that it was counter-balanced by the favourable season of the year?—If it were 2·34*d.* in the third quarter, which was the heaviest of all until we came to the last, then it stands to reason that we would be higher owing to the amendment of the Act.

36,064. What I am pointing out is that the amendment should have shown itself in the quarter that averaged 1·93*d.* I suppose you would say that it does show itself in the increase on 1·79*d.*?—Yes. Of course, the season has been more severe this year than last, from our experience in Manchester.

36,065. Do you think that in that 2·42*d.* there must be some other thing?—Unless it was the weather.

36,066. In reference to workmen's compensation you say that the figures have been unnaturally swollen by the unwillingness of your people to make proper claims under the Workmen's Compensation Act; what causes you to say that?—They are unwilling to make them because they think that they will affect the security of their employment.

36,067. What makes you come to that conclusion? Have you any figures drawn from your certificates showing the number of accidents that are certified?—There is something about that in my statement of evidence.

36,068. You do not say what led you to the conclusion that they neglect to make claims?—Because we receive claims for sickness benefit from them when they are incapacitated owing to accidents.

36,069. To which you know that their incapacity is due?—Yes.

36,070. What do you do in that case?—We tell them definitely that no sickness benefit is payable to persons incapacitated through accident.

36,071. What happens then?—We find great difficulty in getting them to demand their rights. Generally speaking, when they will not demand their rights, we transfer the case to the trade union, and they take it up.

36,072. Suppose you detect on the certificates all cases of accident and compel the people in every case to take action, then there would be no weighting of the figures owing to that fact. What causes you to think that there are cases that get past you without notice? As I understand you, you say that there has been some money spent which you ought not to have spent, because the people ought to have been paid compensation?—I do not think I said that.

36,073. I thought that that was the point?—No. I do not think that we have paid money where compensation ought to have been paid except in one or two cases of individuals who have not reported properly to the employers, and the law would not allow us to proceed owing to that fact.

36,074. Owing to their having made a slip?—Yes.

36,075. You do not think that there is anything extra in the figures owing to the reluctance to claim?—That does not affect our figures at all. The only thing is that if our accounts were not centralised and if all claims did not come to our office our branch officials may pay them sickness benefit and avoid the trouble of getting compensation.

36,076. You think that your figures are not affected because of your vigilance?—Yes.

36,077. You are very familiar with section 11, which is in some respects or other a difficult section. Do you take any advantage of sub-section 2 which enables you yourselves to sue on behalf of the insured person?—No. We have an advantage there as a trade union, owing to the fact that every insured person in our society is also a member on the trade union side and we have a legal department on the trade union side. We simply get into touch with them, and they do all the compensation cases.

36,078. Of course, in your case you have got one employer?—No.

36,079. How many employers have you?—If you took the employers in societies we would have about 1,000 employers.

36,080. How am I to take it?—The co-operative societies are employers with a committee democratically elected, because the society is one employer for our purpose, and we have members in about from 800 to 1,000 co-operative societies. The biggest employer in the co-operative movement is the Co-operative Wholesale Society.

36,081. How many of your 26,000 people on the State side are in the employment of the Co-operative Wholesale Society?—It would be a difficult matter to say right off, but I think there would be between 1,500 and 2,000.

36,082. All the others are in the employment of different societies all about the place?—The Co-operative Wholesale Society have a large number of their own employees in an approved society. The figures which I have given of our own approved society are no indication whatever of the number which we have on the trade union side.

36,083. Are not these co-operative societies affiliated together?—Yes, in the Co-operative Union, Limited. It is, to put it plainly, simply a federation of employers, but it has no standing in the same way as a federation of ordinary employers. It simply propagates a principle on behalf of its constituents. It does not give legal advice except in extraordinary cases.

36,084. They are not the people with whom you take up the question of compensation?—No, but there is a point which crops up in my mind. Practically all the co-operative societies in the country make payments in respect of compensation to the Co-operative Insurance Society which is now merged in the two co-operative wholesale societies, the Scottish and the English.

36,085-6. Then it is really the Co-operative Wholesale Society you are dealing with?—Within a few months it will be correct to say so.

36,087. Do you think that your people are more diffident or less diffident than the ordinary employed person in pushing forward their claims?—I do not think that they are more diffident than persons engaged in the same class of employment.

36,088. You think that they are all the same?—I think that it is general in respect of shop assistants, warehousemen and clerks. The manual worker is more conversant with compensation cases.

36,089. What sort of accidents do they suffer from?—In the grocery trade we have several accidents due to bacon slicing machines falling and getting loose and so on. Accidents in warehouses are fairly common, and we have a number of milkmen and carters in some branches of our organisation.

36,090. You count those among the retailers?—The distributive workers.

36,091. I suppose that you would say on the whole that the retail side of the business was not a specially dangerous trade, so far as compensation was concerned?—It is not.

36,092. Even if they always claimed, it would not be a heavy ratio?—No.

36,093. Your figures are satisfactory on the whole?—They are, very.

36,094. You realise that, even after allowing for section 47, you have a fair average age and the figures are satisfactory?—Yes. So far as I am able to arrive at an opinion with regard to insurance matters, I think that we are in a very satisfactory position.

36,095. To what do you attribute that?—The cause to which I attribute it mainly is the occupation in which our people are engaged.

36,096. You mean retailing?—Yes, because the vast majority of our members, are retail shop assistants.

36,097. You think that you are getting the advantage of the segregation of a rather good type of life?—Yes, with the exception of this point which I think ought to



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be made clear. A friend and myself went through our death certificates some time ago, and we found rather an alarming proportion of deaths from consumption, and taking the percentage as given by the medical profession, shop assistants and clerks suffer more from consumption than other classes of workers, but they may not be as prone to other diseases as the workers in other trades.

36,098. Do you find the predisposition to consumption reflecting itself very much in the certificates which you get?—Yes, the death certificates.

36,099. Not the death certificates, but the sickness benefit certificates?—Yes.

36,100. Is there anything else to which you would like to draw our attention?—I think that one thing which ought to be said in connexion with the administration is that there seems to be a tendency on the part of some people to try to make a saving on the administration account. I think that in several cases some officers are endeavouring to save on the administration account, and consequently are not able owing to under-staffing to deal with the claims properly.

36,101. What kind of people do you employ in your office? Is it people with some skill in dealing with accounts?—Every member of our insurance staff must pass an examination before he comes into our office.

36,102. What sort of an examination?—An examination in shorthand, writing and typewriting, and in general accounts. We pay a fairly high rate of wages, and we think that we ought to get the best men.

36,103. Is that true of the trade union side also?—Yes.

36,104 (*Dr. Fulton.*) Speaking of the excess of illness in the Manchester area, you suggest that the heavy claims are due to the married women in productive occupations?—In one branch.

36,105. That is the laundry branch?—Yes.

36,106. Have you no other reason to urge in explanation of these heavy claims except the alleged ease of getting certificates in Manchester?—No, I am confirmed in my opinion that the way in which medical benefit is administered in Manchester is a cause contributing to these excessive claims, owing to the fact that we have a branch of retail workers almost in the centre of Manchester which shows an extraordinary sickness experience as compared with other branches.

36,107. You have got a dozen or so other branches in other places where you get excessive sickness?—But they are scattered through the country.

36,108. Is their excess anything like the same amount as the excess in the Manchester district?—No, with the exception of Avonmouth, near Bristol. I attribute that mainly to the occupation of the men. They are employed as flour millers, which is a very unhealthy occupation.

36,109. What about the other excessive branches. Could you give the figures?—The Beswick branch, which is in the heart of Manchester, and has 120 males and 7 females, pays 3·50*d.* per week on sickness benefit alone. Our Crumpsall branch, which is in Manchester, and consists of biscuit workers mainly, pays 6·17*d.* per week, and the Sun Mills branch in Manchester runs up to 7*d.* per week.

36,110. In contrast with the Avonmouth?—Yes, 8·4*d.*, that is the highest in the whole organisation.

36,111. So the Manchester flour mills are 7*d.* against 8·40*d.* for Avonmouth?—Yes. The reason why we notice Manchester as being a special case is that we have so many branches in the Manchester area which are affected, whereas we have two other branches in the Bristol area that are not affected at all.

36,112. Have you got the figures?—No, but they are under 3*d.*

36,113. What about the other excessive branches?—There is Norwich, 3·49*d.*, Silvertown, which covers flour mills, is 4·94*d.* A branch called Cwmbach, in South Wales is 4·18*d.*, Nelson, in Lancashire, is 4·45*d.*, and another branch of millers entirely, Sowerby Bridge, is 3·53*d.*

36,114. Even there you get a tremendous difference between Avonmouth and the last one that you mentioned?—Yes.

36,115. Is the death rate in Manchester unusually high?—I was informed some time ago that the people of Manchester suffer more than the people in other large towns. The gentleman who told me brought as evidence a statement by a Post Office medical man. I do not know how far that is true.

36,116. I want to get at the real cause of excess. You suggest only two causes—the occupation of laundry-women and the method of administering medical benefit?—And I have suggested also that the women who are engaged in production or manufacture of any kind are not quite as educated as the women who are engaged in retail trades.

36,117. They are of a lower social order?—Yes.

36,118. Are they as well paid?—I should think so.

36,119. Are they largely married women in the factories?—In this particular branch we have a larger number of married women than in any other branch in the union.

36,120. Have you many married women in the retail branch?—Very few.

36,121. So possibly there is some other factor at work. Your instance of flour mills would account for the excess in the Bristol area, and it would also account for another figure which was not in one of the Manchester areas?—Yes. The question of married women being pregnant is one which gives very much trouble, because the woman who is pregnant seems to think that she is disabled, and that she is entitled to sickness benefit during pregnancy.

36,122. Are you quite satisfied in your own mind that there is nothing beyond the system of administering medical benefit to account for these excesses over other parts of the country?—I cannot think of anything else. There are many more branches in the Manchester area affected than in any other part of the country.

36,123. Are the people in some of your Manchester branches doing pretty well?—No. They are all fairly heavy.

36,124-5. Have you any of them under 3*d.*?—Yes, I have taken 3*d.* for the sake of clearness.

36,126. Where the system of administering benefit is exactly the same?—No. One branch which we have in Manchester with about 150 members is the Manchester Equitable Branch, and a large number of those members live in Cheshire, but the Beswick Branch, in the retail trade, about which I have spoken to you, is entirely confined to the Manchester area, under the Manchester Insurance Committee.

36,127. Have you any branches at all under the Manchester or Salford Insurance Committees which show a figure under 3*d.*?—Yes, Blackley. That is on the outskirts of the town.

36,128-9. How do you account for that being low?—Because the place is healthier, about the healthiest part of Manchester.

36,130. Does it not suggest that the healthy parts of Manchester may have something to do with it?—It may; but I do not think that it has all to do with it.

36,131. Surely if the healthier areas of Manchester show a low figure, the less healthy parts would be expected to show a higher figure?—The figures can hardly be accounted for in that way.

36,132. There is the other factor, the occupation factor?—I do not think that biscuit work, for instance, is not a healthy occupation.

36,133. It means a close atmosphere?—No, the employers pride themselves on being ideal employers so far as sanitation and other things are concerned.

36,134. Are the rooms warm?—I should think that they would be.

36,135. A close factory is not an ideal place for health?—No, but so far as factory life can be, it is termed ideal.

36,136. Still, factory life is not so ideal as shop life?—No.

36,137. (*Dr. Carter.*) In your outline of evidence you state that doctors do not discriminate between an illness which does, and an illness which does not,



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incapacitate from work. What exactly do you imply?—I find this taking place. A man goes to a doctor, and he is able to secure a medical certificate on his own statement. The person himself does not know that he is entitled to medical benefit while at work. That is one reason why I made that statement.

36,138. Would you imply that the doctor gives a certificate stating for some particular illness that a person is incapable of work?—That is so.

36,139. Without discriminating?—I do not think that it should be the doctor's duty to ask what is the occupation, but in some cases men and women suffer from trivial ailments, and they are able to follow their occupation. I think that something ought to be done in that respect to discriminate between those ailments.

36,140. Is it in your mind that the doctor gives a certificate saying that a person is suffering, say, from rheumatism, and that he has in his mind the idea that that is the end of it, and that the fact that there is printed on the certificate the words "and is incapable of work" does not appeal to him at all?—That is so.

36,141. You think that certificates are given as a statement of illness, and that the doctor does not really bring his mind to bear upon the question whether they are incapable or not?—That is what I mean, and I do not think the medical profession should be blamed on this account. In the vast majority of cases where the persons concerned are not suffering from specific diseases, I cannot see how a doctor can say whether a man is ill or not, if he makes a statement to the doctor.

36,142. You suggested that the doctor puts his signature to a piece of paper in which he is made to state that a person is incapable of work?—Yes.

36,143. And you suggest that the doctor has not that in his mind at all, but that he is merely stating that the person is suffering from some ailment?—That is so.

36,144. It is rather a serious general statement to make respecting the medical profession?—I think that it is true in the main.

36,145. Your experience leads you to make so serious a charge against the doctors that they are signing their names to a statement to which they have not given any attention at all?—I would not say that, but I know this much: If a man goes to a doctor and informs him that he has pains in his back, I cannot myself see how the doctor can say that he has not pains in the back, and he therefore gets a certificate in consequence of his statement. The week before last, we had a woman who was pregnant, and she brought a certificate stating that she was suffering from lumbago. Our branch officers thought that it was not a genuine case, and they informed us so. We asked our medical referee to go down and examine her. I informed her of the date, and time, and place where she would be examined, but she did not attend. I told her in my letter that if she were unable to come on that date, she was to inform me, but I have never heard anything further, and I can only assume, therefore, that she was not ill, and was not suffering from lumbago.

36,146. The doctor had given a certificate?—Yes.

36,147. You say later in the same paragraph that insurance members are under the impression that they are not entitled to medical benefit, unless they are totally unfit for work. Do you think that obtains very largely among your members?—It obtains among our members, but this outline of evidence was made up some time ago, and there is a better understanding now among insured persons, owing to the fact that we give them information from time to time in our monthly journal, which has proved very useful to us.

36,148. Do you think that there was a general opinion among the insured persons in your society that they could not obtain medical benefit without going on the fund?—Yes.

36,149. Was that general throughout the country, or only in certain districts?—I could not say. That was the impression we had from correspondence from our branch secretaries. We are led to opinions on these matters, through correspondence we receive from time to time from our agents.

36,150. What proportion of your total membership would be on the sick fund at any time?—I am sorry to say that I have not calculated it in that way. I have taken the financial position, rather than the numerical position of the members.

36,151-2. You could not say what percentage of your members claimed sickness benefit during the last three months?—No; I have not got those figures.

36,153. Would it be 10 or 20 per cent.?—I could not say, safely. We are paying on the trade union side of our organisation sickness benefit for the waiting period in just the same ratio as the State pays sickness benefit.

36,154. You could not say, for instance, what percentage of your membership in the whole of last year claimed sickness benefit?—I could if I had thought of it, but I have not the figures here.

36,155. Would you be surprised to find it was anything like between 60 and 70 per cent. of your members?—Yes, I should. I do not think that it would be 20 per cent.

36,156. Would you be surprised to find that the percentage of persons claiming medical benefit of the insured persons in any area was between 60 and 70 per cent. for last year?—I would be surprised if the number of persons receiving medical treatment were above the number of persons claiming sickness benefit.

36,157. Up to October 5th, you paid sickness benefit to about 5,000 members?—5,500.

36,158. Dividing the quarters equally, that is about 1,100 in a quarter?—Yes.

36,159. Out of about 26,000 members?—Yes.

36,160. In the last quarter of the year, as much as 30 per cent. of the total number of insured persons in an area have claimed medical benefit?—Yes.

36,161. I think that you ought to revise your view that any large percentage of insured persons think that they must go on the sickness fund in order to get medical benefit, because the common experience is that a large percentage come without claiming any sickness benefit?—I shall be very glad to receive evidence from our members to revise my view on that. I have not up to the present.

36,162. I should like to know whether in your view the doctors themselves are in any way responsible for such an opinion obtaining among insured members?—No, I would not put it down to the doctors. I think that it is the apathy of the ordinary individual.

36,163. You do not suggest that doctors refuse medical benefit because your members do not go on the sickness fund?—Not at all.

36,164. (*Dr. Lauriston Shaw.*) On the first page of your evidence you say that insured members receive wages during the first week of sickness. I do not know whether you have any knowledge that these people who receive wages during the first week of sickness are also receiving sick pay?—They do invariably. They receive wages during sickness, and sickness benefit on the trade union side, and they are entitled to receive State sickness benefit as well, because shop-workers and clerks are entitled by law to wages during sickness, because they are termed domestic servants.

36,165. And they are also entitled by law to have 10s. sickness pay?—That is so.

36,166. So that really when these people are sick in the first few weeks of sickness, they are remarkably well off?—They are not well off, but they are better off than when working, with the exception of the fact that their expenses are heavier.

36,167. Are their expenses heavier?—I should think so; they require more nourishment and more care.

36,168. They are often not allowed by the doctor to eat quite so much when they are sick?—No, but they require more care and more nursing.

36,169. They receive their medical attendance for nothing, do they not?—Yes, but medical attendance is not all that a sick man requires.

36,170. He requires less recreation, does he not?—Recreation costs very little in some towns.

36,171. I wanted to get from you what you thought that a man who was sick would, as a matter of fact, require in addition to his ordinary wages. You think



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that he certainly requires something?—I think that the family require help. That is one thing. The sick person requires nursing, which in my opinion is as essential as medical benefit.

36,172. Do you think that there is actually any large employment or paying of nurses for these insured persons who are sick?—No, but they pay for domestic help; that is how it affects them.

36,173. Would you put any sort of limit to the extra amount of money above his wages, for which a man might be insured?—None whatever. Very often, he ought to receive more money so that he might have something to spend on a good holiday in order to make himself strong.

36,174. You do not see any risk in a man insuring himself for twice as much when sick as he receives in wages?—Not for the average man or woman. In some cases, it would be an incentive, but there are very few such cases in our organisation.

36,175. You think that your wish that they should have much more income when sick than when well is really achieved with regard to the majority of your insured persons?—You must take into consideration that they are only paid for the first few weeks of sickness, and, when a person is sick for eight, ten, or twenty weeks, then he ought to have the whole of the money, because he will have very little when the payment of his wages stops.

36,176. For how many weeks is it the custom for these people to receive their wages during sickness?—Estimated to be two weeks.

36,177. It is the same whether these people are what you call productive people, or distributive people?—Productive workers receive no wages at all during sickness.

36,178. It is only the distributive people who receive wages?—Yes, and not all the distributive people.

36,179. And how much do they receive?—Two weeks, on an average. That is a rough estimate. In some places, they receive as much as six weeks, and, if they are in fairly good positions, it might run on for three months. In other cases, no wages at all are paid.

36,180. When these fortunate people who have their wages for six or eight weeks, in addition to their sickness benefit, come to the end of their wages, do you suppose that the majority of your people are having much more than State benefit? Are all your people having more than the State 10s.?—Yes. For the first six weeks, a first-class member on the trade union side of our organisation would receive 12s. per week sick pay. In addition to his 10s., that is 22s. per week.

36,181. And his average wage at that time would be?—It is impossible to say.

36,182. Roughly?—You could not get an average of wages like that, but 24s. per week at 21 years of age is the minimum wage demanded throughout the country for shop workers and clerks.

36,183. So that most of them would be having 24s. wages, and 22s. from the insurance?—That is so. They have, of course, paid for the latter, and they pay for their wages inasmuch as they work overtime without any wages at all.

36,184. You do not see in this large amount of remuneration for people when not at work any serious risk of their claiming unnecessarily?—No, except in extraordinary cases. There are, I agree, some bad men and women everywhere.

36,185. Have you any sort of idea what percentage of bad men and women we ought to look after?—It is about one in twelve, is it not?

36,186. Do you think that it differs in different parts of the country?—No.

36,187. (*Miss Macarthur.*) The figures you have given us show that about 20 per cent. of your women members are productive workers—1,000 out of 5,000?—That would be the trade union membership.

36,188. No, the insurance membership. You said that you had 5,000 women on the State side?—Yes.

36,189. And of these, 1,000 were employed as productive workers, that is about 20 per cent.?—Yes.

36,190. Your experience has been that there is a much higher sickness among the 20 per cent. than among the 80 per cent.?—Very much.

36,191. Could you give us any idea of the proportion. You say productive women are twice as sick as distributive women?—I think that I should be safe in saying that the women employed in productive occupations receive from our organisation nearly twice as much as the women employed in the retail trade.

36,192. You mean woman for woman, of course?—Yes.

36,193. You do not mean that the 80 per cent. receive twice as much as the 20 per cent.?—I mean the 1,000 women engaged in productive work.

36,194. You mean that they receive as much as 2,000 women engaged on the distributive side?—That is so.

36,195. I think that you said that the wages paid to the women on the productive side were the same as those paid on the distributive side?—Yes.

36,196. I think that that has not always been the case?—The majority of women who are members on the trade union side of our organisation are employed by the C.W.S. The C.W.S. and the co-operative movement in many places have adopted the same rate of wages for women employed in production and distribution.

36,197. The minimum rate which has been established by the co-operative movement was applied much earlier to the distributing trade than to the productive trade?—Yes.

36,198. It has only recently been adopted on the productive side?—Yes, but you must not forget that the retail workers have on the whole been worse paid than the productive workers, for the hours they work.

36,199. But until recently, the weekly wages on the distributive side amongst women have been higher than the wages amongst women on the productive side?—I could hardly accept that from my experience.

36,200. You say that the present position is that the wages are the same?—I think that I should be justified in saying that women engaged in production in the co-operative movement are better paid than the women engaged in the retail trade.

36,201. I put it to you that exactly the same minimum scale applies now universally?—I wish it were so, but it does not apply universally. There are only 200 co-operative societies which have adopted what we call the congress scale.

36,202. Surely it would apply with respect to your membership?—I am sorry that it does not. Women are very badly paid in the co-operative movement now, and we cannot secure the adoption of the co-operative congress scale of wages.

36,203. Does that mean that you alter your previous answer which was that the wages are the same, and that you now say that the productive wages are higher?—I do not think that I said it exactly in that way. I wanted to infer that prior to the adoption of the congress scale by the societies who have adopted it, the women productive workers were better paid than the retail workers.

36,204. Can we have definitely what the present position is? Which is the best paid class, or is there no difference?—I will adhere to the statement that the productive workers, when they are employed, are paid better than the retail workers—the women in both cases.

36,205. (*Chairman.*) I do not know whether you mean that they are paid more, or more per hour?—Paid more per week.

36,206. (*Miss Macarthur.*) At the end of the year, you take the average weekly income of the distributive worker, and it will be higher than the average weekly income of the productive worker. Will you agree to that?—No, I do not. I spent two years on that subject, and wrote a book with another man on it, and we did not arrive at that conclusion.

36,207. The position then, according to you, is that the productive worker stands to lose more by going on the sickness fund than the distributive worker?—Yes.



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36,208. And in a double sense, because the distributive worker has a fortnight's wages, and the productive worker none?—That is right.

36,209. On these assumptions, you would expect to have a higher incidence among the distributive workers?—I would hardly agree to that. My opinion about the productive worker is this: the occupation of these people militates against their health, whereas the retail worker is not employed under the same conditions. I am not willing to accept it that there is any incentive because they are not getting wages.

36,210. I ask you whether it is not an ordinary assumption that there is a greater financial incentive for the distributive worker to go on the fund than the productive worker, on your statement. Surely that is so, if the productive worker's wages are higher, as according to you, they are?—Yes.

36,211. And if the productive worker is not paid wages during sickness, and the distributive worker is, surely there would appear to be a greater incentive for the distributive worker to go on the State funds than for the productive worker?—I put it this way. When the productive worker is not up to the standard of health, we find that the management discharges her, or tells her to stay at home, whereas in the retail trade that need not obtain, and men and women may carry on their work.

36,212. Surely it is obvious that the distributive worker stands to gain more in money than the productive worker, by going on the State funds?—I agree with that, but it was not put that way before.

36,213. In spite of that fact, the incidence of sickness is double?—Yes.

36,214. On the top of that would you agree that the conditions of labour, and the wages paid to productive workers in the co-operative movement compare favourably with the wages and conditions given to other workers in similar employment?—Yes, they compare favourably.

36,215. In your outline of evidence, you say that you have a complaint that women claim sickness benefit during pregnancy?—Yes.

36,216. You have not a very large percentage of married women?—No.

36,217. Can you tell us whether these married women are mainly among the productive workers or evenly among the productive and distributive workers?—The married women we have are mainly engaged in productive work.

36,218. You have some engaged in distributive work?—Very few engaged in distribution.

36,219. Do you pay on certificates of incapacity due to pregnancy?—Yes, we have always paid on every medical certificate produced to us, but at the commencement of this quarter I did think that in some cases the medical certificate indicated that people were suffering from influenza, or lumbago, or colds, or coughs, and so forth, for many weeks, and we did begin to scrutinise them, but previous to that we in the central office paid on every medical certificate produced to us, except when we were led by local agents to believe that the claims were not genuine.

36,220. Then you pay for pregnancy, although you complain that benefit is claimed for it?—We have paid for pregnancy, but we are altering from this quarter and are scrutinising these claims to see whether they are justified.

36,221. What will your altered practice amount to?—It has already amounted to this: a pregnant woman in one of our Manchester branches was certified as suffering from lumbago. We were told by our branch committee that the case was not a genuine one. We asked the woman to meet our medical referee, and gave her the time and place where she would be examined, and she did not turn up.

36,222-3. Supposing she had been certified as being merely pregnant and as being incapacitated thereby, would you have questioned the claim?—We would. As a matter of fact we have never had a case of that kind, but we would question it.

36,224. You said a little time ago that you paid on pregnancy certificates?—Yes, we pay sickness benefit to women who are pregnant, but some disease is stated.

36,225. That is rather different?—Yes, for instance the woman that I spoke of just now was stated to be suffering from lumbago. We have never had a certificate where the simple statement has been made by the doctor that the woman was pregnant.

36,226. Therefore, you have never paid for pregnancy?—Not on certificates bearing the word "Pregnancy," but we have paid sickness benefit to women who are pregnant.

36,227. I do not imagine that you or anybody would refuse sickness benefit to a woman merely because she was pregnant?—It is a very difficult subject, and it troubles us very much. We would very much like to know whether we are supposed to pay benefit to women during pregnancy.

36,228. You have no definite policy, except that if a woman is pregnant you scrutinise her claim very closely?—She must have a medical certificate to indicate that she is suffering from something.

36,229. Not pregnancy?—Not pregnancy, and we have never had a certificate simply with the word "Pregnancy" on it.

36,230. Have you had claims for sickness benefit in the five weeks after confinement?—Yes.

36,231. Have you paid these claims without question?—Yes, without question at all.

36,232. On what grounds?—I should say that the certificate would usually in those cases be "debility."

36,233. And you have paid on that without question?—Yes, our only difficulty in connexion with pregnant women is when they are told by their employers that they should not come to work. Some declare on the fund, and claim that they are entitled to sickness benefit.

36,234. Have you any figures at all which would indicate the number of weeks you would pay on the average in respect of pregnancy and confinement?—No, the number is small comparatively. Of over 5,000 women we have only 280 who are married, and they are scattered all over the country with the exception of the fact that we have more in the Manchester laundry branch than elsewhere.

36,235. Have you had any claims from unmarried women for sickness benefit during pregnancy?—I do not remember. We have very few claims for maternity benefit in respect of unmarried women. I do not think that we have had half-a-dozen all told.

36,236. I think that you have opinions which have not yet been elicited as to the method by which the Insurance Act should be administered?—Yes.

36,237. Can you give the Committee the benefit of those opinions?—I have very strong views on this point with regard to the way in which the Insurance Act is administered by some of the approved societies that I know.

36,238. You say in your outline of evidence that you are of the opinion that the Act would be better administered, if the State had full control of the scheme?—Yes.

36,239. Is that the opinion of your society as well as of yourself?—I have never asked the executive council whether they would agree with me on that, but that is my personal opinion. I feel that it would be better if the State in some way or other took over the administration of the Act entirely.

36,240. Would you surrender your privileges?—My privileges would not count at all as against State control.

36,241. You and your society would make no complaint if the State proposed to take over the administration?—I would not be justified in speaking about my society, but that is my personal opinion, and I would endeavour to convince them that my opinion was right.

36,242. (Mr. Warren.) In your outline of evidence you would lead the Committee to believe that owing to political speeches and Press reports in the beginning, a great deal of misunderstanding arose in the minds of insured persons as to the real meaning of national insurance, and that there has been a great deal of misunderstanding?—That is so.



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36,243. Does your experience lead you to the conclusion that that misunderstanding is being removed?—It is, very much.

36,244. And that insured persons now have a fairly reasonable idea as to the benefits, and all that is entailed in national insurance?—Yes, with the exception of the fact that the unintelligent seem still to believe that they are entitled to something out of the Act, because they have paid something in. Generally speaking, I would agree with your suggestion.

36,245. And that men and women are now appreciating the fact that it is materially to their interest that their particular society should have a good experience?—Yes.

36,246. If not, the day may come when it will affect them either in the increase of their contribution, or in the reduction of their benefit?—I am sorry to say that they do not take that keen interest in the operation of the Insurance Act that they do in our case on the private side. For instance, we had our annual meeting the other day for all purposes. Whereas several questions were asked and many remarks were made on different phases of trade unionism, the report on the Insurance Act was not subjected to much criticism.

36,247. You find that women engaged in workshops are more ready than the other female members to make claims on the funds, because when they are discharged for not being speedy enough at their employment, they go immediately to their panel doctor, and he supplies them with a certificate showing that they are suffering from debility, &c.?—Yes.

36,248. So that they try to make use of this as an unemployment benefit?—Not exactly so. Many women become weak owing to the conditions of their employment, and when they are not able to turn out sufficient work to please the employer, they are asked to resign or they are discharged. They are really ill when they are discharged. There is no doubt about that, but they do not suffer from a specific disease.

36,249. But they are not fit to follow their usual employment?—Their particular employment, that is so.

36,250. Therefore, in those cases the claim would be justified?—We have always looked upon a claim as justified when a person suffers from anæmia or debility, but we are going to discuss the question at the next meeting of our executive council to see whether we should do so in view of recent events, and especially after the decision in the court of law where it was decided that a society was right in not paying on a debility case.

36,251. Can you tell us why the women employed in your laundry branch have such an experience? Is there anything peculiar to laundry-work, bringing hazardous risk?—I think that the heat of the atmosphere has very much to do with it, and the standing bending over irons that women have to do in the course of their employment affects their health very much.

36,252. Then again with regard to the men employed in a flour mill in Yorkshire, there you have an excessive experience, have you not?—Yes, nearly all the men employed in various parts of the country in flour mills show that we are paying a very high rate of sickness benefit in respect of them. It does not apply to Yorkshire alone, but all over the country where flour millers are employed.

36,253. Is there something in respect of the working of flour which occasions sickness?—It leads us to believe so.

36,254-5. What form does it take?—Bronchitis.

36,256. You are also experiencing difficulty because the medical profession are not discriminating between illness which does, and illness which does not, incapacitate for work?—Yes.

36,257. And you say, I think, that this difference should be emphasised to the medical profession?—Yes. I thought that if something could be done to inform the insured member that when he goes to the doctor, he need not necessarily leave his work, but that he is able to follow his employment, it would be an advantage so far as approved societies are concerned.

36,258. And by whom should that be emphasised to the medical profession?—By the Commissioners, or by the insurance committees.

36,259. You are pretty confident that if you were not a centralised society, your experience would be even more excessive than it is?—Yes. It was doubtful at the commencement whether we should not work on what some people call the "imprest" system of dealing with our finances. That would transfer the power to decide whether the claim was in order or not entirely to the branch officials, and we would have no say whatever, but it was decided finally to centralise the accounts, and it has been a good thing for us.

36,260. The branch official, generally speaking, is an intelligent man or woman?—Yes, but he is not conversant with the provisions of the Insurance Act.

36,261. Therefore, your experience has led you to conclude that a society administering national insurance through branches is not in such a good position as a centralised society?—It would depend upon whether the branch official was permanently employed or not. We have no branch officials permanently employed. The work they do for national insurance is done in the evenings, and in their spare time.

36,262. You are led to this conclusion probably because those branch officials, however intelligent, have never perhaps had any experience of administering sickness benefit?—Yes.

36,263. They have been trade union officials pure and simple?—Yes, and my experience when I was employed on the trade union side, also led me to the opinion that it is better for any society which administers benefits to be centralised and to pay all benefits from a central fund.

36,264. You have been asked certain questions in relation to pregnancy, and generally speaking, you are paying sickness benefit in all cases of pregnancy?—Where the doctor gives a certificate that the person is suffering from something, or where we have not received a certificate stating simply that the woman was pregnant.

36,265. Would you wish that there should be more definite instructions in reference to dealing with pregnancy cases?—Yes, I wish there were, but if approved societies are at any time to pay sickness benefit to pregnant women simply on account of the fact that they are pregnant, it will necessitate the funds being subsidised from somewhere, or an increase of the contribution made.

36,266. In the co-operative movement are married women generally advised to remain from work some time before confinement?—Yes.

36,267. Even when there are no complications arising in respect of the pregnancy?—Yes.

36,268. During that period they are, of course, deprived of their ordinary wages, and in that sense they suffer a disability?—Yes.

36,269. Would you from your experience urge that there should be some standard of benefit in all cases of pregnancy?—Yes, I think that the matter is very much greater than the Insurance Act can cope with as it stands now. I think that it requires some new legislation to deal with that kind of case.

36,270. That there should be a given number of weeks' benefit prior to confinement, as well as four weeks after confinement?—Yes.

36,271. You are not prepared to admit that your society has made a failure of national insurance?—No, I should say that we have been very successful indeed. We were fairly advantageously placed in so far as our organisation was concerned. All our clerks, as I stated previously, have to pass examinations, and the men who are employed in our office have generally been clerks throughout their lives. That is a concrete advantage in a trade union over those societies whose rules will not allow them to have anybody employed in their office who is outside the trade or the specific class organised.

36,272. Generally speaking, you are satisfied with your experience, and you look forward to making a success of national insurance?—Yes.

36,273. The Act has not been long enough in operation to form any adequate opinion as to whether it should still be administered by approved societies or taken over by the State?—That is what I feel on that point. If I were selfish in my views, I would say that



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the best way to administer the Act is to administer it in the way that we are doing at the present time, but I feel from my experience of those who are engaged in factories and workshops that the Act is very one-sided. You may, for instance, get a class of people in an approved society who are removed entirely from the ailments that other people suffer from. I do not think that it is national in that respect.

36,274. After all, may I put it to you that you are only expressing here this morning your own private views?—Yes, I did not know that I was expected to ask our members whether I should express their views or not.

36,275. It has never been before your society for an expression of their opinion?—I have submitted this evidence to every member of our executive council, and I have heard no comment whatever. I take it for granted that if they did not approve the statement that I make here they would object, but they have not done so.

36,276. No expression has ever been made at the annual meeting with regard to the approved societies being taken over by the State?—I could not say what has happened elsewhere, but I happen to be president of the Trade Union Societies Association, and the consensus of opinion there, although not uttered in a resolution, is in that direction, I might say.

36,277. But from your knowledge of the thing no approved society has passed a resolution, and has given concrete expression to the desirability?—No. I think it is rather early for the opinions that I have expressed to be crystallised. Otherwise, I think that the idea is developing.

36,278. (Mr. Thompson.) You spoke of having got out these particulars some months ago. Since then you have been able to add the figures for other quarters?—Yes.

36,279. You regard the figures which you added as equally satisfactory as those you gave to us in the first instance?—I think that they are.

36,280. It does not affect your opinion on any point?—No; with the exception of the fact that we were a little alarmed when we worked out the percentage for the seventh quarter. We thought that we might make greater scrutiny of some claims owing to the fact that we had exceeded on the men's side the percentage we had previously.

36,281. You carry the principle of centralisation to a highly developed extent?—Yes, they must apply to us each week for the sickness benefit for each insured member.

36,282. The branch officers have comparatively little responsibility, if any?—Very little in so far as the payment of sickness benefit is concerned. They have a responsibility in connexion with cards and books. However, they give their opinions respecting some claims, and they make inquiries when asked to do so.

36,283. The main object of the administration is to reject and check unjustifiable claims?—To scrutinise claims.

36,284. You agree that it is an important purpose of the administration to reject unjustifiable claims?—Yes, it is an important one.

36,285. And it is also important to pay proper claims with the utmost promptitude?—Yes, we pay by return of post, and it may interest the Committee to know that we pay practically every claim by cheque. We are able to do that, because our men are employed in offices and shops, and they are able to change cheques for money.

36,286. Do you forward the cheque to the member?—Direct to the branch secretary. We are probably favoured inasmuch as all the members of one particular branch are engaged in the same shop in many places. It is not so in all.

36,287. You realise that it is important that members should get their benefit rapidly?—That is our first point. We always consider that the most important in our office.

36,288. Is that so? Do you make it the first point?—Yes, every claim properly made is paid by return of post.

36,289. You do not make it the first point that it should be paid as promptly as possible. You must have particulars at the central office, in order that you may scrutinise it first?—Yes.

36,290. Subject to that, you say that it is paid as promptly as possible?—Yes. The rule is laid down in our office that every claim properly made must be paid by return of post.

36,291. You agree that it ought to be paid promptly, and you pay it as promptly as you can, subject to a certain reservation?—Yes, that is right. We would out of 80 claims a day withhold two or three for further scrutiny.

36,292. Of course, you realise that the application being made by post even if it is sent out the same day involves a delay of several days in reaching a remote part of the country?—Yes, to pay by return of post would mean some delay.

36,293. If it were possible to establish a local organisation, the people would get their money more quickly, would they not?—Yes, I agree with that.

36,294. But there are difficulties in the way?—Yes.

36,295. Of course, you have shown us that you do rely to a considerable extent on your local representatives?—Yes.

36,296. You said, I think, that the local representatives were your guides as a rule in the payment of sickness benefit?—Yes, when there is any suggestion of malingering.

36,297. And you furnish them with funds to carry on sickness visiting?—Yes, we pay them once every half year the sum of 9d. per member.

36,298. If they do not spend that on sickness visiting, what happens to the money? Are they at liberty to apply it to other purposes?—The branch committee decide as soon as the money is received how it is to be allocated, and, needless to say, they spend it all.

36,299. If they decided to do their work for nothing and to spend the whole amount on sickness visiting, they would be at liberty to do so?—They would not do that.

36,300. On the other hand, if they decided to spend the whole of the money on salaries and not on sickness visiting, what then?—We should call their attention to the fact.

36,301. You did give an example of what I may term efficiency on the part of a local representative at Manchester in connexion with your laundry work. You were there a little disturbed about the sickness claim ratio, and since then you have not had a claim?—Yes.

36,302. It is three weeks ago, you say?—Yes, but I do not want it to be taken that we shall not get claims in respect of those three weeks, though it is rather remarkable that none have yet arrived.

36,303. That shows that the local representative may have considerable influence that way as well as the other way?—Yes, that is one of the reasons why we are centralising our accounts.

36,304. You relied on the local representative here in an attempt to reduce excessive claims?—Unfortunately, it worked the other way. Our reliance on him led to excessive claims being made.

36,305. Then you went down and protested, and he brought his influence to bear, and you have not had any since?—That is so.

36,306. Have you had any experience at all with regard to pregnancy cases?—We have comparatively very few married women, but we come very much into contact with the married women that we have, because they are almost all confined to the Manchester district. Consequently, we get to know more about those cases than we otherwise should, and we are having considerable difficulty with regard to pregnancy cases. It is assumed straight away when a woman is unable to work owing to being pregnant that she is entitled to claim sickness benefit. I do not know how it is, but they secure medical certificates stating that they are suffering from various ailments. It may be debility, influenza, lumbago, and so forth.

36,307. If they are suffering from debility or influenza, the fact that they are pregnant does not



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disentitle them to sickness benefit?—No, we pay sickness benefit, and as I have stated before, we have always paid whether the woman was pregnant or not upon the medical certificate; but in connexion with the Manchester laundry branch, where the largest number of married women in one branch are to be found, we see that the sickness rate is very high, and we are making inquiries and trying to see whether excessive claims are being made there.

36,308. The view of your society is that they should pay sickness benefit where a woman who is pregnant is incapacitated by some other complaint?—If a pregnant woman is suffering from any ailment, we will pay State sickness benefit, but we are suspicious that pregnant women are getting certificates, when not actually suffering from what is stated on the medical certificate.

36,309. You think that the medical certification does not protect you sufficiently?—It does not in those cases.

36,310. You were asked a question about the possible future administration by the State, and I gathered that your reason for advocating it was in order to provide for the segregation of trades?—Yes.

36,311. If some method could be devised for the equalisation of benefits, it would meet your view?—I cannot see how you can get an equalisation of benefits while you have societies, unless they become agents for the State.

36,312. Assuming it could be done, it meets your case?—Not exactly. There is another view that I take, but perhaps it hardly concerns this Committee.

36,313. (Chairman.) I understand you to say that you think that the proper way to do the thing would be for the State to take over the societies' business, is that so?—Yes.

36,314. All the societies' business?—Yes.

36,315. That is the general view, do you say, of the members of your society?—No, what I said was this: I presented this outline of evidence to the members of our executive council, and they offered no objection. They did not express any views either way on the matter contained in the evidence.

36,316. Do you think that they thought at all about what it meant?—Some of them must have done.

36,317. Why?—Because they generally read these things, and they very much want to know what their officials are going to say.

36,318. You did not discuss it with any of them?—No.

36,319. As far as you yourself are concerned, have you thought what you mean at all?—I should hardly make the statement, if I had not thought about it.

36,320. What would it mean?—It would mean that instead of one approved society being able, as we are—

36,321. I know what would be the result as far as your society is concerned, but what would be the machinery?—In the first place, if all the insurance business were taken over by the State, I think that the State would be more capable of administering the provisions of the Act.

36,322. That is a general statement again. What would be the process of taking it over? When the State had taken it over, what would the position be then?—It would happen in this way. Take Manchester, for instance. Instead of having about 50 or 60 offices in Manchester, I presume that you would have one office in Manchester, which would mean a great deal of economy. That is one reason why I advocate it.

36,323. I was going to ask you your reasons afterwards. I want to know first what you really mean. You would have one office administering for all insured persons in Manchester?—Yes.

36,324. Who would run that office?—I suppose a State official.

36,325. A man on a salary?—A salaried State official.

36,326. Responsible to whom?—To the Government.

36,327. To the Insurance Commission?—Yes. If that came about, a great deal of the democratic

principle would have to be applied to a scheme of that kind. Persons instead of being appointed would have to be elected.

36,328. Who would be elected?—Many of the persons who would control the offices.

36,329. I do not quite understand what you mean?—The approved societies in my opinion—

36,330. I realise all that. They would have one fund and an equal right of benefit all over the country, but I want to know what the machinery is going to be that will run the thing, when all that has been done?—I thought that I indicated that there would be a head office in London or any town, controlled by persons similarly placed to the Insurance Commissioners, with sub-offices in all the big centres. The whole scheme would be carried on in a similar way that the audit department is carried on now.

36,331. All by officials?—Yes.

36,332. You said something about being elected. I do not understand?—I am afraid that point would require more enlarging than I would care to go into now. It is a most difficult problem. The body controlling the whole scheme would have to be subject to the will and the votes in some way of those persons who are insured.

36,333. How do you propose to bring that about?—By setting up a council the same as you set up city councils, town councils and county councils.

36,334. You mean that the thing would be controlled by a locally elected council?—No. I mean that a national body or some body similar to the Commissioners should be elected by insured persons. If you want a parallel, I will take the House of Commons.

36,335. You do not propose to abolish the House of Commons. If that is an essential feature of the plan, it seems too large for us to discuss?—I never mentioned that it should be abolished.

36,336. If you want to have some other machinery substituted for the present you must apply your mind, not to vague general principles but to what machinery is to take its place. I understood you first to say that it is to be replaced by officials responsible to a central body, and secondly that it was to be run by persons elected locally. Either plan is possible, but they are not both possible at the same time?—I will take another parallel. The Post Office is managed by the Postmaster-General, but there are sub-offices throughout the country.

36,337. Is that the sort of thing you are thinking of?—That is the general idea. Apart from being controlled in the way the Post Office is controlled, I want some council to be elected by the insured persons so that there will be criticism brought to bear upon that council.

36,338. That is another House of Commons, is it not? The present situation is that the Postmaster-General is responsible to Parliament. You want him apparently to be responsible to some other elected body?—I want the insured persons to have their grievances brought to bear by vote or voice on the persons who are responsible for administering the Insurance Act.

36,339. At present that is done by way of societies, is it not?—I do not know. The Insurance Commissioners are the great power now. What chance have we as approved societies of ever disputing the right of the Commissioners? We have no power except through the House of Commons.

36,340. The right to do what?—Supposing the Insurance Commissioners issue a regulation, the approved societies have very little redress in that way if they disapprove of the regulation. The Insurance Commissioners are not subject to the will of the approved societies.

36,401. It would be a monstrous thing if they were. They are subject to the will of the House of Commons?—I should not think it would be monstrous.

36,342. What you want to do is to remove Insurance affairs from the control of Parliament and the control of the approved societies simultaneously, and subject them in substitution to the control of some other elected body?—Yes.

The witness withdrew.



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Mr. HARCOURT E. CLARE.

[Continued.]

Mr. HARCOURT E. CLARE (*Clerk to the Lancashire Insurance Committee*) examined.

36,343. (*Chairman.*) You are the Clerk to the Lancashire Insurance Committee, and you hold other offices in the county of Lancaster which have given you great experience in administration?—Yes.

36,344. Will you tell me how many doctors there were on the panel in 1913?—1,190; and in 1914, 1,100.

36,345. What has happened to the 90?—I should imagine that in all probability they were doctors in the county boroughs, who possibly sent in their names in the first instance, and then found that it was not worth their while to go on keeping on the panels for the county boroughs concerned.

36,346. Do you know how many doctors there are in the county who are not on the panel?—All I have been able to do is to take the total number of doctors on the medical register for the whole county of Lancaster, and as far as I can calculate there are about 1,529 who are not on the panel for the county area.

36,347. That includes, of course, all the specialists and consultants and medical officers?—All the doctors on the medical register.

36,348. Some of them are not really engaged in general practice at all?—Of course not. There is a considerable number of specialists in Liverpool and Manchester.

36,349. Do you think that there are a lot who would not come on because they are dissatisfied with the terms of service?—I should imagine that the medical men who have not gone on the panel are those who have such substantial private practice that they do not care about doing this class of work.

36,350. What is the number of people on the various doctors' lists? You say the greatest number of insured persons on any list is 3,436. That means any one doctor acting alone, I suppose?—That is an individual doctor.

36,351. And the average number is 627?—That is so.

36,352. The number of doctors who have less than 500 is 573; between 500 and 1,000, 164; between 1,000 and 1,500, 108; between 1,500 and 2,000, 70; between 2,000 and 2,500, 31; between 2,500 and 3,000, 13; between 3,000 and 4,000, 12; and between 4,000 and 5,000, 1, who is in partnership I suppose?—Yes.

36,353. You say that you have 50,000 persons who have not selected a doctor, 2,633 who are treated by approved institutions, and 46 who have made their own arrangements?—Yes. Since that statement was sent in to the Committee, my assistants have been able more carefully to check the figures, and they find that the number of insured persons who have failed to select a doctor on the panel in 1913 was 47,000, those treated by approved institutions were 2,579, and those who made their own arrangements, 33.

36,354. Can you tell me, generally speaking, with regard to people who have made their own arrangements, what class of people they are?—Generally speaking, I should say that they are either actors or commercial travellers.

36,355. People who peregrinate about?—Yes. Of course, a great number of them would not come within the category of insured persons.

36,356. You say, I think, that 392 persons transferred by consent during 1913, and 4,130 transferred at the end of the year?—That means to say, 4,130 persons who apparently changed their doctors.

36,357. Did you tell us what the total number of the insured people on your register was?—I am afraid I have not the figure; but it is about 670,000, I think.

36,358. You do not know about any cases of persons who wished to transfer who were unable to?—No. I have no information about that.

36,359. You have set up a medical service sub-committee in accordance with the regulations?—We have done so this year.

36,360. Did you have any in 1913?—We never had any reason for having one.

36,361. No cases have been sent to it?—There were no cases to refer to the sub-committee in 1913.

36,362. In 1914 have there been any?—We have now two cases which will have to be considered. One

with reference to a doctor who has supplied medicine to persons, when there was a chemist within a mile. That is rather a question as to whether he was requested to do it, or whether he ought not to have done it. There is another case of dispute between a doctor and an approved society with regard to the signing of what they called a declaring-off certificate. These are the only two cases that we have now in abeyance. There were, of course, during 1913, disputes between doctors and approved societies which came to my official knowledge, but I found that by writing a courteous letter to the doctor and explaining the position, in the end the doctor did what was required, and among these 102 cases there was no necessity to refer any of them to any committee.

36,363. You have had a good many general difficulties to deal with and have dealt with them in a general way?—What I did was to deal with them to a large extent personally, and I find that the medical profession are extremely courteous to me, and I try to be the same to them, and the result is that we get on very well.

36,364. That is as far as the specific cases that arose are concerned. But you had various questions of general interest which arose between the approved societies and the doctors which were dealt with as general questions?—Yes.

36,365. Will you tell us about the general attitude of the doctors in the area?—So far as my experience goes I feel quite entitled to say that I think that the medical profession throughout the county area have honestly endeavoured to carry out their professional obligations. There is, of course, a small minority of exceptions in every profession, but I do not think that they are more numerous among the medical profession than others.

36,366. You mean so far as attendance on their patients is concerned and their duty to get them better than they were before?—Of that I have no personal knowledge. All I can say is that as far as I officially know, the doctors have honestly endeavoured to do their duty.

36,367. About signing certificates?—With regard to signing certificates, there are *bona fide* questions of dispute which arise either through misunderstanding of what was required, or possibly as the result of a little initial irritation, which was caused as the effect of the Act between the doctors and the approved societies, and at first we had some difficulties. But the insurance committee appointed a few representatives to discuss the questions with the representatives of the doctors, and ultimately last July we came to a compromise which seemed to be, in the opinion of the insurance committee, a fair and proper one, and which the doctors accepted.

36,368. Is that compromise embodied in a minute which was passed on 12th July, 1913?—Yes. The compromise is as follows:—"That the Lancashire Insurance Committee approves of the form of certificate Form Med. 34 on the understanding that the word 'Illness' will be accepted in lieu of the name of the specific disease in those cases which the medical attendant considers exceptional, and in which the statement on the certificate of the specific nature of the illness would be detrimental to the patient, provided that in all such cases the medical attendant will meet, without fees, in consultation with a duly appointed medical referee, and further, that the Insurance Commissioners be requested to indemnify those approved societies who pay sickness benefit under the above-mentioned exceptional circumstances." The reference to a medical referee was rather in anticipation that medical referees might be appointed, but in practice I understand that the doctors on the panel have given effect to the spirit of the compromise by meeting any medical man representing an approved society instead of a formal medical referee.

36,369. Have all the doctors made themselves parties to that?—As far as my experience goes, the doctors have honourably carried out that undertaking.



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36,370. What do the societies think about it?—The societies, as a whole at any rate, are apparently satisfied, because I have not had complaints from societies since that compromise was brought about to any substantial extent, with the exception, I think, of practically one society, whose requirements with regard to the form of certificate were, I think, somewhat different from those of other societies.

36,371. What is the point of that form?—It is what they call a declaring-off certificate, and the dispute seems to be that the doctor says that if he signs the continuing certificate until he thinks fit to stop it that is sufficient compliance with his agreement. On the other hand, the society desire to have their form of certificate filled up, which is that the doctor states the date on which the person is no longer entitled to sickness benefit.

36,372. What is the doctor's objection?—I presume the doctor's objection is simply that he does not want to sign what he thinks to be an unnecessary document.

36,373. Are the other doctors signing?—All I can say is that I do not now have complaints from societies that doctors are not signing certificates which do not satisfy them.

36,374. You wish to bring before us some correspondence which you have received in the county area?—I do not wish to put the correspondence in evidence. I merely gave it for the purpose of giving an indication as to the opinion of representative persons as to the general working of the Act.

36,375. But I think it might assist, supposing we were to print these documents as a footnote to your evidence?—I do not think there is any objection to printing them.\*

\* *Copies of Letters received from two large Approved Societies.*

"(1) I have to say that the officers have not availed themselves much of the compromise regarding certificates in exceptional cases, but they require the insured person to obtain a complete certificate in most cases, and I am informed that this on the whole has worked without much difficulty.

"As regards the willingness of doctors to give information to laymen, where the insurance official is personally known to the doctor there is usually very little difficulty, though some doctors rigidly refuse to give information without an extra fee. The trouble, however, is negligible, although there are a few cases, such as Dr. ———.

"We have found generally that the doctors in the county area are sufficiently defining the nature of the illness in accordance with the requirements of this society—probably the doctors find it least troublesome in the end."

"(2) When medical benefits first came into operation, on January 15th, 1913, very great difficulty was experienced in many counties, but more particularly in certain areas of Lancashire, in consequence of the refusal of the doctors to state the nature of the complaint from which insured persons were suffering; many hundreds of certificates being issued stating that the member was suffering from 'illness' or 'sickness,' and was unable to work. These certificates in the first place were returned to the doctors concerned with a polite request that the nature of the complaint should be stated, and the fact was pointed out that the society must have this information, otherwise it could not distinguish between cases which came under the debarring clauses as to accidents or to misconduct, and also that the rules of the society provided that the cause must be stated before sickness benefit could be paid. In many counties the Insurance Committees immediately called upon the doctors in their areas to give the necessary information in accordance with the terms of their contract, and also in compliance with the condition laid down by the Chancellor of the Exchequer when the parliamentary grant of 2s. 6d. was made to the doctors, and in those areas the doctors did immediately comply. But in the Lancashire area, although we made the strongest possible representation to them, we could not get the Lancashire Insurance Committee to take up a firm attitude, and for many months hundreds of persons were unable to obtain their sickness benefit because the doctors (particularly in areas——and——) would not carry out their agreement. It was only after July, 1913, when the Lancashire Insurance Committee passed a resolution that unless the doctors complied with the terms of their agreement the money due to them would be stopped, that the doctors did comply. The threat to do this was sufficient in the great majority of cases, but in some instances this did not suffice, and the

36,376. I want to ask you about the medical referee question. The county insurance committee has not appointed any referees?—I am not aware that they have any power to do it. We should be very glad to

money had actually to be stopped before compliance was made.

"After the doctors were held to their agreement so far as the nature of the complaint was concerned, they then began to quibble about not giving continuing certificates, and for a considerable length of time great difficulty was experienced in getting them to give continuing certificates week by week as required by our rules; when this difficulty was overcome they then challenged our right to certificates 'Declaring off,' and even to-day one doctor (Dr. ———) still refuses to give certificates 'Declaring off.' We find the only way to get the required service, even though it be an unwilling one, is to stop payment of the doctor's account until compliance is made.

"So far, therefore, as above doctors are concerned (we have reported over 30 doctors in your area in addition to all of the others that we have made private representation to direct), they have generally refused any information, and declined every invitation to co-operate with us, either at the Head Office or through our accredited representatives, by imparting information as to the condition or *bona fides* of a sick person.

"On the other hand, there are very many doctors who have freely and readily given us every facility and every reasonable information, not only stating the nature of the complaint, but giving us particulars of the exact position of the patient, and intimating whether the origin was 'traumatic' or 'syphilitic,' and generally doing everything in their power to facilitate the working of the Act. In these cases, it has been a real pleasure to co-operate with such ornaments of the profession.

"This information has been given sometimes in writing to us at the Head Office, sometimes by telephone, and sometimes on the certificate itself; in these cases there has been no hesitation in giving the information to an accredited representative who was not a medical man.

"Generally, we have found that doctors in Lancashire do not sufficiently distinguish between a specific disease and a general run-down condition, and they certify very freely incapacity due to 'debility,' which of course is not a disease at all. These we always decline, and after referring cases to a medical referee, are satisfied that in many cases no real incapacity results. The doctors are, moreover, freely giving certificates in cases which, although there is some disease which may prevent them working at some laborious work, does not prevent them doing household work, and we are sometimes told when members are caught infringing the rules of the society in this way, that the doctor told them they could do light duties, such as making beds, getting meals ready, &c. We do not know whether there is any justification for this statement on the part of the insured, but if so, it would indicate that the doctor does not appreciate the fact that no work must be undertaken whilst members are drawing sickness benefit.

"I personally think that if the doctors would give the nature of the complaint, and add in cases where the remark was applicable, 'Not due to misconduct,' or 'Not due to an accident,' it would materially help societies. Of course, in many cases the doctor would not be able to give this, but in cases where the information was within the doctor's knowledge, it should, in our opinion, be stated, as the doctor is in a much better position to say whether 'syphilis,' 'gonorrhoea,' &c. was the original cause of the disease than anybody else. Although the same remark could not be applied to the question of accident, that is a matter that can only be decided in some instances by a lawyer."

The following correspondence has recently taken place between a large approved society and the Lancashire Insurance Committee:—

*Letter from Insurance Committee to Society*  
(18th November 1913).

"The case of ———, a member of the ——— Society, came before the Medical Benefit Sub-committee of the Lancashire Insurance Committee at their last meeting. I have received a letter from Dr. ———, of ———, who attended the patient, stating that she was unable to get sickness benefit from the society on his certificate, which described her complaint as 'dyspepsia,' and he further stated that the patient had told him that the society had declined the certificate because it was stated that 'dyspepsia is brought on only by drink.' It is, of course, outside the functions of the Insurance Committee to attempt to interfere between an approved society and one of its members, and they have no intention of doing so, but they thought they would be acting only fairly to your society by asking me to inform you that such a statement has been made.

"I enclose for your information copy of a letter, dated the 4th October, and another dated the 3rd November, which



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appoint a medical referee, if you would find the money to pay them.

36,377. Supposing there be medical referees, do you think the insurance committee would prefer to appoint them themselves, or have them appointed from headquarters?—That is only a question I can express my own personal opinion upon, and with that reservation, I should myself say that I think it would be better that the medical referees should be paid from a central fund and appointed by a central authority.

36,378. By a central authority you mean an authority more central than that of one county?—I mean a central Government authority, which is not an insurance committee. The constitution of an insurance committee might in some cases make it difficult to select the best men to be medical referees.

36,379. Is that your whole reason for coming to that conclusion, or are there other reasons?—That is one of the chief reasons—the question of the method of appointment—and I should also think that a central body might perhaps have a larger area to select from in getting really good men, and I should have thought that the medical referee might in some way or other be a sort of consulting physician to be called in by the local man in case of difficulty. I think that there is no doubt about it, particularly in country districts, the want of the latest scientific knowledge sometimes among the local practitioners should to a certain extent be supplemented, and it might be, by a person who acts as medical referee for that district.

36,380. Have you actual instances of that in the county of Lancaster?—I cannot say from my personal experience.

36,381. I do not mean specific, but general complaints?—I should not like to say I could mention any case where the local doctor is not thoroughly com-

petent. At the same time, if I were ill myself I should prefer a specialist, at any rate to confirm the opinion of the local man.

36,382. When you say a specialist, you mean a general consulting man rather than a man who is a specialist in particular diseases?—Rather what I meant was a man of sufficient scientific attainment to know how to assist in diagnosing a disease, and to advise as to what course is really necessary, rather than to be the actual medical man to treat the case.

36,383. A consulting physician?—Something of that kind.

36,384. How many men do you think that it would take to cover the country if they were only doing referee work?—I am not competent to answer a question like that at all.

36,385. But supposing the principle were accepted of having a general system of medical referees all over the country, do you think that they ought to be all whole-time salaried people or do you think in some cases that you might try the experiment at any rate of employing consultants who are already there, and paying them fees?—I have not thought out the details of the case sufficiently. There might be areas in the country where it would be a waste of money and capacity to have a medical referee, unless you gave him so large an area that his travelling expenses would be large and the time employed in travelling would be a good deal wasted, and in such a case probably you might select some particularly able local man to act as referee, assuming he was not a panel doctor himself.

36,386. You have enormous knowledge of the county of Lancaster. Do you think, supposing the insured people are ill of diseases which can only be treated by specialists—I do not mean in the way of consulting, but in the way of actual operations—and require treat-

I sent to Dr. ——. I understand the patient has seen Mr. —, your superintendent in —, and I think it probable she misunderstood what Mr. — said to her.— (Signed) HARCOURT E. CLARE, Clerk to the Committee."

*Letter from Society (22nd November 1913).*

"I am directed to acknowledge receipt of your letter of the 18th inst. and enclosures. I desire to submit to your Medical Benefit Sub-committee the position as it appears from the society's point of view. Panel doctor is expected to supply certificate of incapacity which will meet the requirements of the approved society, and Form Med. 34 is satisfactory in this respect, as it provides for the insertion of the specific nature of illness. I may mention that Dr. —, of —, uses this form of certificate.

"The object of this provision is to enable the society to safeguard against imposition, as represented by complaints due to (a) alcoholic indulgence or other personal misconduct; (b) traumatism, or industrial diseases (Common Law, Employers' Liability Act, and Workmen's Compensation Act, 1906); (c) pregnancy.

"Now, the diagnosis in question, 'dyspepsia,' is not considered to be specific, and I may state that several doctors afford society's officials great assistance by qualifying their certificates in this way: 'Alcoholic dyspepsia,' 'dyspepsia (pregnancy),' 'dyspepsia (dietetic),' 'dyspepsia (dental decay),' &c. In many cases this symptom is due to gaseous poisoning in connection with diseases scheduled as industrial diseases under the Workmen's Compensation Act, 1906.

"The earnest attention of your sub-committee to this important question of certificates recording secondary complaints is solicited, and a further communication will be greatly esteemed.—(Signature)."

*Reply from Insurance Committee to Society (5th February 1914).*

"Advertising to your letter of the 22nd November last, I beg to enclose herewith copy of the compromise which was approved by the Lancashire Insurance Committee. The Insurance Commissioners have laid it down that approved societies are entitled to more precise information as to the cause of the incapacity than a statement that the insured person is suffering from 'dyspepsia,' since this may be due to a great variety of causes. As, however, a doctor cannot in all cases diagnose the nature of the disease at the first examination of the patient, the Insurance Committee in such cases consider that the doctor would be carrying out his agreement with the Committee if he gives the proper diagnosis on his second or further certificate, when he has ascertained the nature of disease from which the insured person is suffering.—(Signed) HARCOURT E. CLARE."

No reply was received to this letter.

The following is a type of complaint received:—

*Complaint from Society (23rd September 1913).*

"We have unfortunately to report that the certificates given in connection with the above member's sickness claims upon the funds of this section, given by Dr. —, are not in the correct form, as the specific nature of the disease is not stated. The doctor shows the member to be unable to work by reason of 'debility,' but although it has been pointed out that this term is not sufficiently comprehensive to enable benefit to be paid owing to an indication of the cause of the weakness not being given, he absolutely refuses to amend the certificates to meet the requirements. We have, in consequence, been compelled to stop benefit, and very strong complaint is being made by the insured person. You will, of course, be perfectly well aware that the term employed is quite insufficient, and to accept the same as warranty for benefit would be quite contrary to the ruling of the Commissioners, and in the circumstances we trust you will be good enough to impress upon the doctor, if necessary by the most forcible method available, viz., the withholding of moneys due, the essentiality of immediate compliance with the requirements by stating on his certificate the cause of the weakness of debility suffered by our member.

"We venture to tender our thanks in the anticipation of your early attention being given to the matter.—(Signature)."

*Letter to Doctor (13th October).*

"I have received a letter from —, complaining that in granting a certificate to the above-named insurance person, you gave the description of the illness as 'debility.'

"I have been in communication with the Commissioners on the question, and have to inform you that a society is entitled to require from its members more information as to the cause of incapacity than a statement that he or she is suffering from 'debility,' and I shall be glad, therefore, if you will state on the certificate the cause of the 'debility.'—(Signed) HARCOURT E. CLARE."

Further correspondence took place between the clerk and the doctor, and finally the doctor agreed to sign the certificates. The following letter was received from the doctor on the 26th December 1913:—

"At your request I have filled in the certificates in the way suggested, but it is *under protest*, and I much regret that you were not able to see me when, by your appointment, I came to Preston. This man had a long illness some two or three years ago which has left its permanent effects, and, as I explained to your clerk, the influenza was of a mild type and not the real cause of the 'debility.' Also other societies regularly accept such certificates. I told — on his last visit that he could no longer remain on insurance funds.—I am, yours truly (signature)."



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ment in institutions, do you think that there is a sufficient supply of gratuitous facilities of that kind?—I could not answer that question, because it depends really upon the capacity of the existing hospitals, and the capacity of the existing hospitals really is dependent upon voluntary contributions. If the necessary money were found, possibly the existing institutions might be able to cope with all the more serious cases. As far as I know, it is a question of funds as to whether a man who cannot afford to pay for his specialist himself can get treatment in a hospital or not.

36,387. Are there enough beds in the county?—That I could not say, but one knows by actual experience in connection with hospital work that if more funds are available, as a rule more beds are added on.

36,388. What general hospitals are there in the county, outside the county boroughs?—I do not think that there are any general hospitals which are not in county boroughs.

36,389. The people are sent in to Manchester, Liverpool, and Preston?—Almost every large town has an infirmary.

36,390. You do not mean a workhouse infirmary?—No, an independent infirmary. For instance, at Preston they have an infirmary, and I should think many others have, but the deficiency in hospital accommodation at the present time I should say is in connection with tuberculosis, rather than on the purely operation side.

36,391. That, I suppose, is being dealt with by the county council and the insurance committee together?—Yes, but the local authorities have removed from the public hospitals all the treatment of infectious diseases, which is a considerable item. Then if we could also make suitable provision for the tuberculous cases, both those which require surgical treatment, and those which require the ordinary sanatorium treatment, there will only be left the hospitals required for general operations and dealing with accidents and such like. But I should say myself that increased hospital accommodation in some degree or other is necessary, assuming that every case was to be treated in the manner that it really requires from the medical point of view.

36,392. There is a large number of insured people who remain on the sickness benefit fund merely because there is nowhere where they can go, and have some treatment or some operation which would probably put them right, and send them back to their work. That is the practical way in which it presents itself?—That is a point that I think only someone who represents approved societies or medical men can answer.

36,393. Is there anything you would like to add?—You asked me whether the committee have taken any steps with a view to promoting co-operation between practitioners and approved societies, and I have explained that we have really settled the question of the certificates with one or two exceptions, and there is really, as far as I know, no necessity to do it, because I believe the approved societies and the practitioners now work very well together. So far as any question may arise as to whether an approved society is withholding sickness benefit from an insured person, about which members sometimes write to us the insurance committee in Lancashire have always taken up the position from the commencement that it is not their business to interfere between an approved society and its members, and they have carefully avoided entering into any discussion on a question of that kind.

36,394. You take the view that there is another tribunal to decide any question which arises?—Yes. You also touched upon the question of hospital accommodation for tuberculosis. Personally I am strongly of opinion that the whole subject would be far better dealt with if the whole responsibility for treating tuberculosis, not only with regard to insured persons but with regard to the whole community, because it is no use dealing with it in a patchy way, should be transferred altogether from the insurance committee to the county council and be dealt with as part of the public health.

36,395. Do you think in those circumstances that the county council are willing to accept the office as a duty?—All I can say is that the Lancashire County Council have done so voluntarily. I represented to the

committee that in dealing with it, it is a waste of money to deal with it partially, and if you are going to do any good with a disease like this, you must deal with it thoroughly, and they considered the case and decided that they would undertake the scheme which they are now endeavouring to bring into effect to deal with tuberculosis generally, irrespective of whether people are insured or not, and the ultimate result of it will be that we shall get as much money as the insurance committee have for sanatorium benefit purposes from the Insurance Commissioners and the county council will find the balance, and it is estimated this year that it will mean a loss of 26,000*l.* a year to the rates, so it means that they are *bona fide* tackling the question.

36,396. What about the 6*d.* in that case?—That goes to the doctor. We have nothing to do with that, as far as I understand.

36,397. It is supposed to be paid to the doctor in consequence of his agreement?—It ought to have gone to sanatorium benefit, but the Commissioners misappropriated it, and paid the doctor instead.

36,398. Having given it to someone who is not entitled to it, does the obligation still lie on him under your scheme to give domiciliary treatment?—Certainly. I do not want to touch the question of the panel treatment by the doctor; all I mean is that directly a person wants either domiciliary treatment, dispensary treatment, or sanatorium treatment, the whole thing should be done by the county council.

36,399. Dispensary or sanatorium, but not domiciliary?—Domiciliary treatment too. As far as I can understand, it is really almost the most important part about it.

36,400. What I want to know is whether in these circumstances you think the Commissioners ought to disgorge that which they have misappropriated or not?—I would rather not base the case upon the question what we would do with the 6*d.* Generally speaking, my idea is that the whole matter ought to be handed over to the county council, and that there should be an actual distribution of the burden of dealing with it between the Imperial purse and the local purse, and roughly speaking the present arrangement is not a bad one. You pay three-fifths of the capital expenditure and a half of the annual expenditure, less the insurance committee's share, and I do not think that that is at all unfair, take it all round. But I think it is desirable that the county council should have the responsibility of dealing with domiciliary treatment, because in the case of tuberculosis the quick and early provision of suitable food is probably of as much importance as medicine afterwards.

36,401. You see one difficulty that is on the threshold. Assuming that the county council takes over the whole of the tuberculosis work for the insured as well as the uninsured, the insured person is left in this unfortunate position, that he has actually paid for the tuberculosis treatment, while the uninsured person has not paid any premium?—But the insured has paid the 4*d.*, and the general public find the difference between the 4*d.* and the actual cost.

36,402. As far as the uninsured people are concerned, they have paid nothing, and they get the same provision made for them?—But one-third of the uninsured would be the children and wives of the insured—probably more.

36,403. (Dr. Carter.) You said that the aim of your committee has been not to interfere with any matter which only concerns approved societies?—Yes, not to interfere in a matter between an approved society and one of its members.

36,404. So that the sickness experience of an approved society, you would consider, would not be your affair?—No, nothing to do with us.

36,405. So that if an approved society considered that in the area under your administration they were experiencing excessive sickness, that would not really concern you as a committee?—It would not concern the insurance committee, unless the excessive sickness had reference to some extraordinarily bad sanitary administration which the local authorities neglected to deal with.



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[Continued.]

36,406. Under section 63?—Yes, but I trust that that section will never be brought into operation, at any rate as far as Lancashire is concerned, because I think the local authorities, in conjunction with the county council, in dealing with public health, would take very good care that no such conditions would prevail which would justify a representation being made on that ground.

36,407. Have you any data on which you can proceed with respect to the sickness experience of any particular area under section 63?—I do not know of any. I do not think it can practically be of much use.

36,408-9. You are not aware of the existence of any data on which that section could be put into operation?—I am not aware of anything except such information as appears in the reports of local medical officers and county medical officers.

36,410. And if the meaning of the phrase "incapable of work" on the certificate materially differs as between doctors and the societies, and the societies felt that their sick claims were excessive on account of the difference of interpretation of that phrase, you would feel that that is no affair of yours?—It is not our business. When we see that the doctors give certificates which are in accordance with their agreement and sufficiently describe the illness, except in cases where they think it would be detrimental to the patient to do so, we have finished with it.

36,411. So that if in the early days of the administration of sickness benefit the societies working in your area felt that they had grounds for questioning certificates, that would not be an affair of yours?—No.

36,412. In those early days, when society officials were in any difficulty as to what they ought to do, were you, as an official of the insurance committee in the area, approached about it at all by any one?—No.

36,413. You had no questions raised at all?—Officially, I think not. Of course one heard the general statement made either to oneself personally or sometimes in the committee, that the doctors were certifying rather freely, but with that exception it did not officially come to my knowledge.

36,414. Would you say that unofficially any of the society officials might have asked your opinion about it?—I do not think that there is any necessity for it, and what is more, it would be of very little use if they did, because I was not in a position to form an opinion about it.

36,415. You perhaps gave them, pretty early, to understand that it was no affair of your committee's, or of yours at all. Whatever was going on, they must settle it for themselves, and it was not your business to interfere?—That was the policy.

36,416. That would be pretty well understood in the administration of your area, that your department was not the one to come to for that matter?—Quite so.

36,417. Do you think that that possibly is the reason why there has been no necessity to set up a medical service sub-committee in your area, that they felt that all these questions were choked off and it was no good to come to you about it?—No. I do not think that that has anything really to do with it. All that the insurance committee could do was to deal with complaints officially placed before them. No official complaints were placed before them which necessitated being dealt with by the medical service sub-committee.

36,418. (Dr. Lauriston Shaw.) You were talking about the use of a referee as a consultant, and I think you expressed the opinion that you yourself, if you were ill, would like to have a second opinion. Do you think that a person who is devoting his life to this referee work is the sort of person you would choose to give your general practitioner help in your case?—No, probably not. But when you are selecting a man, who is going to take a position under Government on account of his scientific knowledge as a medical man, probably he would be in a position to assist, scientifically, the local doctor in the diagnosis of the case. I do not mean to say that it would be his main function, but it might easily be added on to his duty.

36,419. You recognise that if he was a whole-time man, devoting his time to this referee work, he would

necessarily become less and less skilful as time went on to perform these functions as a consultant?—It would be so, unless you had a system by which you kept men up to the mark by letting them go to a hospital for a month or so every year or two to brush up scientific treatment.

36,420. If it is hoped that we should provide consultative opinions, and specialist opinions, for the insured persons, would you not prefer that your insured persons should be able to get the assistance of consultants in Manchester and Liverpool, rather than that they should be put off with the official referee?—What I mean is that it would be satisfactory in some cases to have the opinion of some large practitioner, say from Liverpool or Manchester, to confirm, we will assume, the opinion of your local doctor upon your complaint. He may come to the conclusion that your teeth or your eye may want dealing with. Then you would go to a dentist or an oculist. He would not necessarily be the man to deal with it.

36,421. And if he was a part-time man?—I believe if you have a medical referee staff appointed as whole-time officers that they will have, in many cases, nothing to do for the majority of their time, and it is a great pity not to utilise their services in some way which might be beneficial to the public.

36,422. You were trying to find some other occupation for these referees?—It is perfectly obvious that you cannot regulate cases to fill a man's time up day by day. You may have a rush of cases in a certain period, and then there might be an interregnum with no cases for you to look after.

36,423. It might be with regard to a man dealing with acute cases of illness, but in regard to sickness benefit surely it would be possible, by taking it over a large area, to average the work?—Not necessarily. Because it would only be on a question whether the doctor has given a certificate which satisfies the approved societies that the medical referee would be called in.

36,424. With regard to this question of the transference of the treatment of tuberculosis and the administration of sanatorium benefit to one authority, what you want is uniformity in the authority which administers the benefit, and not uniformity in the treatment of the tuberculous person?—I do not see that you can have uniformity of treatment quite. What I mean is that, as in dealing with other infectious diseases, it is really better dealt with by one authority which is responsible from the commencement to the end, than by having it divided up between two authorities.

36,425. You are not anxious that there should be one set of medical men treating all tuberculous persons?—I do not suggest that at all. The ordinary panel doctor would treat tuberculous patients on his list just the same as he would do under the existing system.

36,426. He would therefore require his remuneration for that work?—I assume, of course, that he will get the 7s. the same as he does now.

36,427. And with regard to the treatment, not only would you want sanatoria, but you would want hospital treatment of tuberculous persons?—Yes. And in Lancashire we have agreed with the managers of almost all the large hospitals in Liverpool and Manchester—at any rate in Liverpool—that any cases which are sent either by the order of the insurance committee or by the order of the county council to their hospitals shall be paid for at some rate per week.

36,428. And there might also be the necessity in your district for setting up places for incurable consumptives—a sort of almshouses rather than sanatoria. Have you thought of that?—Of course if we are going to provide dying hospitals it will be a big business in bricks and mortar. And when you have built the institutions will you get anyone to go into them? If it means stamping them with death probably they would stop at home.

36,429. There would be exceedingly great variety in the treatment of these tuberculous persons. Some would be treated in their home, some in dispensaries, some in sanatoria, and some in hospitals?—Yes. We



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have bought a number of shelters, and whenever the tuberculosis officer thinks a shelter is advisable he can send for one and put the patient in the garden of his house, and practically provide him with an extra bedroom.

36,430. But there is a very great difference, is there not, between this disease, tuberculosis, and the other infectious diseases which are dealt with by the sanitary authorities?—As I am not a medical man I am afraid I cannot answer that question.

36,431. But there is this difference, is there not, that in the one case it is a condition which may last for years, whereas all the others are over in a few weeks?—I thought that some people carried typhoid fever about with them as part of their ordinary existence, and are rather dangerous, are they not?

36,432. A man with typhoid fever is either well or dead?—I thought that a man could carry the microbe about with him and infect others although he himself is not affected; but I do not know, I am not a medical man.

36,433. I was asking whether you do not recognise that there is a difference between the two: a tuberculous person may very well be ill, and suffering from tuberculosis for a large number of years, and yet, at the same time, be sufficiently well and not too infectious to mix with his fellow men?—That is so, but you must remember that if a person is suffering from typhoid fever, and the medical officer thinks that he is not capable of being properly isolated at home, he can be sent to an isolation hospital. But you have no power to do that with a tuberculous patient.

36,434. There is, of course, a considerable difference, but notwithstanding that, you are anxious that if there is a central authority to deal with the matter, it should be one authority?—Yes.

36,435. (*Miss Macarthur.*) In regard to the questions as to medical referees which were asked by Dr. Shaw, would you consider it worth while to spend a large sum of money in appointing mere detectives whose work should be confined to saying whether a patient was capable or incapable of work?—I could not answer that question. All I say is, that if medical referees are desirable and have to be appointed, I merely throw out the suggestion that it is better that they should be appointed as Government officials, paid for directly and entirely by the Government.

36,436. But you also hazarded the opinion that they should be used for the purpose of giving a second opinion?—I merely wanted to indicate that they might be used for that purpose. I do not mean to say that it should be a fixed condition; it is simply a suggestion I throw out for the consideration of anyone who has to consider the desirability or otherwise of appointing medical referees.

36,437. What is the opinion of your committee on the subject?—The Lancashire Insurance Committee are of opinion that medical referees are desirable and should be appointed, but that they should be paid for entirely by the central authority in London.

36,438. Seeing they advocate that, will you tell me this: what do they mean exactly by "medical referees"?—I should imagine that those who represent approved societies mean that they should have a medical man who could investigate, in their behalf, cases of doubt. Supposing, for instance, that a doctor certifies debility, and then informs the approved society that he does not think it is desirable for the health of the patient that he should state the actual disease on the certificate he hands to the patient; the approved society would then ask the medical referee to see that doctor, and find out from him what his real opinion of the case is. That is what I think is in your mind—that in effect the medical referees would become, to a certain extent, inspectors for the approved societies, so to speak, for the protection of the general body of the members against anyone with a tendency to malingering.

36,439. There is a great difference between a medical referee who, having a case submitted to him, merely reports that: "This member is capable of working," or "This member is incapable of working," and one who makes a report to the effect that: "This person's

"incapacity is really due to defective teeth, and if the teeth are attended to his dyspepsia will disappear," and he would then be fit for work in two or three weeks"?—That would hardly come before a referee, would it? There would be no objection, I take it, to a panel doctor stating on the certificate that the insured person was suffering from debility owing to defective teeth.

36,440. But supposing that the panel doctor merely certified dyspepsia or indigestion?—Then I should think he would be refraining from doing his duty in not sufficiently identifying the disease, when there would be no harm in his doing so, on the certificate handed to the patient.

36,441. But at the present time, if doctors did their duty there would be very little necessity for a second opinion?—Probably, but where you have something dependent upon scientific opinion, there are often differences of opinion.

36,442. Yes, differences of diagnosis; but if the medical referees are to be mere detectives, and to say whether a patient is or is not capable of working, the question of diagnosis scarcely comes in?—As I understand it, the medical referee would be practically a substitute for the approved society sending its own doctor in a number of cases to consult with the doctors on the panel with regard to those cases where the certificate is too vague to justify the approved society in giving sickness benefit.

36,443. If we are going to provide a second opinion, we should be providing something extra, should we not, to what is available now under the Insurance Act?—I quite agree but you would also be providing something which is very useful.

36,444. But if we are providing mere detectives, who are not giving second opinions, are we giving anything extra to the insured person?—The word "detective" is not my suggestion, I think it is yours.

36,445. Yes; but I suggest that if a service of medical men is to be set up, and the sole duty of this service is to be mere checking and not the giving of second opinions, then it is a mere detective service, and nothing is being added to the medical facilities for insured persons?—I should not like you to think that I have in any way thought out a scheme for the appointment of medical referees, or as to what their duties should be. All I say is that I think medical referees are desirable, and that they should be appointed by the central authority and paid for by them. What their exact duties or functions should be is a matter to be decided by the Insurance Commissioners.

36,446. You would not go so far as to add to that, provided that they are utilised to give second opinions whenever necessary or desirable?—I merely suggest it as a point for consideration.

36,447. But it is your personal opinion, is it not?—It is only a point which occurred to me to suggest for consideration in this connection. I have not considered the matter sufficiently to say that it is my opinion, or, indeed, to have an opinion at all.

36,448. (*Chairman.*) I suppose that these people you have in your mind would fulfil these functions, at any rate, whatever else they did; if a society were in doubt they would go to one of them and get it decided so far as he could decide it?—Yes; I should imagine the result would be that, instead of the society having to go to the expense of paying another doctor to go and interview the panel doctor with reference to a patient, they would send a copy of the certificate, with their observations upon it, to the medical referee, and he would take steps to inquire into the matter.

36,449. And besides that, I suppose a doctor, if he was in doubt, might very well refer the question to a medical referee?—I should think myself that ordinary practitioners, particularly country practitioners, would be extremely glad to have the advantage of conferring with a man in the position of a public official like a medical referee, as a fellow-practitioner in regard to any difficult or doubtful case.

36,450. And that for two reasons; one, because they might be genuinely uncertain as to the diagnosis?—Yes.



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36,451. And the other because, although they were pretty certain, they shrunk from responsibility, having regard to the fact that they have so much to risk?—Yes, there are cases one knows of where one thinks that, with more skilled advice, better treatment might have been given to an individual patient.

36,452. Then, thirdly, I daresay you think that there are times when an insured person would like to refer his case, when he is not satisfied with his doctor, to a referee—under some safeguards, of course?—Any man in the position of an insured person, if he is really ill, ought, in the interests of the nation, to be treated as well as it is reasonably possible to treat his particular complaint. We ought to take every reasonable precaution to try to treat him properly, and the first thing necessary is to properly diagnose the case.

36,453. You have seen the present medical service working. Do you not think, sooner or later, that it will be necessary to make some addition to or further completion of it, in the way of a second opinion, having regard to what you said just now?—Well, I do not think that the service you can get from the ordinary practitioner is sufficient in certain classes of disease.

36,454. So that something might well have to be put on the top, as it were, of the present structure?—Yes. If it is worth while helping people with smaller

complaints to get well, it is worth while to assist them with the serious ones.

36,455. This is rather beyond our limits, and I want to put it with all reserve. If that is so, before we are committed to anything fresh in the way of adding to the present service, we should be quite sure of our ground. Do you not think so? You recollect how this service came into being?—Personally speaking, if I had to act on the Commission, I should not take two bites at the cherry in this case. I should not alter existing conditions until I was quite satisfied that I should be putting something in place of them that was going to be permanent and useful. I should do it thoroughly or let it alone.

36,456. But that cannot be done in any very short space of time, I take it?—I do not suggest that.

36,457. It would be surely better to wait than to confuse the thing by being in a hurry?—I think so; I do not think anything ought to be hurried through. If it were not for hurry, we should not have so much to do in the way of putting things right.

36,458. If we came to the conclusion that something more was wanted, do you think, before the whole thing was thought out, that we might have a stop-gap to carry it along, so far as refereeing is concerned?—So far as the Lancashire Insurance Committee are concerned, they desire to have referees employed, and paid for by the Government.

The witness withdrew.

## FIFTY-SECOND DAY.

Thursday, 30th April 1914.

At Winchester House, 21, St. James's Square, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

MISS MARY MACARTHUR  
MR. WILLIAM MOSSES.  
DR. LAURISTON SHAW.  
MR. A. C. THOMPSON.

MR. A. H. WARREN.  
MR. A. W. WATSON.  
DR. J. SMITH WHITAKER.

MR. ALEXANDER GRAY (*Secretary*).

MR. G. T. JACKSON (*General Secretary of the Amalgamated Society of Tramway and Vehicle Workers*) examined.

36,459. (*Chairman*.) Are you general secretary of the Amalgamated Association of Tramway and Vehicle Workers?—Yes.

36,460. Is that of the approved society only or of the whole thing?—The whole thing.

36,461. They are separate societies?—One is a trade union and the other is an approved society, and I am secretary of both.

36,462. The approved society is a separate section of the trade union?—Yes.

36,463. Are its headquarters in Manchester?—In Pendleton, Salford.

36,464. What are the members?—Tram employees, and what you would term in this part of the country, carmen; in the North we call them carters.

36,465. Carting for whom?—For contractors, corporations and private employers.

36,466. Are the majority of the members tramway people?—85 per cent. of our membership is made up of tramway employees.

36,467. For the most part in the employment of municipalities?—Yes.

36,468. Are they all over the country?—All over the United Kingdom.

36,469. Are they all men.

36,470. How many members are there on the State side?—There are 13,400 members on the State side and 28,000 on the union side.

36,471. Are all the 13,400 members on the union side?—Yes.

36,472. How, roughly speaking, would the membership be distributed over the country? Is it preponderatingly strong in some places?—Perhaps in Manchester we are stronger than in any other place.

36,473. How many members have you in Manchester?—About 1,200.

36,474. That is not one tenth of the whole?—No.

36,475. Those 1,200 Manchester men are preponderatingly tramway people?—Yes.

36,476. The society has branches, in a sense. It administers its affairs by local organisation?—To a certain extent.

36,477. But they are not branches registered for the purpose of the National Insurance Act?—No.

36,478. All the funds are centralised?—Yes.

36,479. What degree of local autonomy have the local organisations?—We give them very little local autonomy as far as the approved society is concerned. Under the rules, the whole matter is worked from headquarters; the only control that they have is that they distribute the sick pay. They accept the certificates and declaring-off notices of the members, and forward them with the sickness claims to headquarters weekly, and a cheque is made out, and they distribute the money.



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36,480. They pass the claims?—They did up to a certain date.

36,481. What was that date?—The 2nd of February, when I was before the Commission.

36,482. Then you found it necessary to make a change?—We have made a drastic change since then; we do not allow any man to be put on unless his application is satisfactory to headquarters.

36,483. You did that because of some experience which you had with reference to the rate of claims?—That is so. Now, we have made a rule that if a man in London declares sick, his secretary must send the initial doctor's certificate on to headquarters along with the weekly sheet showing the amount due to him that week, and if the certificate is satisfactory to us, we remit the money. If not, we make further inquiries. While a man is on the sick list, we have to have a doctor's certificate sent to headquarters every week; failing the certificate arriving, we do not remit any money until it does arrive. So, practically, there is no man put on now by the local branches. The headquarters pass all the claims from the commencement.

36,484. Up to the time you made that change, did you have a universal weekly certificate?—No, we never got them until the man declared off.

36,485. I mean in the branches?—No; one certificate was allowed to run for 15, 16, or 20 weeks.

36,486. Without any more certificates?—Yes.

36,487. What was the result of that way of carrying on the business?—The result was that our sick claims went up very much both on our State side and on our union side.

36,488. The union also paid sickness benefit?—Yes, we have been paying sickness benefit for 25 years this coming August; so we have had a fair experience of sickness benefit.

36,489. What sickness benefit do you pay on the union side?—As high as 15s. per week.

36,490. That is 25s. in all?—That is so.

36,491. In addition, in a good many cases, the municipality gives sick pay?—In some cases, but not in many, the municipalities make a grant to the worker supplementing the State grant so as to make the total equal to half his wages. If a man has 34s. a week, he will, when off sick, receive 7s. from his employer, and 10s. from the State, and then there will be 15s. from us, so that he will get 32s. a week for being on sick. In a number of other cases there are yard clubs; they pay a few coppers a week and they get something from those clubs. So it might possibly happen in some cases that a man might be almost getting 2l. a week sick allowance when he is off bad.

36,492. You found that your experience last year was a somewhat disastrous one?—Yes; in 1912, previous to benefits coming into operation, our sick claims for the union dealing with the same class of men, cost us  $\frac{1}{16}$ th of 1d. under 3d. per week. Then, in 1913, the amount went up to 4½d.

36,493. What did your sickness claims on the State side amount to?—It went up; I think we got a letter from the Commission calling attention to the amount of money that was being spent.

36,494. What did it amount to?—I think that it went to over 4½d. on the State side.

36,495. Then you put your heads together, and thought that you had got to remedy that some way or other?—Since we have been paying benefits under the Act, I have been sending out letters to our branches, continually drawing attention to the heaviness of the sickness claims, because I recognise that this cannot go on, and that it is going to play Hamlet with our own local reserve funds.

36,496. What you had was a very heavy double insurance?—No doubt.

36,497. You had a system of administration where funds were centralised and administration was local, and in addition, a rather slack system of looking at the certificate. You did not get any certificates, in fact?—Yes, societies of this sort are creatures of circumstance; you have got to depend on who may be elected. Take the local officer; you do not always get the men with the ability under the popular vote; you do not always get the class of men put into office

that you ought to get. Friendly societies are in the same position, but what can we do.

36,498. I am not making any sort of reflection on you?—Even under the model rules of the Commission, power is given to the democratic vote to elect the officers.

36,499. I only want to see what the situation was?—Well, no doubt that had a lot to do with it.

36,500. Therefore you made a change?—After I met the Commission on the 2nd of February, I went back and reported to my council, and I made certain recommendations. One of them was that no man should be placed on the allowance unless the initial certificate was satisfactory to headquarters, and the second was that while a man was on sick allowance, a certificate should be sent fortnightly, and that failing that arriving, the sick pay should be stopped; and I also introduced a most rigid method of sick visiting. Formerly we had no reports from sick visitors at headquarters. Suppose a man was bad in Ireland, we never got a report from the sick visitor. I drafted some forms, and we insist on those forms being sent in weekly, showing the time that the man was visited and the date, and stating what, in the opinion of the sick visitor, was his state of health. Of course, I do not take the sick visitor as being an authority, but a man visiting can form some idea as to whether a patient seems to be improving or not.

36,501. It is not to be conclusive on the matter, but it is just to put you on the track?—Exactly. If a report came down to us that the sick visitor thought the man looked fit for work, then I should certainly ask that he should be examined by some other medical man.

36,502. Have you done that?—Yes, in several cases.

36,503. Whom have you used to select the medical man?—I have had the branch secretaries in the various towns and I have advised them, if they do not know of a medical man, to apply to the local insurance committee and ask them whether they could recommend one as a medical referee. In Manchester we are not so badly situated, because being a Manchester man, I am pretty well in touch with the medical benefit committee; and we have one good man, Dr. ——— for Manchester and Salford.

36,504. Is he a gentleman on the panel?—No.

36,505. Is he a consulting physician or a general practitioner?—He is a general practitioner, I think.

36,506. Practising among a slightly different class?—I daresay rather a better class. I send our men up to him.

36,507. How many have you sent?—I have sent him a number lately, and I have a case in point here in which Dr. ——— certified a man to be fit for work on the 1st April, and I got a letter from the panel doctor on the 3rd April still certifying him as being unable to follow employment. I acted upon the medical referee's note, rightly or wrongly, and gave instructions to the branch secretary that this man would have to be struck off. That is a difficult position to be in. But I have had a number of men referred to Dr. ———, and in only two cases has Dr. ——— certified that they were not fit to work. In some cases where I have advised the secretary to submit the men to Dr. ———, they have refused to go and have declared off. In one case I submitted a member in Manchester to a specialist in John Street—I forget his name. The man had been on for some time, and he at one declared that he was fit to follow his employment. That examination cost us a guinea; we are not paying that now. He had been on some weeks and he was still producing the medical certificate.

36,508. What do you pay Dr. ———?—Five shillings a time.

36,509. Have you found that the changes which you have made have had any effect on your rate of sickness benefit?—We have gone a little further than I have mentioned. We had an interview with a number of members of the Commission who came to meet my executive at the head offices in Pendleton, and they have made further suggestions. One suggestion was that in lieu of the fortnightly certificate we should have a weekly certificate. The next was that we



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should have the sick visitors' reports weekly, and that every man who was on sick pay must be visited once the first week of his sickness previous to receiving sick allowance. The Commissioners had the idea that perhaps some of these men were not visited when declaring on sick until the sick allowance was delivered.

36,510. That was so?—Possibly that was so, and they thought they ought to be visited previous to that. I got circulars of instructions out and now we have the initial certificate, we have the continuation certificate weekly, we have the sick visitor's report weekly, and we have on those reports the date and the time, and if a man is not visited previous to being entitled to receive his weekly allowance, we want to know the reason why.

36,511. Are the sick visitors paid?—Yes, 5s. a month.

36,512. Are they appointed for the month?—No, they last for 12 months, like all our other branch officers.

36,513. They are members of the society?—Yes.

36,514. People in actual work?—Yes, with the exception of those places where we have permanent paid secretaries, and of course, it is part of their duty then, because they have nothing to do but attend to our business.

36,515. Having done all these things, have you found any result in a saving of your funds?—Taking the last six weeks during which this has been in operation, and comparing it with the corresponding period of last year, our sick allowance has gone down between 35l. and 40l. per week.

36,516. What was the gross?—It would average about 240l. a week before this.

36,517. Now it has gone down?—Yes. My last week's money was 199l., and the week before that was 191l.

36,518. Is the fall mostly in Manchester?—It is all over. It has been very marked since we introduced this strict method, although, of course, I, as general secretary all over the country, have got to suffer for it, because the blame is put on me. They think that I am putting the screw on. No doubt there was some laxity to commence with, but the condition all over, since the certificates have been sent in every week, shows that there has been something wrong as far as sickness claims are concerned, and it has also had an effect on the union, because when we have reduced the State claims, we have also reduced to a corresponding extent, the union claims. I have never, during the whole 25 years that I have been paying sickness benefit, had such a sick list as last year.

36,519. Has there been much grumbling as a result of these new measures?—Yes, a lot. I had a terrible letter yesterday from Rochdale, but I pointed out that something must be done, because, if not, the members would have to pay very dear in the end, that insurance is compulsory, and that they cannot draw more than is paid in, and that the result would be either a reduction of benefits or an increase in the contribution of members.

36,520. And also that the union funds would be ruined?—Yes.

36,521. Do you think that your members are beginning to have a more just idea of what the situation is than they had before?—I do not know, because I have not yet come into contact with them. I shall come in contact with them on the 29th of next month at our annual meeting, and I shall get a better idea then, but I am inclined to think that the methods which we have adopted since I appeared before the Commission have caused the reduction.

36,522. Although wise methods of administration are necessary, yet if you are going to run your system successfully for any length of time, you must persuade your people to be more reasonable?—That is so. I have shown them the seriousness of the position, and in my annual report that has just been issued, I have referred to it and said that, unless some great alteration takes place, it would mean the ruin of the voluntary society.

36,523. What do you say about your relations with the doctors?—I am not altogether satisfied with the doctors' methods.

36,524. In what way?—I think that there is too much laxity in giving certificates.

36,525. What makes you think that?—The number of people whom we have had on for very slight complaints. We had our own staff of doctors previous to 1912.

36,526. Were they appointed for each branch?—Yes. We ran it on to January 1913, when the State medical benefit came into operation, and we finished with the doctors then. In some towns we have two or three branches, and, in each town where we were established, in each branch the doctor was appointed by the branch, and the conditions were submitted to us, and we confirmed the appointment. We found that we had fewer men on our sick list then, that is, as far as the slight complaints were concerned, than we have to-day. I put it down to this, that the medical men had the time to give more attention to, and to make a more minute examination of, a member, and they took a greater interest in the man owing to the fact that they had to bear the whole cost of that man's ailment as far as attendance and medicine were concerned. At the present time there is no outgoing on the part of the doctor, and that causes me to think that he does not take that interest in the man which he did under the old conditions. Another point is that we had control of our own medical men; they were practically acting as the officials of the society; they were medical officers of the society. We now have certificates sent in given by medical men for complaints for which certificates would not have been given formerly.

36,527. You have now got a new state of things. Would you like to go back to the old system or would you like the new system improved? You do not think that it would be a good thing to go back to what has been called the society system of doctors?—I do, honestly, that is, taking our experience for the 25 years and our experience for the 12 months.

36,528. Do you think that your members would like it?—Yes, I think they would.

36,529. Do you not think that perhaps some of this is due to the fact that your members up till now were attended by doctors chosen by the lodge, whom they had known for a long time, and that now, I suppose, they have gone to all sorts of doctors, and the doctor has got to learn his job and his relationship to the society?—I admit that there is a lot in a man taking to a doctor, and that it may be awkward to change doctors; but take the district in which I live, many of our members are on Dr. —'s list, so that they cannot be strangers to him. They get certificates more easily to-day than they got them when he was our own medical man.

36,530. Why?—When you go to a man's surgery down our way, you will find perhaps 40 or 50 people waiting to see the doctor.

36,531. Whereabouts in Manchester is that?—All over.

36,532. Up in Pendleton and round about?—Yes.

36,533. Why do they not go to somebody else, because there are plenty of doctors?—It is the same all over. I was examining some of the quarterly accounts of our medical men in Salford, members of the Salford committee, and I found that there was a matter of 14 men whose fees were averaging 1,400l. per annum, worked out at quarterly fees.

36,534. You do not mean that they were getting that?—One put in a quarterly account for over 800l.

36,535. You do not mean that you are going to pay that, but that that was the basis?—He did not get much short of 800l.

36,536. Something has got to come out of that because of the pooling system?—We did pull it down.

36,537. That is not what he would get?—But I know that in that particular district there were these heavy accounts, and it was a poor district.

36,538. You say that the work is concentrated in Salford and Manchester in a few hands?—No, I do not



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say that, because I think that there is a fair number of medical men in the Salford and Manchester account.

36,539. But perhaps there are special doctors who have got enormously too many people to attend to?—I think there are.

36,540. And there are other people who have not perhaps got enough to attend to?—It may happen in that way.

36,541. Do you not think that some of this arises from the fact that things have not yet adjusted themselves, and that people have not yet found out when they insist on going to somebody with 40 people waiting, that if they go to the next street, they will find a man with plenty of time to attend to them?—Yes but there is something else. In the old days, if a man was more lenient in giving certificates, the tendency was to have a greater number flocking to him for treatment.

36,542. Taking those cases of the men who have got too much to do, and the men who are giving certificates too freely, have you taken any steps about complaining of them?—We have had to complain very much lately, since we put this new system into operation, not only to medical men, in my own district, but also to one or two insurance committees.

36,543. You have complained?—Yes. One of the difficulties thrown in our way by these doctors since I introduced this continuous certificate, is in reference to stating the complaint from which a man is suffering.

36,544. Were you not getting that before?—No, we would get a first certificate, and in the subsequent certificate the doctor would fill in, "in my opinion he is suffering from as previously stated." That was not satisfactory to me, because in dealing with these certificates weekly a man might be on the list for ten or twelve weeks, and when we get the twelfth certificate, we have got to go back to the first to see what is the nature of his complaint. But if it was stated on the twelfth certificate that it was a slight complaint which we thought did not justify the man being on so long, we should ask him to be medically examined. Owing to the doctor's conduct we had to go back to the first certificate. We have had to write to the insurance committee of Lancashire on this matter. The doctors in Nelson absolutely refused to give any particulars. Unless the committee can force the doctors to do this, these doctors are jeopardising the chance of sickness allowance. I think that the nature of the disease should be stated definitely on the certificate every week, because in a very large number of cases the certificate in the first instance has been "chill," and if they are going to continue certifying that for, say, six weeks, I hardly think that that is satisfactory for an approved society.

36,545. Have you talked to the doctors themselves on that subject?—I have talked with the doctors with whom I am personally acquainted.

36,546. Only with them?—That is all.

36,547. Do you not think that you might take up some of these questions with the doctors themselves?—I have written to the Commission on the subject.

36,548. I seem to have some recollection in my mind of a certificate from somewhere in Yorkshire which went on for 17 weeks?—Yes. That shows why I want the complaint stated every week. That was the case of a man who had been suffering from diarrhoea for 17 weeks.

36,549. I was wondering whether you talked to that doctor about that?—No, we let that pass off, but that is my point. After 15 weeks our mind is not just fixed upon the complaint, and we have got to see what this man was suffering from for the whole time. If it was on the certificate, it would be drawn to our notice at once, and we would see that this was a complaint for which a man ought not to be on for such a long period.

36,550. Have you complained to the insurance committee of the conduct of particular doctors?—Yes.

36,551. Only lately?—It has only been in operation lately.

36,552. You and your executive recognise the serious position. It is very gratifying to think that you have taken all these steps to remedy it?—I had an inspector in my office the other day and I gave him

a circular which he said he would send up to you in reference to the system in operation.

36,553. (*Dr. Lauriston Shaw.*) You would say that the addition of 10s. per week to the sickness benefit would make a man much more likely to go on claiming sickness benefit?—In many cases I think that that is so. There are cases where it has been a great benefit, but in many cases I am afraid that it has had the tendency to cause men to remain on longer than they would have done.

36,554. Have you formed any sort of opinion as to what the proportion between the amount of sickness benefit and the man's wages ought to be if you had an ideal insurance scheme?—That is a difficult question to answer because one would assume that when a man is ill he ought to have at least as much coming in as when he is well or even something more.

36,555. If you gave a great deal more you recognise that the temptation to go on the sick fund would be too much?—Yes.

36,556. Therefore one should not have a great excess?—No.

36,557. Do you think that there should be some little excess, or do you think that even then the temptation would be too great?—It may be so.

36,558. If you come to the conclusion that to have more is too great a temptation, than you would have something a little less?—Yes. Our experience has been that since more was added to the weekly income of members while on sick, it has caused the union to pay more from its union's funds.

36,559. If the amount of sick pay was a little less than the wages, how do you think the man should make up the balance? Say a man generally earns 30s. a week and is getting 22s. sick pay, how should he make up the balance of 8s. if he requires to do so?—He can only make it up by his own methods of thrift.

36,560. Would you say that one of the advantages of the principle of compulsory insurance was that it should encourage private thrift as well?—I am not altogether taken up with the compulsory insurance policy.

36,561. If you think that compulsory insurance is a bad thing, it would do less harm, if, at the same time, it did encourage a certain amount of voluntary thrift?—Yes.

36,562. Therefore if you are responsible for the amount of sick pay which a man gets, you would encourage voluntary thrift by taking care that the amount which a man got on sick pay was not quite up to the amount which he got when well?—That has been our method and 15s. was our maximum.

36,563. When you say that you find so much difference in the sick pay, and are inclined to attribute it to the doctors, you would admit that the two things work together, the doctor's laxity plus the man's greater desire to go on sick?—Yes, I said that in my last annual report.

36,564. You ought perhaps to try to improve them, having both those points in view?—Yes.

36,565. Do you think it reasonable for you to take more stringent measures than you have done to try to secure that these men should not be insured quite so high?—I do not know that we could possibly do that, because whatever alterations are made in our rules, as far as benefits are concerned, must receive the consent of a certain majority of members, and it is the most difficult task in the world to get men to give a vote to reduce their benefit. Even though you may point out that from the financial point of view it is absolutely necessary, they will go on until the fund is perhaps in a difficult position.

36,566. It is very important that they should be taught?—I quite recognise that, and we are often putting that before them, but it is very difficult indeed to reduce benefits to which men have been accustomed for a considerable number of years.

36,567. In your previous experience of medical benefit do you think that the majority of your members did use the doctor for the purpose of medical benefit as well as of sickness benefit?—Yes, they did.

36,568. Did you require them to get certificates from their own doctors?—Yes.



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36,569. But some of them did go to other doctors for the purpose of being treated?—We refused other doctors' certificates.

36,570. You did not refuse to allow them to go to be treated?—No.

36,571. Is it not within your knowledge that a good many of them did go to be treated by other doctors?—I could not say, but if they did they got no assistance from us financially.

36,572. They still had to get a certificate from your official doctor?—Yes.

36,573. You would recognise that it is desirable, if possible, to arrange that the treatment and certification of patients by doctors should go side by side?—Yes.

36,574. You told us that you thought that there was no out-go on the part of the doctor now?—Yes.

36,575. Do you not recognise that when a doctor spends some ten minutes of his time in talking to a patient there is an out-go?—What I meant was that in the old days he not only had to give his medical services, but he had got to provide drugs for the man whom he was treating. There is none of that to-day.

36,576. You mean that there is not quite so much out-go, but giving one's services is distinctly an out-go?—Yes. It is a matter of degree.

36,577. Still you admit that in the event of capitation payment it is to the interest of the doctor to get his patient cured quickly?—One would think so, but under the old system there was a still stronger tendency owing to the doctor having to provide the whole of the medicine out of the fees which he received from the society as medical officer.

36,578. Perhaps you are making a mistake in not recognising that you are dealing chiefly with Manchester and Salford where there is a different method of paying the doctors. In these places the doctor does get paid more, the larger the number of times he sees the patient?—That is so.

36,579. Is there any difference in your returns owing to the difference in the system in Manchester and Salford as compared with elsewhere?—There is very little difference. That is what struck me as peculiar. The percentage of sickness is as high under the capitation system in Yorkshire as in Manchester and Salford.

36,580. So the doctors are not quite so much influenced by pecuniary considerations as you would think?—It is a curious thing, if you take a town like Sheffield, which as far as conditions are concerned, is almost similar to Manchester, that there we get over the 12 months a percentage of claims of 58.9 of our membership. When you come to Manchester you get a percentage of 53 of the membership.

36,581. Does not that suggest that in looking at these matters we must recognise that over-insurance must be a more important factor in determining the mass of your claims than the doctors?—That might be.

36,582. You were troubled by the fact that when you look at the continuation certificates, and you see upon them "condition as before," you are not actually aware of what that condition is?—No, unless we went through the whole of the certificates for that case.

36,583. Is it not a common thing for approved societies to attach the first certificates to the continuation certificates?—We attach them all.

36,584. Is it not always easy then at a moment's notice to see what the condition was?—No. Our method is that we have a list that comes from each branch. This list shows the name of the member, the date on which he declared on, and the amount of money that he is entitled to. That list comes in weekly, and the name is shown on it as long as the man remains on the sick list. The initial certificate comes in in the first instance with the first sheet, with the man's name on it, and then that is docketed until the man goes off sick, and every week we would have to go back to see the complaint. From these lists we make out the cheques for the money, and it may be two or three days before we commence to book up that particular sheet. We cannot keep the money back two or three days.

We examine each doctor's note with the name on the sheet.

36,585. I would like you to bear in mind the possibility of devising some means in your books of getting this statement of the nature of the disease transferred. You would recognise that it is undesirable to require the doctor to waste time, which he might give to the patient, in doing secretarial work?—If I go before a doctor to-day and he examines me, and I go before him in three weeks time, surely he ought to know what I am suffering from.

36,586. I am sure he would, but I am asking whether it is really necessary for him to write every week such a long name as "pernicious anæmia." If you insist on that, is there not some fear that his handwriting will deteriorate so rapidly that you will not be able to read what he says?—It makes it very awkward for us. For instance, the Chairman called attention to the case of a man in Leeds who had been on for 17 weeks. Under the present system our attention is not drawn to the complaint.

36,587. Could you not devise some method by which your attention would be drawn?—Under the union method our doctors from the very inception of medical benefit gave a certificate fortnightly. We paid our medical men 4s. per member per annum. We had no difficulty in getting medical men. As long as a man remained on sick those medical men supplied us every fortnight with a certificate, stating clearly the nature of the complaint.

36,588. Are you familiar with the model form of certificate issued by the Commissioners for continuing certificates?—I think that I have got one.

36,589. Are you aware that that form would not meet the case which you describe, because it gives the doctor the special right of putting a new name in, or stating "as before"?—I think that this was sent to the approved societies not with the instruction that it was to be adopted, but that they could avail themselves of it.

36,590. You would prefer that the Commissioners should withdraw that model form and issue some other?—I would prefer a form like this (*producing form*).

36,591. (*Mr. Warren.*) Your society is governed by an executive selected by the members at the annual general meeting?—Yes.

36,592. It is then split up into branches, who are governed by a committee, consisting of a president of the branch and other officers?—Hardly that. The branches are first formed, and the executive is selected from the branches at the annual meeting.

36,593. But you govern by the central executive?—Yes.

36,594. And the branches act as your agents?—Yes.

36,595. What proportion of the administration allowance is paid over to the branch?—We do not pay any. We meet the administration expenses quarterly. They send us a quarterly statement. We first allow a certain amount per member to the secretary for his work in connexion with the society, and then we allow the fees for the sick visitors and for the committee and any printing that they may have to order, and that comes down quarterly, and if we are satisfied we remit a cheque covering the amount.

36,596. You do not pay over to them so much per head in respect of each member?—No.

36,597. But you pay the accounts that they incur?—Yes.

36,598. Roughly speaking, what proportion of the 3s. 5d. does that represent?—I should think that it would not represent more than 1s. 3d. Speaking from memory, I think that our administration expenses are down to about 2s. 6d. per member.

36,599. You are keeping well within the allowance?—Yes.

36,600. Under rule 24 it is provided that sick visitors shall be paid 2s. per month?—Yes; we have altered that.



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36,601. You are now paying 5s. per month?—I have given notice to ask the Commissioners to date it back to last February when I appeared before them and to advance the fee to 5s. and to get the annual meeting to pass a resolution accordingly.

36,602. And if that passed, you would alter your rule accordingly?—Yes.

36,603. What duty falls to the sick visitor? How many persons on an average would a man who receives 5s. per month be expected to visit?—It depends on the size of the branch. If it is a large branch, there might be four or five sick visitors. The fee of 5s. does not cover all that is given to the man who acts as sick visitor, for he would without doubt be acting as sick visitor for the trade union, and he would get a fee from the trade union in addition to the fee from the approved society, so that it would be quite possible that he might get a fee of 8s. a month from the two sources for sick visiting.

36,604. Are you satisfied that under that arrangement sick visiting is carried out fairly well?—I hope that it will be carried out better because of the extra inducement to the sick visitors to spend more time.

36,605. Would a man have ten patients to call upon in the course of the month?—He would probably have more than that.

36,606. Do you receive a report in every case?—Every week.

36,607. A written report from the sick visitor?—Yes. They are printed forms filled up under certain headings.

36,608. I suppose that prior to your becoming an approved society they had more or less done it in respect of the union side as a voluntary service?—To a large extent. The fee was very small.

36,609. It was not a question of the fee: it was the desire to safeguard the interests of the union?—That was so.

36,610. Do you think that the same spirit moves them in respect of the funds of National Insurance?—I am afraid that it does not to the same extent.

36,611. Your rules provide for the setting up of an independent arbitration committee in the matter of disputes?—Yes.

36,612. Have you had to call that arbitration committee together on many occasions?—We have not called them together as yet.

36,613. You have had no serious disputes between the members and the approved society?—No. The one or two disputes which we have had have been settled between us and the member by communication with the Commission on the points in dispute, and we have taken their advice.

36,614. You consider that over-insurance is a factor in your sickness experience?—I think it is.

36,615. You have told us that some men are receiving 10s. from the State side, 15s. from the union, and in some cases a certain amount from their employers, so that the total amount received when they are sick is almost equal to their ordinary wages?—That is so.

36,616. The total would in many cases be as much as 32s. a week?—Yes.

36,617. In addition to that they are also members of a yard club, or some other friendly society?—Yes.

36,618. Have you any idea as to what percentage of such cases you have?—No, with the exception of the Manchester Corporation. The Manchester Corporation have had that arrangement for some time. We have 85 per cent. of the men on our books. Every man in the employment of the Corporation is entitled to receive the amount which I have stated.

36,619. In your opinion is the fact that a man receives as much or more than he is earning at his work a serious temptation to remain out sick?—In many cases, yes.

36,620. Of course, I know that it may be urged that a man requires more when he is sick, and it has been contended that he has a right to that for which he pays?—Yes.

36,621. But that is not insurance?—No.

36,622. Would you urge that some steps should be taken to restrict the amount paid?—I cannot see how

you can. You cannot dictate to me as to how I shall lay out my weekly money. If I care to make provision for this, that, and the other, so long as it is a proper thing, I cannot see how you can say that I shall not do so.

36,623. May I put it to you that already there has been dictation in respect of how you shall spend 4d. of your money?—Yes, but that has not given satisfaction to the majority.

36,624. You told us of a case which you referred to your medical referee in which on the 1st of April he said that the man was fit to resume work, and on the 3rd of April you got a certificate from the panel doctor stating that he was still unable to follow his occupation?—Yes.

36,625. In that case you acted on the certificate of the medical referee?—Yes.

36,626. Did you take any steps to bring the case to the notice of the panel doctor?—No.

36,627. Do you or your representatives interview the panel doctors?—I think that they come in contact with them.

36,628. You are also conscious that your members do not realise that the funds of National Insurance can be exhausted?—I hardly think that many of them do recognise that.

36,629. They do not regard the funds of National Insurance in the same sense as they regarded the funds of friendly societies or their union funds?—I do not think that they take the same view of the matter. Many of them have the view that because it is State insurance, no matter what the result may be, they are bound to get that which is promised to them without any extra liability to themselves. They realise in the union that if the funds go down through something connected with the union either the members by the rules or the executive by the authority vested in them can put a levy on the members to bring up these funds. There is nothing in the rules of approved societies to lay that down clearly. Perhaps that is why they are losing sight of the position.

36,630. Do you think that generally speaking that position is held, that the benefits are secured by the State?—Yes. As far as my knowledge goes many of our members have that idea. I presume that that applies also to other societies. They think that the full money is guaranteed by the State. Of course I have endeavoured in my official capacity to make it perfectly clear that they will be the people who will have to pay, if the thing is not a financial success.

36,631. You bring that to their notice whenever you can?—On every possible occasion.

36,632. Speaking generally it would be well if the whole of the insured persons throughout the country realised that at the earliest possible moment?—Yes.

36,633. For 24 years you had experience of administering medical benefit?—Yes, from our commencement.

36,634. I take it that generally speaking your relations with the medical men in the various branches were fairly satisfactory?—We were on the best of terms all over the country.

36,635. But in September 1912 they throughout the country gave you notice to determine the arrangement in the following January?—Not all. Some did give notice.

36,636. Generally speaking you received notice and the old connexion was severed?—Yes.

36,637. The same spirit as formerly existed does not now exist between the medical men and the branches?—Not as far as our experience goes.

36,638. You are of opinion that they are not influenced in the same way as formerly?—That is so.

36,639. That now, to use your own expression, they have no liability except the liability of giving so much time, and they have to meet no drug bill?—Yes.

36,640. You had to complain to various committees in some cases. I think you mentioned the case of Lancashire?—In Nelson, the headquarters of which are at Preston, Lancashire.

36,641. With what success did you meet?—I did not meet with any success at all. They wrote to say that they had arranged with the doctors on a form to which they referred us whereby they would give the



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nature of the complaint on the first certificate and simply state "as previously stated" on the other ones, and I wrote to the Commission in London on the matter and asked them whether they could not support us in the attitude which we had taken up. Up to now I have had no reply.

36,642. Speaking generally you have received courtesy from the Insurance Commissioners?—Yes. I can quite understand the amount of business that they have to do. I am not making any complaint about it.

36,643. I think that you hold the opinion pretty strongly that it would be well if we could return to the old arrangement as between the medical men and the branches of societies?—I do.

36,644. Have you any hope that that will ever be attained?—That opinion is gaining ground between officials of trade societies who are distributing sickness benefit and officials of friendly societies, and we may be strong enough some time to induce the Commission to accept our views.

36,645. (*Chairman.*) It is not the Commission you have got to convince. They are the servants of the Houses of Parliament?—We will have to change the House of Commons.

36,646. (*Mr. Warren.*) How do you think the medical men would regard that?—I have never spoken to them on the subject, but I do not think that the medical men as a body would object to it. Of course I think that they would expect higher fees than they were paid before; but as far as our branches were concerned, when we were engaging our medical men direct, they were perfectly satisfied. In fact, if there was a vacancy, I had doctors coming after me without having to bother applying to them to take up the position.

36,647. You had no difficulty in obtaining doctors previous to the Act coming into force?—None whatever.

36,648. You think that if the approved societies were in a position to offer the doctors throughout the country the same monetary payment as is now being paid, they would view with some satisfaction the return to the old arrangement?—I think that they would.

36,649. Failing that, do you think it would be well if there was brought into existence a whole-time State medical service?—Yes; failing the old system being adopted I think that the next thing to do is to have a whole-time medical service.

36,650. (*Mr. Thompson.*) As I understand, your membership is gathered together in large centres, mostly?—Yes.

36,651. You have not many scattered about beyond easy reach of branches?—No. In some places we have a scattered membership, for instance, in London, which is a very wide area. Our system in such places is to centralise, and perhaps we shall have working from one centre 1,000 members, with one man taking charge of that centre. We have not, as many societies have, a large number of small branches scattered up and down the town.

36,652. You have mentioned the case of Ireland. I suppose that your men there are in Dublin and Belfast?—In Belfast.

36,653. So that it would seem at first sight that the opportunity offered to your society for successful local administration was favourable?—At first it would seem so.

36,654. You tried that method at first, and abandoned it after experience?—Yes. Another reason was because that was the method we carried on as a union ever since it has been in existence.

36,655. Are your local representatives permanently in your service?—Many of them.

36,656. Do they go on from year to year?—Yes, and we have a condition laid down that the ordinary official is elected every year, but where we put a permanently paid man on, we do not compel him to go to the votes of members. He retains his position while he gives satisfaction to the executive, so that a man working the National Insurance Act could take up a strong position, and yet not feel that he was running any risk from the popular vote. That is what happens sometimes. A man may be a little negligent

of his duty purposely in order not to give offence to members whom he would have to face when voting time comes round.

36,657. How many local secretaries of branches have you?—About 20 in different parts of the country. I have five in this district.

36,658. How many of those would be under the arrangement you have just spoken of?—All of them.

36,659. None of them are subject to the popular vote?—No.

36,660. You have satisfied yourselves that that is conformable to the spirit of democracy?—Perhaps not altogether, but sometimes you have got to give some protection to a man who might give up a situation on the cars in order to take up an official position with us. Unless he has some guarantee, other than the statement that he will be all right when voting time comes round, he is in a dangerous position. We recognised that and thought it right to give these men some protection, because if any charge of dereliction of duty is brought against a man, we could then deal with it under our rules.

36,661. Do you find that your local officials make themselves well acquainted with the provisions of the Act?—They have done their best up to now. It was a little bit hard at the commencement, but I have endeavoured to make it as plain as possible by circulars. There are times when they make mistakes, but I try to put them right, and they have done their best.

36,662. And you find that more easy to accomplish if the branch secretaries are permanent than if they are temporary?—Oh, yes.

36,663. Do you consider the services of your local representatives are fully remunerated, or that they are partly voluntary?—We are paying in some cases as much as 2*l.* 10*s.* per week.

36,664. Is that on both sides?—Oh no, on the union side.

36,665. A comparatively small proportion of that would come from the State?—Nothing at all. He receives  $\frac{1}{2}$ *d.* per member under the State rules in addition, so that the union is bearing the biggest part of the administration expenses without charging a single farthing to the State scheme.

36,666. The union may be said to be subsidising State insurance?—Yes.

36,667. Turning to the question of the doctors, I think that you spoke rather hopefully of securing a return to the previous system?—I should like to see it.

36,668. Do you think there is any hope that the doctors, as a body, would be willing to return to it?—What is their objection? I have not yet heard a strong objection from a medical man.

36,669. I thought that we had heard objections on most points?—Previously to the introduction of the Act we never got any objections from the doctors. In Salford one of our doctors had to go away, and I had two or three medical men come to see me—I knew nothing of that man leaving the district, but they came to see me. That shows that you had not even the necessity to ask doctors to apply. When they knew there was a vacancy, they would come and apply for the position.

36,670. Have you in the last month or two heard any doctor express the wish that he would like to return to the old system?—No, I have not.

36,671. Speaking of the responsibility of members as regards the funds of their society, I understood you to say that there was nothing in the rules which brought before the member the fact that if the society had an unfavourable sickness rate they might be called upon to make good the deficiency?—Not to the same extent that we make it clear in our own trade union rules.

36,672. Your rules do set forth the fact that there may be a levy to meet a deficiency?—Yes, but in our trade union we say that there shall be a levy. There is a lot of difference between the two.

36,673. (*Mr. Watson.*) What was the rate of sickness claims in your society in the first year in pence per member per week?—It cost us  $2\frac{1}{8}$ *d.* per member.

36,674. That was before the Act?—The year before the Act.



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36,675. And afterwards?— $4\frac{1}{2}d.$

36,676. Is that the cost to the union of sickness benefit, or is it on the State side?—It is the cost to the union.

36,677. What is the total claim on the State side?—The Commission wrote to me saying that it turned  $4\frac{1}{2}d.$

36,678. That includes maternity benefit?—That would include the whole of the benefits.

36,679. When you say  $4\frac{1}{2}d.$  on the private side, do you mean  $4\frac{1}{2}d.$  for sickness benefit of 15s. per week?—No. Our sick pay varies according to the contribution which a man pays. He can either insure himself for 8s. per week, or he can go up to 15s. per week, and, taking the whole three scales together, it cost us  $4\frac{1}{2}d.$  during 1913.

36,680. Mixing up the rates of benefit, that is the average rate?—That is so, the general average.

36,681. You do not know the average amount paid in sickness benefit on the State side only?—No, I could have taken it out, but when I got the complaint from the Commission, I took it that they were dealing with excessive sickness claims, because reference was made to that in their letter. They brought it out then that it would run up to  $4\frac{1}{2}d.$  They said it turned  $4\frac{1}{2}d.$ , but without a doubt it was  $4\frac{1}{2}d.$  for that period. No reference was made to maternity benefit but simply to sickness benefit. I therefore took out a comparison of the sick side of the union.

36,682. The Commissioners' figure probably refers to the sums you have been drawing?—Perhaps so.

36,683. You do not know what the sickness has been on the State side?—I have got the books at headquarters, but I have not taken it out.

36,684. There are 11,000 members of your union who are insured elsewhere for their State benefit?—There would be more than 11,000. There are close upon 28,000 in the union, and there are 13,397, or, you may say, 13,400, insured with other societies.

36,685. Therefore, the general increase in the claims on the private side cannot be said to be due to anything particularly wrong in your system of administration?—We should have felt it in the past, if that had been so.

36,686. The thing is mixed up with the system of other societies?—Yes.

36,687. And you ascribe the great rise in the claims to the sudden increase in the amount insured for by the members?—That appears to me to be so.

36,688. Previously to the Act, in addition to the 15s. per week, your union members, where they were in the employment of certain municipalities, were allowed half of their wages, were they not?—Yes.

36,688a. Now, those employees receive half of their wages less 10s.?—Yes, just the same amount.

36,689. So in the particular case of those employees there has been no increase of insurance?—There has been no increase there.

36,690. Would that proportion of members be a large proportion?—The only place I know of is, as I said, Manchester. The Manchester Corporation themselves employ over 3,000 of our members all told, and over 2,000 are engaged in traffic alone, the others being spread over the different departments.

36,691. (Chairman.) The 3,000 are union members, not State members?—Yes, and their percentage of sickness claims, so far as the union was concerned, was 41 per cent. of their membership.

36,692. (Mr. Watson.) Was the experience in Manchester before the Act unfavourable as compared with the experience elsewhere?—No.

36,693. Are there many other municipalities besides Manchester that give half pay?—I do not know of one.

36,694. If the half-wage arrangement was peculiar to Manchester, and it had the effect of raising the income during sickness to something like full wages, and elsewhere the income during sickness was only about half wages, would you not have expected from that that the Manchester sickness experience would be much worse than the sickness experience of other districts?—You would, but under the old system there was very little difference between one town and another.

We could have told you every quarter of the year, within a few pounds, what our sick list would cost in different parts of the country, but we cannot do that now.

36,695. Were the members elsewhere than in Manchester, do you think, to a large extent in other societies?—I think that there are a lot of our people members of friendly societies.

36,696. Did that prevail in Manchester too?—Yes, I think there are a lot in Manchester.

36,697. One has considerable difficulty in drawing conclusions from these figures, because, although it seems almost obvious that the great increase in the amount insured must be related to the increase in the claims, yet I understand you to say that in Manchester, where there has been no increase in the income during sickness, the claims have risen just the same as in other instances?—Just the same, and what puzzles me is this. In the olden days, under limited companies, when horse traction was the method, anyone could get a job on the cars, but now—for the last ten years—we have got to pass a strict medical examination, and yet my sick list for the last twelve or eighteen months is higher than it has ever been by thousands of pounds per annum. One cannot understand that, because, if a man fails to pass the medical examination, he is not taken into the service. The medical examination in London is very strict indeed, and yet we have got a high percentage of sickness there. One would have thought that we should have had the best of lives, seeing that no man can join our society, by the rules, unless he is working at the occupation he represents when he takes out his card of membership.

36,698. Reverting to this Manchester experience, are you satisfied that the experience of Manchester was better before the Act than it was in the first year of sickness benefit under the Act?—All that I can say is that our percentage of sickness for corporation employees was less before the introduction of State insurance than it is to-day, and we had our own medical men then.

36,699. Do you remember what it was?—I could not say from memory, but I have all the reports at headquarters.

36,700. In Manchester, then, the reason is more lax certification by the doctors?—Yes, I think so. I may be wrong, but that is my view.

36,701. In other districts there is lax certification, plus an increase in the income during sickness?—Yes, there are those two points.

36,702. How long does this grant from the corporation in Manchester last?—A month.

36,703. And the amount now is half wages less this 10s.?—That is so.

36,704. So that for the first month the man is in precisely the same position as he was before?—Yes.

36,705. And after the month he is 10s. per week better off than he used to be?—It lasts for the first month of sickness, and then it drops.

36,706. What is it after the first month of sickness?—It drops to his ordinary 10s. from the State.

36,707. He gets 10s. from the State that he used not to get, and 15s. from the union?—Yes.

36,708. And to the extent of 10s. per week the Manchester employee is better off after a period of one month?—Yes.

36,709. Would it be possible to communicate to the Committee the percentages for a year or two before the Act and for the first year under the Act?—Yes, I can get that out for you.\* We had in 1912, 973 men on the union side in Manchester, and in 1913 we had 1,118.

36,710. Was there much of an increase in the number of members in Manchester?—No. In these

* 1910	-	-	-	-	28.69 per cent.
1911	-	-	-	-	24.57 " "
1912	-	-	-	-	30.61 " "
1913	-	-	-	-	36.86 " "

The claims for sick allowance during 1913 were of much longer duration than in either of the previous years, which meant numbers remained on the sick allowance in 1913 longer than they did previous to the benefits being paid under the National Insurance Act.—G. T. J.



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[Continued.]

particular scales our increase came in the union scale only.

36,711. Those figures seem to show that the increase of claims in Manchester was from 973 to 1,118 or only about 15 per cent. ?—Yes.

36,712. Whereas the increase of claims for the whole of the union was over 50 per cent. ?—Yes, but I have simply given you the individual cases. In the percentage which I gave you, I gave the claims.

36,713. I understand that the thing is not exactly comparable, but, assuming that the average duration was not affected, there seems to be some indication that although Manchester had an increase, it did not have so much of an increase as other parts ?—But the duration is affected now.

39,714-5. Can you give me the duration ?—No, I have not got it down here, but we can find it according to our declaring-on and declaring-off notes. Where men would be on for a fortnight or for three weeks, it is now quite a common thing for us to have cases lasting four or five weeks.

36,716-7. It is rather important as bearing on this question of over-insurance, because we have the one recorded fact that in Manchester, for the first month, there has been an increase ?—Not to a great extent, as far as the membership is concerned.

36,718. I understand you to say that you would like the doctor's certificate to name the disease or disablement every week ?—I would.

36,719. You have the system of continuing sheets at present, have you not ?—No, continuing certificates, not sheets.

36,720. Is the continuing certificate a separate document ?—Yes (*produced*).\*

36,721. Is there a system in some Corporations requiring a tramdriver who has been ill to produce a medical certificate that he is able to follow his occupation, before he can go back to work ?—Yes, there is.

36,722. Do you think that that has any effect upon your claims ?—I do not know why it should.

36,723. Generally speaking, by whom are most of these certificates given, by a panel doctor, or by a doctor in the employ of the corporation ?—They have not laid it down definitely. Many corporations have no doctors appointed, but, where they have, it has to be their own doctor. They have accepted, and they are accepting now in Manchester, from us, a copy of our doctor's certificate that we receive if a man is off sick. In Salford they have their own medical officer, and he has certified men that have been off, and has given them a certificate accordingly. Some corporations have no doctor, and they accept any doctor's certificate, whether he is on the panel or in private practice.

36,724. If a corporation accepts the certificate of a doctor on the panel, it is really the certificate that has been given by the doctor to enable the member to get sick pay, and there is nothing much in it, is there ? The doctor in giving the certificate has not in his mind the requirements of the corporation, to whom he holds no duty at all, but he gives a certificate to a member, more or less, when the member says that he feels fit to go back to work, and when he wants to go back ?—Yes, but my point is that I think that it is too easy at the present day to get a doctor's certificate. That is my contention.

36,725. A doctor's declaring-on certificate ?—Yes, or continuing.

36,726. That may be so, but in the cases where the corporation requires the employee to produce a doctor's certificate before he is allowed to go back to work, and where that doctor's certificate has to be given by a particular doctor who is in the employ of the corporation, is it not probable that the system would very considerably increase your claims ?—Yes, and I think it has done so. It has been brought to my notice on more than one occasion that where men in the employ of the Manchester corporation have felt fit and have wanted to go back to work, when they have asked the doctor to allow them to do so, he has refused, and they cannot start until they have got a doctor's note. The result

is that we have him on the sick fund and on the union fund.

36,727. I understood you to say that that was a panel doctor and not a corporation doctor ?—The Salford people have got a doctor, but not Manchester.

36,728-9. Where do you find this system gives you the greatest difficulty, in Salford where the certifying is done by the medical man who is the servant of the corporation, or in Manchester where the ordinary doctors are doing it ?—The percentage of sickness is less in Salford than in Manchester. We do not get our wages in Salford.

36,730. Looking at it as a pure problem of administration, do you find that the Salford system, where the going off the funds is practically dependent upon a corporation official, and not on the panel doctor, gives you any difficulty ?—No; we have found no more difficulty with that at all.

36,731. You do not think, then, that the Manchester doctor is animated by some feeling of special responsibility in view of the man's occupation ?—I suppose you would put it that way.

36,732-3. I should have thought that it might have been difficult for a society to administer sickness benefit, if a member was not allowed to take himself off with the concurrence of the doctor, which is the usual practice, but was compelled to remain off work until the corporation doctor certified that he might be allowed to resume work ?—That does happen to a large extent as far as the London County Council employees are concerned. Dr. Collie is the Medical Officer for the London County Council, as no doubt you are aware, and it is a difficult task if men are off and do not pass Dr. Collie in getting the Council to accept the certificate of another medical man to show that they are fit for work. I have had a number of complaints from our London members to that effect. What we cannot understand is that when we had our own medical man, we would accept a declaring-off our funds without a medical certificate, and our men were allowed to go to work without producing a medical certificate.

36,734. But you always wanted a declaring-off note ?—Certainly; we left it to the man himself to declare off. Now, in the case of Manchester and Salford, there may be a strong tendency—I do not say there is—as far as the doctors are concerned, under the present system, to retain that man on the list when he feels fit to go to work, and not to allow him to go until a week or two have elapsed.

36,735. Why ?—You know that they are paid on visits in Manchester and Salford.

36,736. It really has nothing to do with the particular requirements of the Manchester corporation that the doctor's certificate should be produced. It is simply a feature of the Manchester system of the payment of doctors ?—No. The Manchester corporation laid it down that they will not allow a man to take up duties again when he has once been off ill, unless he produces a doctor's certificate to the effect that he has recovered. For instance, a case was brought to my notice of a man suffering from boils on the neck. I knew the man, and I met him. I wanted to know whether he was not working. He said, "No, I have been off work so-and-so. I have been suffering from boils. I want to go to work. I feel as fit as ever I did, but I cannot get a doctor's note, and I have got to have another week longer."

36,737. The point really is, that in the case of an ordinary person in Manchester and Salford, if he could not get a doctor's certificate, he would make shift to go without one ?—They will not allow him.

36,738. But in the case of the corporation employee the doctor takes advantage of his knowledge that the man cannot go back to work, and he deliberately withholds from him a certificate for another week or two in order to swell his own account ?—No; I did not say that. What I said was that he would not give him this note, and the man could not commence. You say, "Was the reason that he is paid by visits in Manchester and Salford?" I leave you to draw your own inference, I am not going to make any deliberate charge.

36,739. In Salford, whatever the panel doctor may do, the man, before he goes back to work, has to go to

\* Not printed.



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[Continued.]

the corporation doctor, and get a certificate of fitness?—The department may send him there or accept the panel doctor's certificate. If they have their own medical man and they are not satisfied, they will send him, but in Salford they often take up duties without even passing a medical examination after they have been off sick. It depends upon the nature of the complaint and the length of time he has been off sick, but we have our own medical man.

36,740. And possibly the pliability of the foreman?—I daresay that there are men that have to be examined, and there are men that take up duties without examination after being ill.

36,741. In the Insurance Bill, as originally introduced in 1911, there was a provision that where a person was insured elsewhere than under the Act to such an amount as made all his insurance, including his State insurance, more than the amount of his wages, the benefit paid to him by way of State insurance should be reduced to such an extent as would bring his total benefit down to the amount of his wages. That condition was struck out. Would you, as an administrator of an approved society, welcome its reintroduction?—I do not think that that would do. I think it would be carrying things too far to dictate to me what I should do with my money; I think that is going a little bit too far.

36,742. It is not dictating to you what you would do with your money. The position was that you should insure yourself, but the clause did not say for how much you should insure yourself elsewhere. It said that if you did insure yourself elsewhere to such an amount as would bring your total insurance over the amount of your wages, then your State insurance should be reduced to such an extent as would bring the total down to your wages. Do you object to that?—I follow you now. There is no limitation. It is only a matter so far as the State is concerned.

36,743. That is so?—It is not a matter to which I have given any serious thought.

36,744–5. Suppose some system could be devised which would enable an approved society to limit the sickness benefit paid to a member on the lines of that section and gave him in some other form the money withheld from him because he was excessively insured, do you think that that would be a feasible plan?—It might be worthy of consideration, but I have not had it put to me in that way before, and I have not thought of it.

36,746. (*Mr. Mosses.*) Does the fact of one of your members continually declaring off sick jeopardise his employment at all?—That is rather a difficult question to answer. I have heard rumours in different parts of the country where men have been off sick for a number of times, and it has been suggested to them, "You are not fit for the service. The job does not agree with you, and you had better look out for another job." But I have no direct proof of it.

36,747. It is only a hint?—It has only come to me as a rumour, and I would not like to make a definite statement.

36,748. You could not say that there is any definite number of declarations on sick which a member can make in a year without hurting his employment?—I would not like to say, although I know that during the last few months many tram undertakings have been severely handicapped by having so many off sick. They have not been able to run a proper service, and I have known cases where cars have been kept in owing to excessive sickness.

36,749. Have tramway men to pass a medical examination before they are admitted to the service of the municipality?—Every man who joins the tramway service under a municipality has for the last ten years had to pass a strict medical examination.

36,750. Does that relate only to conductors?—Conductors and motor-men.

36,751. Generally speaking is the occupation a healthy one?—When we had arbitration proceedings in Manchester, statistics were given to show against my argument that our percentage of sickness among the tramway employees in Manchester was less considerably than the percentage of friendly society membership.

36,752. That is the general membership of friendly societies?—Yes; I was arguing that it was not a healthy occupation, I wanted a reduction of hours.

36,753–4. Is it more or less a healthy occupation compared with the general run of the community. You would say, yes?—It is not an unhealthy occupation. We do not suffer from contagious diseases. Our complaints are bronchitis and asthma and rheumatism, and lately, the last twelve months, it is marvellous the number of cases that we have had of debility and lumbago.

36,755. You complain of the complaisance with which doctors are giving certificates at the present time, and you contrast that unfavourably with their strictness before the passing of the Act?—Yes.

36,756. Have you known any cases in which a doctor has refused a certificate?—I have not heard of a single case so far as our membership is concerned.

36,757. Have you given any thought to the provision of permanent whole-time sick visitors, independent of the approved societies?—Yes, I have thought that matter out, and we are not in a position to adopt the system of permanent sick visitors.

36,758. Not for you to adopt it, but for it to be adopted by an outside authority, either the insurance committees or the Commissioners, apart altogether from the approved societies?—Yes, but what effect can that have upon the excessive sick claims? A sick visitor is not a medical man. He simply visits to see that the member is not doing any work and not abusing himself perhaps to make his complaint of longer duration. How will a permanent man do any more? Our men work in shifts. Half our men in a town finish duty between 2 and 2.30 and 3 in the afternoon. A number of those men would be in a position to visit during the afternoon and evening. The other half of the men come on in the afternoon to finish the night duty, and so they are at liberty in the morning. We have therefore a good opportunity of dealing with the sick visiting, if men will act as they ought to act. In the olden times, speaking as a member of two friendly societies, we appointed our own sick visitor from our own body, and yet we were successful as friendly societies both in meeting our claims and in creating reserve funds.

36,759. Are you satisfied with the sick visiting that you have at the present time?—I am satisfied with the one I have introduced now. I have introduced a new system under which a man must be visited by our sick visitors. He has an official sick report sheet printed under various heads, and under these heads he has got to answer certain questions regarding the man at the time he visits. That report has to come to headquarters every week.

36,760. Is every man visited by this man?—We might in a branch have five or six visitors, but every man must be visited once a week.

36,761. At prescribed times?—Any time, and he has got to state on the sheet the date and time he visits.

36,762. How long has that been in operation?—Only about six weeks. Since I met the Commission.

36,763. You cannot say what effect it is going to have?—Our sick pay has been reduced between 35*l.* and 40*l.* per week.

36,764. What percentage does that represent on the total?—We have not taken it out yet. We are running on to the end of the quarter, and then I shall get a report out showing the percentage.

The witness withdrew.



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Miss Z. L. PUXLEY.

[Continued.]

Miss Z. L. PUXLEY (*General Secretary of the Ranyard Nurses*) examined.

36,765. (*Chairman.*) You come from the Ranyard Nurses?—Yes.

36,766. What position do you occupy?—I am the general secretary. I am not a nurse myself. My work is organisation.

36,767. What is a Ranyard nurse?—She is a district nurse.

36,768. Why is she called a Ranyard nurse?—Because the name of the founder of the society was Ranyard. The nursing branch has about 100 district nurses situated in all parts of London and financed from a central fund, made up by voluntary contributions and subscriptions, and local contributions from the districts. The nurses are all fully trained nurses under the superintendence of superintending sisters.

36,769. Are they paid from the Ranyard Society?—Yes, entirely.

36,770. You understand, do you not, that our main business is with sickness benefit?—Quite.

36,771. And that while there are a great many things to say about nurses which would be of great interest to us personally, we must keep to the subject so far as it concerns sickness benefit only?—Yes.

36,772. I think that you want to tell the Committee something about that, do you not? Of course, you have had no practical experience, I take it, of the actual administration of the Act yourself?—I am a member of the London Insurance Committee, but I am not here in that capacity to-day. I am not in the least authorised to speak for them.

36,773. No, but you do realise the topic to which we are addressing ourselves. What do you want to say about that?—I want to ask you to consider the need for an adequate nursing service in that connection.

36,774. With what object?—With the object of shortening the length of sickness.

36,775. Tell me what reason you have to think that a lack of adequate nursing, which perhaps we shall all admit, results in a lengthening of the period of sickness?—I give a few cases in the paper I have sent in. I have got about 50 more cases here. My evidence is necessarily incomplete, because the cases I know are cases which have sooner or later secured a nurse. I believe there are a great many cases where nurses have not been available, and where the nursing has not been sufficient.

36,776. You say that from what you have seen and from cases which have come under your observation, you can draw the inference that there are a great number of cases which are stopping unjustifiably long on sickness benefit because of the absence of nurses?—Distinctly.

36,777. (*Dr. Lauriston Shaw.*) Could you tell us how it is that cases are brought to your notice?—Chiefly by the doctors, but, from an analysis of the cases sent to us during 1913, I find that 41 per cent. came from doctors, 30 per cent. from the relations and friends of the patient, 11 per cent. from hospitals and dispensaries, 10 per cent. from clergymen and district visitors, and the remaining 8 per cent. from the London County Council. My evidence is entirely concerned with London. We should all prefer to have the cases direct from the doctors, and why more cases do not come from doctors is an interesting question which I cannot answer.

36,778. Do you think that means are taken to inform the doctors in the various areas of the availability of their services?—So far as the Ranyard nurses are concerned, I say "yes," emphatically. In every district where any nurses are established, the superintending sister calls upon all the doctors in the neighbourhood, and gives him addressed cards so that he can notify the nurse.

36,779. Is there any question of payment from patients to the nurses?—They are not allowed to pay them, but they are allowed to make donations to the funds. The nurses are strictly forbidden ever to receive anything in the way of payment, and, if the patient gives a donation, the nurse forwards it at once to the fund.

36,780. Is it possible that that might restrict the use of your nurses in the case of some people of independent temperament who would not like to receive charity?—I do not think that that would be found to be any difficulty, because in some districts better class patients have asked if they might avail themselves of the nurses, and they have been told, "Yes, by all means, and if you are able to give a donation, do so," and they do.

36,781. I should imagine that the cases in which the doctors ask for your nurses are the poorer patients?—Possibly that is so. There are also in most of the districts in London what is known as visiting nurses; that is to say, nurses who take a number of cases in the same way as a district nurse, but for a small payment. They are not really private nurses, but visiting nurses who perhaps go for small fees.

36,782. It is easy to deal with the wealthy case where the patient can afford to pay for an expensive nurse, and I can understand that it is easy enough to deal with the well-recognised pauper case, but the intermediate case is the one in which there is uncertainty as to the source from whence the nurse should come?—It may be so.

36,783. Some sort of organisation or co-operation might perhaps help those cases?—There are some districts which are working on a provident basis, where the people make a small contribution weekly or monthly and are entitled to the services of the nurse.

36,784-5. You feel quite sure, from your own administrative experience, that in many cases the advent of the nurse as an assistant to the doctor, lessens the actual duration of sickness?—I think that one can say that quite confidently. I have a dozen cases here from one district, all surgical cases, where I think it is perfectly clear it must have been so.

36,786. Could you mention the cases?—Yes. There is a gasfitter who had amputation of finger. He was on the books for a month. The nurse did a great deal for him. There is a second case of a labourer of 22 with a crushed hand. He was on the books for three weeks. There is a third case of a butcher with a poisoned finger, who was on the books for a month. There is a fourth case of an engine driver, who had amputation of toe.

36,787. In all these cases your nurses do the actual nursing?—Yes, carrying out the doctor's orders.

36,788. You understand that in a busy medical practice it is not common for the doctor to administer the dressing himself?—Distinctly.

36,789. He leaves it very often, and he is obliged to leave it, to the patient?—Yes.

36,790. Unless there is a nurse?—Yes, and the result, when left to the patient, as in one case I have, where the patient said that she did "everything everybody told her," is disastrous.

36,791. Your opinion would be that if the nursing system was a little more readily used, many sickness claims might be shortened considerably?—I feel very strongly that that is the case.

36,792. (*Mr. Warren.*) May we take it that the Ranyard Nursing Society only operates in London?—Only in London.

36,793. In what parts of London?—In all parts of London really, not covered by other nursing associations. We are anxious not to overlap with the nurses of the Queen Victoria Jubilee Institute, or the small nursing associations at work. We cover the whole of Greenwich Borough, most of Lewisham, most of Wandsworth and Camberwell, the greater part of Deptford, and parts of Southwark and Lambeth.

36,794. Not in East London, so called?—That is mainly covered by the East London Nursing Association, which is affiliated to the Queen Victoria Jubilee Institute.

36,795. All your nurses are qualified?—They are all fully qualified. They have all had three years or more of hospital training, with the exception of a few who have served for many years and joined before the rule was made.



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Miss Z. L. PUXLEY.

[Continued.]

36,796-7. And you urge in respect of national insurance for a considerable development of some such system as your own?—I do most strongly.

36,798-9. I think that you have told us that you are maintained by voluntary contributions entirely?—Yes. When I say entirely, I should say that we have grants from the Metropolitan Hospital Sunday Fund and the Saturday Fund, and grants from the various boards of guardians.

36,800. Of course, a development upon your lines would require very considerable funds?—Yes, it would, of course.

36,801. And to be effective, it would have to depend upon something more than the voluntary spirit to provide it?—I should think that that is quite likely.

36,802. If it were possible, it would be of the greatest value, may I say, first, to the insured person?—Yes.

36,803. Secondly, to the well administration of national insurance?—Yes.

36,804. And incidentally to the safeguarding of the fund?—Quite.

36,805. I am speaking without any knowledge, but it occurs to me that, apart from London and some of the larger centres, there can be no well-devised system of nursing?—I think that there is a fairly complete nursing service over the country. I only speak here of what I know from others, but the nurses in the rural districts are not, as a rule, fully trained. They are what are known as cottage nurses, and they do very good work, but it is difficult to find fully trained nurses to fill the whole need all over the country.

36,806. Still, may one take it, that there are by no manner of means sufficient nurses at the present time in the country to deal adequately with the situation?—No, I should think that that is quite clear.

36,807. If there was a development of the nursing system throughout the country, who should appoint the nurses?—That is a question which I can hardly answer. I feel very strongly that the relationship between the nurse and the doctor must not, on any account, be interfered with. My own feeling is that if any arrangement were made for the nursing of insured persons, it should be through the insurance committee.

36,808. In other words, that she should always be subject to the direction of the medical man?—Most distinctly. That is essential. In our case a nurse is not allowed to pay more than one visit unless a doctor is in attendance. She is not allowed to take responsibility herself. She can only carry out the doctor's orders.

36,809. But for the system to be developed as you have in your mind, it would require that some authority should have the appointment?—I should suggest that any arrangement for the nursing of the insured persons should be done through the insurance committee, but I should hope very much that the insurance committee would be able to contract with the existing organisation for the nursing work, since it would be both cheaper and more satisfactory. As about 80 per cent. of the work that is needed is being done now, it would cost the insurance authorities much less to pay the extra 20 per cent. than to start new machinery on their own.

36,810. What you are really urging is that the matter should be considered by the various insurance committees with a view to their adopting some sort of adequate nursing?—I do not know that the insurance committees have very much power or very much in the way of funds with which they can do it.

36,811. In your opinion it is desirable that they should have, first, the power to develop, and secondly, if necessary, the necessary funds?—Quite.

36,812. You are quite conscious that the provision of funds should not be left to a purely voluntary spirit?—I think it is desirable that some system of grants in aid should be thought out.

36,813. That each insurance committee should have power to appoint, and should have the necessary funds to pay, but that the nurse should be left fairly unfettered in her relations with the medical man?—That is, I think, very important.

36,814. (Mr. Thompson.) Have you or your association considered any plan by which this advantage could be added to the benefits of national insurance?—I have always hoped that eventually the insurance committees would have funds and powers to arrange for an adequate nursing service for the insured in their area.

36,815. Are you aware that some negotiations have taken place between approved societies and certain bodies of nurses?—Yes, were you thinking particularly of the Kent scheme?

36,816. That is one of them. I think that that broke down not so much on the question of funds as of some difficulty which was experienced in the organisation of the nursing body?—I think the main difficulty was the question of the report which the nurses would be required to furnish to the society. That has always seemed to me to be the prime difficulty, because directly the nurse is asked to fill in a form of any kind, more than just the date of her visit, and so on, she is at once trenching upon the doctor's ground, and that is why I should very much prefer that arrangements should be made with the insurance committees direct rather than with approved societies, because then the nurse is directly the colleague of the panel doctor, and as the servant of the society she could not have the same position with regard to the doctor or with regard to the patient.

36,817. I think we are on common ground in recognising that it is impossible to work the system satisfactorily, if you introduce friction between the doctor and the nursing system?—And the relationship between nurse and doctor is a very peculiar one.

36,818. It would add enormously to the difficulties if there were any interference?—Most distinctly.

36,819. But was not there some difficulty also because the nursing organisation was very largely split up by local administration, so that the central body was not able readily to come to an arrangement?—I did not know that that was at all a serious factor. Of course there are various small bodies in Kent. That may have had something to do with it.

36,820. At any rate, there would be no difficulty in London with your institution?—I should hope not. There is a co-ordinating body which is at work in London now, which I hope will have the whole nursing service in London before long co-ordinated into a sort of network, and it would be possible to work through the central body for the nursing of all people in London of whatever class.

36,821. I assume that your experience would be the same as mine, that the approved societies have no desire to run the nursing. They are quite content for it to be done by the insurance committee?—As far as I know the feeling of the societies, that is certainly the case.

36,822. What they were seeking for was to get the advantage of the nursing?—Quite so. I do not know whether in the minds of some people and approved societies there was a little desire that the nurse should act as a preventer of malingering. To a certain extent she would do it in the course of her work; but, apart from that, she could not be a person to prevent malingering.

36,823. (Miss Macarthur.) You attach importance to a nursing service from the point of view of preventing illness?—Yes, I think it is a point which should be considered.

36,824. You attach great importance to the educational value of a district nurse?—Most distinctly.

36,825. Do you think she would be specially helpful to women in pregnancy?—Yes, but of course in London none of the general district nurses act as midwives. Perhaps the way to increase that is by the better education of midwives and encouraging them to advise the future mothers more than they do at present. The district nurses can do it but in rather a different way. Nurses take maternity cases with a doctor, but none of the district nurses act as midwives.

36,826. I was rather thinking of the period before confinement, say in early pregnancy, when the women may be suffering from various minor complaints?—They do an immense deal really.



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36,827. You attach a great deal of importance to that?—A great deal.

36,828. And also I suppose in the stages of confinement?—Yes, distinctly.

36,829. You also attach some importance to a nurse's work in the prevention of recurrence of illness?—Yes, because when the nurse is living in her own district and gets to know the people pretty well, she never loses sight of the patient, particularly where there is any danger of recurrence, such as one of the cases that I have given. It was the case of a man who had had an ulcerated leg for a good many years and tried to dress it himself. A nurse eventually visited him and got the leg into order for the time being, and she has never lost sight of the man but kept in touch with him ever since, and visits him, and sees that the leg is properly bandaged and prevents it recurring.

36,830. In that case, if there had been no nurse, there might have been additional trouble?—I think there certainly would.

36,831. Apart from what you have said in reply to Mr. Warren, you say your association has no scheme to suggest?—I am not authorised to suggest any definite scheme, but I think a definite scheme could very easily be thought out if we were asked for it. I think one would wish to see some provision made for nursing through the insurance committees, and my association would certainly recommend, and so should I personally, that it should be made with the existing nursing organisation which by further financial aid could be made, I think, quite efficient and sufficient for the needs of London.

36,832. And your association holds very strong views that the nursing should be quite apart from any visiting schemes?—That I think is a point of the very first importance, that it should be apart from sick visiting. The nurses' work must be nursing and nothing else, and must be carried on under the doctors.

36,833. Is the objection of your society to any combination of the two functions chiefly based on the relationship with the doctor?—Yes, and the general question of professional etiquette. No fully trained nurse would ever undertake to work under any other conditions. She has been trained and disciplined all through her hospital career to work under the doctors and not to take responsibility, and not to do what would be considered as unprofessional work.

36,834. You do not consider it unprofessional work for her to advise people, for instance?—Not at all.

36,835. And the unprofessional aspect only comes in, if she makes a report to her society. Is that so?—Yes, and also her relationship with the patient as well as her relationship with the doctor is in danger there. She is at present the friend of the patient and must be, if she is to have any influence.

36,836. There would be no objection to her making reports to the medical authority?—On medical questions, no. She would have no right to betray the confidence of the patient on any question which might be referred to her, but of course she would be responsible to the doctor on medical grounds.

36,837. For instance, supposing she were visiting a certain house and found that the patient's recovery was being retarded by the conduct of the patient, either in disobeying the doctor's orders or being out when she ought not to be out, would there be any reason why she should not report that to a medical authority?—If the patient's progress was being retarded, no; it would be quite right that she should tell the doctor. She is not responsible to a lay authority, but she is responsible to the doctor.

36,838-9. (*Dr. Smith Whitaker.*) I understand the financial basis of the nursing work of the association to be that the expense is defrayed by contributions of charitable subscribers and by donations from persons who receive benefit?—Yes, with the grants from the public bodies which are made in respect of work done, grants by boards of guardians and grants from the Hospital Sunday Fund and the Hospital Saturday Fund.

36,840. In consideration of the work you do, you receive grants?—Yes.

36,841. Are those grants independent of the work done?—Yes, but statistics are sent of the amount of work done to each of the various boards of guardians, and a very full report to the Hospital Sunday Fund of the number of visits paid and the number of fully trained nurses employed.

36,842. If any arrangement such as you suggest were possible between the insurance committee and the existing organisations, would you suggest that the insurance committee should make a grant on the same basis—simply a lump sum payment without requiring any definite obligation as regards work from your organisation?—It is difficult to make any definite suggestion about the manner in which it should be worked, without thinking it out very carefully, but I should think on the face of it that something of that nature could be enlarged and would probably be the best way of working it.

36,843. If the insurance committee were making arrangements with existing organisations, I suppose it would be true of many other areas, as it would be true of London, that they would have to deal with a large number of organisations. Would not that be so?—I am afraid it would.

36,844. And at present, if any patient, insured or otherwise, needs nursing, how is the question determined, what nurse shall go to that particular case, one of your nurses or some other nurse?—What one is striving for is that there should be only one nurse for each area. At present there is a certain amount of overlapping, but it is being very much decreased, and the doctors in each neighbourhood know pretty well what nurses are available for that particular area, and the people get to know where they can apply for a nurse. But I quite admit that it could be made more satisfactory than it is at present.

36,845. And the organisation recognises the need of grappling with it?—Yes, distinctly. The committee which has been meeting for some months past at the Local Government Board is taking steps to co-ordinate the whole district nursing service of London, and the report which they have prepared is ready now, and I hope will be printed shortly.

36,846. Is the standard of qualification for nurses employed by the different organisations practically the same?—By the accredited nursing associations, yes. But there are odd nurses employed by the different religious bodies, and so on in different parts of London which are a very great problem. They are more or less trained. The standard for all the accredited nursing associations is the three years' hospital training.

36,847. That is laid down by the Queen Victoria Jubilee Institute?—It was really laid down by the Hospital Sunday Fund. It was that which brought it to a general head, because no one can participate in the Sunday Fund grant unless they accept that standard of three years' training.

36,848. As regards the country?—In the country, rural nurses only have six months in some cases. Until there is some definition of what is a nurse and until there is State registration, we shall never really get that satisfactorily settled.

36,849. If insurance committees were making arrangements, it is possible that they might feel obliged to lay down some standard as regards the qualification of nurses who are to be employed to attend insured persons?—I hope very much that they would.

36,850. And you are quite clear that the standard should be the one you have stated?—I think there is no other which could be accepted.

36,851. I suppose that want of uniformity as to standard of qualification is one of the difficulties in the way of co-ordination in London?—Yes, it will mean that several of the isolated nurses would be disqualified. Of course, the London Hospital always constitutes a difficulty—two years' training.

36,852. Do you find any difficulty now in obtaining sufficient nurses for your requirement?—There is a very serious shortage now. We ourselves have not found it serious so far, partly, I think, because working only in London is rather an advantage. Many



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nurses prefer to be settled in London. But there is a very distinct shortage in the nursing profession now, partly because there are many more demands for nurses, and partly because there are a good many more professions open to women who wish to take up work than there were in the old days, and partly because I am afraid it is not an age of very much hardness and endurance, and nursing work demands a good deal of it, particularly district nursing. Some think that an increase in salaries all round would do away with that, and some think that the State registration of nurses, and some sort of official status, would do away with it, but it will be a difficulty for some years.

36,853. We may infer from your memorandum that you think a great many people at present do not have the amount of attention as regards nursing which is desirable?—Yes, I think so, though it is very difficult to compute how large a number are not getting the nursing attention they need. Of course, if one knew that, one would take steps to put it right. One case I have given was a very interesting case, indeed. A daily servant had a burnt arm which she dressed herself for 10 months in between visits to a hospital, because there was no nurse in the district. The hospital at last telephoned to me and asked if we could possibly send a nurse from headquarters, as they felt the arm was getting into a rather serious condition. After two or three visits a day at first, in four weeks the arm was quite well, and the sister who was in charge of the case felt that if we had been there at the beginning, it would probably have been well long before.

36,854. Assuming that there is at present a lack of proper nursing, if insurance committees attempted to make complete arrangements, there would be a greater demand for nurses than at present?—Yes, distinctly. It is strange that the nurses are not more widely used. One would find it difficult to see how more use could be made of them unless it was done through the panel doctors. Possibly if the panel doctors were memorialised by the committees, they might realise that there was a regular provision for the nursing of their people.

36,855. But if they employ nurses more, more nurses would be required, and if there is a shortage already, there would be a greater shortage then?—Yes. The shortage certainly is a great difficulty. I calculate roughly that another 100 nurses are needed to cover the ground in London satisfactorily, from the inquiries we have made. Whether they would be forthcoming or not is a question. So far we have never been short, and whenever we have wanted more, we have been able to get them. But how long that will go on, it is very difficult to say.

36,856. What is the present accepted standard of remuneration of a nurse?—It varies a little, because the Queen Victoria Jubilee arrangement is different, they board and lodge their nurses and give them a small salary in addition. It works out, I believe, very much the same as our own. Ours is 85*l.* a year, and that is a maximum. In addition we pay two-thirds of the pension premium, which is really deferred pay, and works out at an average of from 5*l.* to 7*l.*, and we provide all uniform, travelling expenses, kit, and everything they can possibly want; so that the cost of a nurse in London to the association works out at 105*l.* a year.

36,857. And you think it could reasonably be expected that, all things being as they are, the supply of qualified nurses could be kept up year after year, if the remuneration were no higher?—It is one of the first things to put right that nurses should be a great deal better paid than they are. They are very much underpaid in many cases still, by the London County Council as well as by private associations.

36,858. You are inclined to associate yourself with those who believe that one of the causes of the shortage of nurses now is that nursing is underpaid as compared with other occupations which are open to women?—I think that is so. One of the ways of putting it right would be to increase salaries all round.

36,859. Do you agree with those who think also that the question of status is to be taken into account?—Yes, very much.

36,860. Do you not think if you had public bodies, such as insurance committees, and education committees, making definite arrangements for the employment of nurses and laying down, as they would almost be obliged to do, a standard of training which would be necessary for nurses employed directly or indirectly under them, that that would achieve a great many of your objects as regards any general registration?—Possibly it might.

36,861. You would, at any rate, get a definite standard laid down by a public authority?—Yes. I do not think the employment of nurses by the London County Council has done anything in that direction, but, of course, they are not used for home nursing work at all.

36,862. They are employed in the school clinics?—Yes, and also in the routine medical inspections and for the cleansing of children and so on. It is not very interesting work as a rule.

36,863. When we use the word status, I suppose we have in mind a definite recognised standard of qualification which a nurse could claim, somewhat analogous to that which medical practitioners claim through having passed certain examinations and being on the medical register?—Quite.

36,864-5. It is a proof in the first place that he has a recognised standard of qualification, and, secondly, that his conduct has not been such as to lead to his removal from that register, and nurses feel that if there were some definite criterion of qualification of that kind, it would make their position more secure and valuable than at present?—Precisely. I think that Dr. Chapple's Bill met with very general approval from the nurses, who are in favour of State registration.

36,866. But what would be the advantage either to nurses or to the public?—The laying down of a standard of clear definition of what is a fully trained nurse—who may call herself a nurse in fact. Nurses who have obtained certain qualifications through three, four, or five years of training feel distinctly aggrieved that there is nothing really to show that they are fully qualified people, whereas, others who are wearing bonnets and cloaks, and are nursing people on their own are passed off for exactly the same thing, when they have never probably seen the inside of a hospital.

36,867. I suppose the standard of qualification in the nursing profession, so far as there is a recognised standard, is the same for all nurses, whether they are undertaking the nursing of private patients or district nursing?—Absolutely. The only difference at all between the different nursing bodies is whether small hospitals can be included. Some nursing associations—our own is one—will not accept nurses from hospitals with less than 100 beds, but the Hospital Sunday Fund does not lay that down, and it is not insisted upon by the Queen's Institute, but most people lay down a minimum number of beds. We feel that they cannot get quite the same experience in a small hospital, so we keep to the 100 minimum.

36,868. The question whether a nurse who passes through the ordinarily accepted training, subsequently becomes a private nurse or a district nurse, would be a question largely of opportunity and of personal inclination?—Personal inclination largely. The nurses who want rather an easy time, and are anxious for unusually good remuneration, generally take private nursing, because on the whole it pays better. People who want to have a personal interest and hand in social problems turn to district work.

36,869. The district nurse has in many ways a very interesting life?—Enormously interesting.

36,870. She has her definite flock which she has to look after, and she occupies in some ways, though the work is hard, a very attractive position?—I think so, and most of the nurses who have tried it say the same thing. One wants to make them realise the opportunities they have for helping in the general health work of London, and also for helping the mothers and the various people under their care.



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36,871. And private nursing, though it may be more luxurious sometimes, is a more precarious occupation?—Yes, and one can say that the best class of nurse never sticks at private work for very long. Many of the best kind of nurses prefer institutional posts, and stay in hospital.

36,872. (Chairman.) To what age do they go on?—By our pension scheme we superannuate them at 55; but some have been allowed to remain a little longer than that, when they have been perfectly able-bodied, though they have their pension.

36,873. What is the pension?—Only 20*l.* a year, but with any small amount they have been able to save, it is just something. That is all one can say.

36,874. Do you find they mostly are able to go on to 55?—I think most of them can. District nursing, although it is hard, is really very healthy. They are out in the open air very much in between the different houses of the patients.

36,875. Is there anything you would like to add?—The only general thing I would like to say is that in talking to the nurses during the last few weeks I have been very much struck by what I believe has been the view which most people have arrived at when they have looked into the question of excessive sickness. The nurses will not hear for a moment that it is malingering. They all maintain that the length of sickness being more than was anticipated is simply because the people were not able to lie up before, and now, as they say, mercifully they are. They all maintain that that is one of the best points of the Insurance Act, that they are able to keep their patients at home as long as they should be kept off duty, whereas in the past they could not.

36,876. That is the professional point of view?—The public health point of view, that the patient,

The witness withdrew.

Mr. ARTHUR FLATHER (*Clerk to the Bradford Insurance Committee*) examined.

36,887. (Chairman.) Are you the clerk to the Bradford Insurance Committee?—I am.

36,888. I think that you were formerly employed in the town clerk's department of the city council, and for 16 years have been an active worker in the friendly society movement, and secretary to an Odd-fellows' lodge and assistant secretary to the Bradford district of the Manchester Unity?—Yes.

36,889. How many insured persons are there on the register of the Bradford Insurance Committee?—Just over 130,000.

36,890. How many doctors are there on the panel?—Now 128.

36,891. How many doctors are there in the area who are not on the panel?—Seventeen in the area in general industrial practice who are not on the panel, and 15 consultants and specialists who are not in general practice.

36,892. What are the 17 who are in general industrial practice doing, generally speaking? How do they live if they are not on the panel?—They are simply in general practice, and have not thought it wise to come on the panel.

36,893. What is the greatest number of insured persons on any one doctor's list?—At present 4,086.

36,894. And what is the average number?—920.

36,895. There are 39 doctors with less than 500 patients, of which one is in partnership; between 500 and 1,000, 22; between 1,000 and 1,500, 25; between 1,500 and 2,000, 12, of which there is 1 partnership; between 2,000 and 2,500, 5, of whom 2 are in partnership; between 2,500 and 3,000, 4 in partnership; between 3,000 and 3,500, 2, and 1 partnership; between 3,500 and 4,000, 1, and 1 partnership; and over 4,000, the one case you mentioned just now. It really comes to this, that about half the insured population are attended by a quarter of the doctors?—That is so. Of course, that is on account of free choice of doctor.

36,896. I suppose it is also to some extent owing to geographical circumstances?—Quite so.

36,897. Bradford is a very large place in area?—Very extensive.

instead of having to hurry back to work, is able to stay under the nurses' and doctors' hands a little longer and give himself a chance of recovery.

36,877. They attend the cases which are pretty bad?—As a rule, yes, but one definite result of the Insurance Act to nursing work is that they have a good many more small cases.

36,878. But most of the small cases do not get nurses, do they?—No.

36,879. You do not see those?—No.

36,880. You are more likely to see serious cases of people who are really ill than cases where there is some little tendency to nibble at the benefits under the Act?—Yes.

36,881. They do not go for colds?—No, none of us would need nursing when we have colds.

36,882. Or chills?—Chills can become rather serious things.

36,883. The sort of thing a doctor certifies as chill or cold?—Probably we should not know of those. We have just begun a rather interesting experiment in connection with the South Metropolitan Gas Company. They have asked us by a regular system to send a nurse to any case notified to us by them, and we are arranging to do it. It has meant that a good many cases which are not really nursing cases have come.

36,884. Still one expects to find that there are a good many other cases receiving sickness benefit that even a person most anxious for public health would not send a nurse to?—That is so; a nurse would be of no use where a relation can do everything that is needed.

36,885. Or the person can do everything he wants himself?—Quite so.

36,886. They do not see those cases?—No.

36,898. What is the size of the borough from boundary to boundary?—I think, speaking roughly, about 10 miles.

36,899. It includes a good deal of open country?—A good deal in the outer districts.

36,900. You say that the number of people who have failed to select a doctor on the panel is 11,000 odd?—Yes.

36,901. And the number who are taking their treatment from approved institutions is 1,060, and 152 have made their own arrangements?—Yes.

36,902. All of those being people who are employed or resident in hospitals or something of that kind?—Yes.

36,903. As to changes of doctor by consent, how many changed by consent during 1913?—Only 36.

36,904. And how does that take account of the people who change on account of moving from one part of the city to another?—It is a very small proportion. The changes from removal within the city were 1,500 last year.

36,905. Did they all change their doctor?—Yes.

36,906. That is the regular routine, is it?—Yes.

36,907. At the end of the year, how many changed?—855. Of this number 685 were at the request of insured persons, and 170 were at the request of the doctors.

36,908. What does that 170 at the request of the doctors mean—that they made a formal request to the committee to be allowed to turn people off their list?—Yes.

36,909. Did they make some charge?—No. They just gave the ordinary notice that they are entitled to do.

36,910-1. Did the persons protest?—One firm had nearly 120, and there was an outcry amongst the practitioners about this particular firm, and some persons protested in the offices of the committee. As a result I interviewed one of the partners, and they agreed that where these persons found a difficulty in getting on to another doctor's panel they would take them back, and they took the bulk of the 120 back again.



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36,912. Did they tell you why they wanted to turn the 120 off?—They did not tell me why definitely, but I rather gathered that they had a very big panel, and they wanted to knock some people off, who were not what you would call good lives.

36,913. It was a deliberate selection?—So it appeared from what the other practitioners said.

36,914. Of the 685 insured persons who themselves wanted to change, did they give any reason?—No. They simply filled up the official form.

36,915. The committee did not inquire at all what it meant?—No.

36,916. As to the medical service sub-committee, what happened during 1913?—There were no cases in 1913, and since then we have only had seven complaints which went to the medical service sub-committee.

36,917. What were the cases?—One was a complaint by an insured person against a practitioner respecting the medical treatment of his case. The sub-committee went very carefully into the complaint, and found that no real ground of complaint had been established. The next complaint was by a medical practitioner against an insured person in respect of his conduct whilst receiving medical treatment.

36,918. What was the complaint?—That the man wanted a medical certificate so as to declare on the funds and the doctor would not give it, and the man got abusive. The insured person apologised to the doctor in the presence of the sub-committee, and the doctor withdrew his complaint. The third was a complaint by an official of an approved society against a medical practitioner in respect of his treatment of a deceased insured person. He said that there was a lack of attention, and as a result this woman had to be taken to the workhouse, where she ultimately died. But after careful inquiry the sub-committee found that there had been no real ground of complaint, and that this doctor had given all the care that he could possibly have given.

36,919. When you say no real ground, putting the accent on the "real," does that mean that there was some ground for the complaint, which was not substantial?—That is the wording of the minutes—"real ground of complaint." There was really no ground of complaint. The next was a complaint by an official of an approved society against a medical practitioner respecting a medical certificate given to a member of the society, who was suffering from a disease which would disentitle him to sickness benefit, which certificate did not state the nature of the illness.

36,920. Do you mean a venereal disease?—Yes.

36,921. What did the doctor certify it to be?—He merely certified illness, and the society's official wrote to the doctor and asked for a fuller explanation, and the doctor replied that it was all right. The society's official afterwards found out what was the disease, and in the result they did not pay sickness benefit, and they demanded the money back that they had already paid. The complaint came before the sub-committee, and the sub-committee found that the doctor was to blame for the course he had adopted in the matter, and they hoped that there would be no repetition of the mistake in future.

36,922. What did the doctor say?—The doctor thought that this man was entitled to sickness benefit, or that any man was entitled, if he were ill. He did not know the rules of the society, of course, that for certain diseases sickness benefit was not allowed to be paid.

36,923. That is what he said?—Yes.

36,924. You did not believe it, did you?—I did not doubt his word.

36,925. People do not usually put "illness" on a certificate?—No. If they do, they get asked what the illness is. The doctors have stated that they will indicate the nature of the illness.

36,926. Had he been a friendly society doctor before the Act?—He had not. Then there is a complaint by an insured person against a medical practitioner that, through the doctor refusing to attend him during an illness, he had to pay of bill of 2*l.* to another doctor he had summoned first in an emergency. This man had an accident at his work and, as he was

bleeding, he sent for a doctor who was not his panel doctor, and received medical attention. He sent for his own panel doctor the next day, who, finding that the other doctor had the case in hand, would not take it up, and the man had to continue to be treated by the doctor he had first summoned. He was also a panel doctor, but he would not take the man on to his panel until the wound was practically well. The result was that the bill was sent to me, and a complaint made to the medical sub-committee, who decided that the insured person should pay 10*s.* 6*d.* to the second doctor for services rendered in the emergency, and that the rest of the bill should be refunded to the insured person under an arrangement made between the two doctors. The money was refunded to the insured person through me.

36,927. Are the doctors satisfied with the result?—Yes, quite. Of the two remaining cases one is a complaint made by a large corporation about a medical practitioner giving a certificate to one of their members, when he had not seen him. This member came under section 47 of the Act. After hearing the complaint and the doctor's reply, the sub-committee were of opinion that the doctor, whilst he had certainly broken the regulation in regard to this matter, had sufficient evidence to enable him to give that certificate, and that he had satisfied himself that the man was ill. It was a case of accident, and the man had been taken to the infirmary, where his wounds were dressed. The panel doctor had telephoned to the infirmary to see whether he had to continue the case or not. The doctor was reprimanded for giving the man a certificate without seeing him, and he promised that he would not break the rule in future. The remaining case is a complaint respecting some letters written by a medical practitioner to certain approved societies and also to the clerk to the committee, which were not courteous letters. This was a young doctor, and he apologised for his conduct, and promised that he would be faithful in the discharge of his duties in the future.

36,928. I had an idea that I had heard of a complaint in Bradford with regard to a continuing certificate given in the case of a person who was, in fact, dead when it was given. Have you heard of that case?—No, I have never heard of it.

36,929. That case has never been brought before your committee, I suppose?—No, never.

36,930. Will you tell us generally about the attitude of the medical profession in your district towards the Act?—Yes. The attitude of the medical profession in my committee's area towards the Insurance Act may now be said to be one of hearty co-operation with a view to smooth working. I myself know of one or two doctors who were the strongest opponents of the Act, who are now doing their utmost to carry out the requirements of the Commission.

36,931. There was a good deal of hostility to the Act at the beginning, I suppose, on the part of the doctors?—Yes, but the chairman at that time is now amongst those who are doing their best to make the Act work smoothly.

36,932. There have been, I understand, a number of complaints to the medical service sub-committee with regard to certificates. Will you tell us about those?—A few representations have been received from societies with regard to the details of certification, but only one case has been brought to the notice of the medical service sub-committee, because no difficulty has been experienced in suitably arranging matters between approved societies and medical practitioners. There was one case of post-dating, and the doctor promised not to offend again. There was one case of failure to state the nature of illness, the details of which I have already given. The case of certifying without seeing the patient I have also told you about. In regard to "incomplete statement of cause of incapacity, &c.," there were two cases where the doctors failed to disclose pregnancy, and they agreed to do so in future.

36,933. What does the next item mean: "Charging for certificates: three cases where doctor agreed to refund money." I cannot quite understand how any doctor could suppose that he was entitled to charge for



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a certificate under the Act?—I do not know; it is not for me to judge the medical practitioners.

36,934. I did not mean that; tell me what happened?—They asked for payment for certificates granted.

36,935. What did they say in justification?—That they did not know but they were entitled to it; that is their explanation. When I drew their attention to the cases, they agreed to refund the money.

36,936. Were they really certificates required to secure payment of benefits under the Act?—Yes.

36,937. They were not private ones?—No; we know, of course, that a doctor is entitled to payment for any extra certificates.

36,938. You mention other cases of doctors asking for payment. What were they?—In one case a doctor was paid for the certificates before the insured person came on his panel. He was entitled to the money, because the insured person had not asked to go on to his panel at the time. Then in five cases my attention was drawn to the fact that practitioners had sent in accounts for services rendered in cases of accident. They found that they had sent them in in error, and asked for them to be withdrawn.

36,939. Did they say why they had sent them in?—In one or two cases they sent them to the firms where the insured persons were employed.

36,940. Used that to be the practice in the old days?—Yes, the master would tell the doctor to send the bill in to him.

36,941. In all these cases, did you discuss the matter with the doctor concerned and the approved society which made the complaint?—Yes, with the doctor and the approved society; in one or two cases with the employers.

36,942. Were the representatives of the approved societies satisfied in every case?—Yes.

36,943. They have not complained?—No.

36,944. On the other hand, have you had any complaints from doctors?—Yes, regarding the administration of sickness benefit by the societies, a considerable number of representations have been received. In most of these cases the doctor sent the insured person to the offices of the committee, and advice was tendered to him as to the steps he should take in the matter.

36,945. What was the advice?—The advice has been as to whether he was entitled to sickness benefit. He was told to go to his approved society. We have told them, of course, that we have no jurisdiction over sickness benefit, and that the matter rests entirely with their approved society, and that if they failed to get satisfaction from the society, they were entitled to appeal to the Commissioners through the inspector of the district, whose name and address we gave them.

36,946. You put them in the way of getting what they wanted?—Yes, that is all we could do.

36,947. Do you think the complaints were genuine, or were they just grumbling?—I think the bulk of them were just grumbling people. I believe the Commissioners' inspector has had a lot of worry over many of these cases, and in the long run it was found that they were not entitled to the money they were claiming.

36,948. Were the approved societies in agreement with the action taken by the insurance committee in the matter?—No complaint has been received as to our action. I may say that the relations existing between the doctors, the approved societies, and the committee are, generally speaking, of a most cordial character.

36,949. Will you tell us what steps were taken by the insurance committee to bring the medical men and the approved societies together, in your districts?—An important factor in bringing the approved societies and the doctors together was the action taken by the chairman of the committee, Mr. Councillor E. J. Smith. In July last he convened a conference of medical practitioners and representatives of approved societies at the Town Hall. The conference was preceded by a tea, and there was a general interchange of opinions on points of difficulty, a round table talk, and they agreed upon certain things, which were put into writing and circulated to the medical practitioners and approved societies.

36,950. Who attended this conference on behalf of the doctors?—Practically the whole of the members of the local medical committee.

36,951. How many would that be?—Twenty.

36,952. Did they represent all the other panel doctors?—Yes.

36,953. What approved societies were represented?—All the approved societies—the large industrial societies, the trade unions, and so on; about 40 of them were present by their representatives.

36,954. Will you tell us what conclusions were arrived at?—The conclusions come to were: "(1) That 'all approved societies be recommended to appoint 'sick visitors to co-operate with the doctors in carrying out the provisions of the Act; (2) where, in the opinion of the approved society, doubt exists as to the fitness or otherwise of an insured person for work, a written or verbal communication should be made to the doctor concerned and not to the patient. The doctor will then see the insured person, and his decision will be accepted by the approved society; (3) doctors, when certifying incapacity for work, agree to see insured persons at least once a week, except chronic cases or those residing in convalescent homes or similar institutions; (4) in certifying incapacity for work on account of pregnancy, doctors agree to state in their certificates the illness arising therefrom which has caused such incapacity; and (5) in the printing of new certificates it is strongly urged that an approved form should be followed. Samples of these may be seen at the office of the clerk to the insurance committee."

36,955. Was there much discussion at the conference before these things were arrived at?—Yes, we were discussing these various points for about an hour and a half.

36,956. Will you look at No. 3: "Doctors, when certifying incapacity for work, agree to see insured persons at least once a week"—that is all right—"except chronic cases or those residing in convalescent homes or similar institutions." Do you not think that there is a little danger in doctors certifying the condition of a person who is, in fact, in an institution or home a long way off—they have not seen him and he may be dead?—There is possibly that chance, of course; but doctors know from the nature of the disease how long a man is going to be recovering from it; if it is a chronic case, they know that he will not be ready for work for at least a week, and that was the reason for that being put in.

36,957. That may be, but even a doctor has not such control over the forces of nature as to be able to tell at what moment a patient may die?—Quite so.

36,958. But, at any rate, that has been left to local agreement?—Yes, that they would see patients at least once a week.

36,959. Then, in regard to the certificates mentioned in No. 5, is the approved sample form in accordance with the Commissioners' form?—That sample form was passed in July, and I think the Commissioners' form was issued after that time, was it not? This was a form which had been adopted by the Manchester Unity in the first instance, and then every large society took it up. It allowed the doctor to sign the same form week by week.

36,960. The forms are now supplied to the doctors themselves, are they not?—Yes, for initial certificates. But this was more particularly a continuing and final certificate.

36,961. It is very desirable indeed that doctors and approved societies should arrive by this kind of conference, so far as they can, at a settlement of their local differences and difficulties; would it not, therefore, be as well if we could get them all over the country to agree on the same lines?—Yes. One of the good results arrived at was to bring the doctors and the approved societies' officials nearer together and to a better understanding. They now telephone to each other in regard to difficulties, and meet and talk them over, and in that way save a lot of trouble.

36,962. That being the case, they being in this ready communication with each other by telephone



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you say that generally you have not found much difficulty in arranging such little troubles as have arisen?—No trouble at all.

36,963. Looking at it from a general point of view, as an official, do you still notice a certain amount of grumbling on both sides or not?—There is bound to be a certain amount of grumbling; when you have a large body of men to deal with, you cannot suit everybody.

36,964. I know; but perhaps the Yorkshireman is not a very easily contented person at any time. Do you find, generally, complaints or not?—I think, generally speaking, things are working very smoothly and complaints are very few.

36,965. I think that there were some other things agreed upon at the conference besides the five points we have already had?—Yes. The first was that the approved societies agreed to accept a midwife's certificate for sickness benefit for the first four weeks. That was before the amending Act was passed.

36,966. That is less important now?—Yes. Then the doctors were allowed a little discretion in regard to giving certificates on the first or subsequent days of illness of an insured person. Doctors sometimes found difficulty in diagnosing a case, and possibly might find that an insured person was fit to return to work on the third or fourth day, whereas if he had had a certificate he might have taken advantage of it and stopped on the funds.

36,967. Then you have not considered the question of medical referees at all?—No action was taken in regard to that, although I laid before the committee the circular of the Commissioners. My committee are quite willing to abide by any decision the Government may come to in regard to medical referees.

36,968. And they are not willing to give us any assistance as to local conditions and so on?—Some of the large local societies have their own medical referees.

36,969. What does the expression "incapable of work" mean in Bradford; what interpretation is being put upon it?—I am informed that it is understood to mean: "Incapable of doing a day's work; that is to say, incapable of doing any ordinary full day's work" at an insured person's usual occupation, or at any "ordinary occupation." The prevailing opinion is that the definition which practitioners are putting on the words in the section varies considerably, and that some doctors give certificates much more readily than others do.

36,970. Do you think they give certificates more readily because they are soft-hearted, or because they have a genuine difference with others as to what the words mean?—I think some doctors give certificates much more easily than others, because they are more soft-hearted.

36,971. You find that the system is working fairly satisfactorily?—Yes; and I think, given a chance, that it will work much more satisfactorily.

36,972. You are an old friendly society man yourself, I understand, and you see a good deal of the friendly society and approved society people on your committee; do you think that they would like to go back to the old system?—I do not think so.

36,973. Has that question ever been discussed in the committee?—No, not in committee.

36,974. (Mr. Warren.) You think, then, that, taken on the whole, there is a better understanding between the medical profession and the officials of approved societies than there was at the beginning?—I am sure of it.

36,975. And that that improved condition is going on and is likely to develop?—I think it develops from day to day.

36,976. And that now, if they were approached by the persons who are administering the Act, they would receive and confer with them?—Yes, there is the greatest courtesy between the two.

36,977. But in the beginning there were strained relations?—That is so.

36,978. Your past experience of friendly society work will have qualified you to form some opinion in respect to the old arrangement of medical officer of a lodge and the present arrangement?—Yes.

36,979. In the past there was a very cordial relation existing as a rule between the medical officer and the lodge he served, was there not?—There was.

36,980. And that relationship was brought to an end by the advent of national insurance?—Yes.

36,981. And then the strained relations ensued?—At the beginning.

36,982. But now the relations are more satisfactory?—That is so.

36,983. Have you ever discussed with your old colleagues the question of reverting to the former practice of administering medical benefits?—I have heard it discussed in lodges and districts often. An opinion was prevalent about a year ago that the friendly societies ought to have the medical benefit back again, but even the leaders of that movement have come to the conclusion that it is an utter impossibility, and that the present system is a good deal better than that prevailing in the old days, more particularly in regard to travelling vouchers and temporary medical benefit when away from home, and so on.

36,984. There is no possibility of ever coming back to the old arrangement, I take it?—I should say not.

36,985. And those who were looking in that direction some time ago are now satisfied?—I am sure of it.

36,986. You agree that it is an improved service as against the old service?—Yes.

36,987. Have you ever discussed the question of a whole-time State medical service?—No; but I believe that a lot of friendly society officials believe in the institution of a whole-time State medical service.

36,988. But you in your particular committee have formed no opinion, and have seen no reason to form one, on the subject?—No reason whatever. My committee are satisfied with the panel service.

36,989. In your outline of evidence you call special attention to the question of sickness visitors, and I take it you hold the opinion that a strict sickness supervision is to be desired?—I think it is essential; and additional proof has recently been given to me by the superintendent of the — Society who has recently appointed a woman visitor. He says that, as a result of her appointment, the sickness benefit has gone down considerably.

36,990. And you therefore consider that an extension of a system of adequate sick visitation would be desirable?—I think friendly society and all society officials should recommend that course to be adopted.

36,991. As a means of checking malingering?—Yes.

36,992. And to have the assurance that the person in receipt of sickness benefit is conforming to the rules of the society under which such benefit is paid?—Quite so.

36,993. Have you had any difficulty upon the Bradford Committee in respect to pregnancy cases?—Yes, a good deal of difficulty has been experienced in that regard. Some practitioners have certified for sickness benefit pregnant women when there was no incapacity other than pregnancy, and societies have been hard hit in that regard in Bradford.

36,994. By paying benefit during that period, where no complication has arisen?—Yes.

36,995. Have you any knowledge as to whether there is confusion in the minds of some of the approved society people as to what their right action should be?—I do not think that there is any confusion in Bradford now; there may have been at one time, but the practitioners and the approved societies know that they cannot certify for sickness benefit unless there is some disease arising out of, or entirely apart from, pregnancy.

36,996. Am I right in assuming that most of the women employed in Bradford are employed in the various textile industries there?—Yes, a very large percentage of the population of Bradford is employed in the mills.

36,997. Are they, even in the cases of pure pregnancy, called upon to refrain from work for some period prior to confinement?—I think it is three months, is it not?



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36,998. By their employers?—I would not like to say anything as to that, because I have no actual knowledge of the facts.

36,999. Am I right in assuming that it is not an uncommon thing for a woman to be told that, for decency's sake, she should remain at home?—I have no knowledge of this particular question, and, therefore, I cannot say.

37,000. You are not, then, able to assist us in forming any opinion as to whether there should be an extension of the period of benefit in respect of pregnancy and after confinement?—From what I have heard of the opinions of friendly society, trade union and industrial society officials, I should say it would be a very good thing for the societies concerned if the Government would take some definite steps as regards sickness benefit during pregnancy.

37,001. (*Mr. Mosses.*) The great feature of your outline of evidence is the series of complaints which have been made in writing by medical practitioners in regard to the administration of sickness benefits?—Yes.

37,002. You say that approved societies have declined to pay sickness benefits because they deemed the insured persons fit to resume employment. There were three complaints of that nature in writing?—Yes.

37,003. Might I ask the reason for these complaints: were they made on behalf of the insured person or of the medical practitioners themselves?—The complaints came to me from the medical practitioners that the societies declined to pay sickness benefit.

37,004. But did they object to being interfered with by the approved societies, or were they acting on behalf of the insured persons?—They were acting on behalf of the insured persons. I simply passed the complaints on to the approved societies; that is all I could do.

The witness withdrew.

## FIFTY-THIRD DAY.

Wednesday, 6th May, 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Dr. T. M. CARTER.  
Mr. WALTER DAVIES.  
Miss M. H. FRANCES IVENS.  
Miss MARY MACARTHUR.  
Mr. WILLIAM MOSSES.  
Dr. LAURISTON SHAW.

Mr. A. C. THOMPSON.  
Mr. A. H. WARREN.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.  
Mr. ALEXANDER GRAY (*Secretary*).

Mr. S. PIMBLE (*Secretary of the Gloucester Conservative Benefit Society*) examined.

37,015. (*Chairman.*) You are the secretary of the Gloucester Conservative Benefit Society?—Yes.

37,016. Is that a society registered under the Friendly Societies Act?—Yes.

37,017. Has it a separate section approved for the purposes of the National Insurance Act?—Yes.

37,018–9. Is that an approved society which admits men only?—Yes. There is also the North Gloucester Women's Benefit Society.

37,020. The other society is the North Gloucester Women's Benefit Society. Is that an old friendly society?—Yes.

37,021. Does that admit women only?—Yes.

37,022. Has it an approved section?—Yes.

37,005. What was the effect of your representation to the approved societies?—Of course, I had no right to make a representation, and, therefore, the approved societies did not report to me.

37,006. You heard nothing more of the matter?—Not in those particular cases. In some cases I have heard that the approved societies agreed to pay, and that in others they would not.

37,007. In regard to the case of a society writing to insured persons to declare off, is your answer the same?—Yes.

37,008. And also when the society declined to pay benefits?—That is so.

37,009. Also in regard to the case of a sick visitor asking a sick person to declare off?—Yes.

37,010. Then it comes to this, that the medical faculty in Bradford are really acting on behalf of insured persons to ensure the punctual payments of sickness benefit to them?—Considering the enormous number of insured persons that there are, these cases are only isolated cases.

37,011. Referring to the case of touting for insured persons, why did the medical practitioner object to that?—It was only one case, and, as a matter of fact, was not touting at all. I had the official down to talk to him, and he explained the circumstances to me. It was merely a chance remark he had made, and he promised he would be careful in future. It was the case of a servant girl coming to live in Bradford, and he mentioned the name of a society to her, and that the society's doctor was Dr. So-and-so.

37,012. With regard to sickness visiting, has your committee dealt with its adequacy or the reverse in Bradford?—No.

37,013. It has not come within their purview?—No, only as to deposit contributors, and the committee have not taken any steps to appoint a sick visitor for them.

37,014. You have no views to offer as to the appointment of permanent sickness visitors?—None.



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[Continued.]

37,028. The central office of the society is in Gloucester city?—Yes.

37,029. Is it a centralised society?—Yes and no.

37,030. Are its finances all one?—Yes.

37,031. And it has branches for the purpose of the Act?—Yes.\*

37,032. How big is the district covered?—It covers practically the whole of north Gloucester and portions of south Worcestershire.

37,033. What towns does it include?—It includes Gloucester, Cheltenham, and Tewkesbury, and two or three smaller towns.

37,034. What are the majority of your members by trade?—The majority of the country members are agricultural labourers. The others would be mixed artisans, labourers, and tradesmen; that is in the parent society.

37,035. Is the majority of the membership in the country or in the towns?—Collectively the majority would be in the country.

37,036. Are there any particular industries which are represented in preponderating force?—No.

37,037. There are the gasworks in Cheltenham?—Yes, but we should not have a large membership there.

37,038. What are the women for the most part?—Domestic servants, shop assistants, and teachers.

37,039. Taking both men and women, they are a rather well paid sort of membership?—Fairly well paid.

37,040. They are rather among the better paid, than among the less well paid members of the industrial community?—No, I cannot say that.

37,041. What class of domestic servants are the women?—General servants, as a rule.

37,042. I suppose that there are a lot of big houses scattered about the country?—There are some; it is not a big residential county.

37,043. There are a lot of residences in Cheltenham?—Yes, but there is not a big proportion of them with well paid servants.

37,044. On the private side what benefits does the society pay; take the men first?—From 5s. to 30s.

37,045. How is that ascertained?—The society is divided into classes, ranging from A, 5s. a week, which is represented by a contribution of  $\frac{1}{2}$ d. a day, between 16 and 30, and increasing to 1d. a day for 10s., and  $1\frac{1}{2}$ d. for 15s., and so on to 3d., which would bring in 30s. a week.

37,046. What is the great bulk of the society insured for?—For 10s. a week.

37,047. What contribution does that represent?—7d. a week up to 30, and then increasing.

37,048. Is the proportion insured for that amount the same since the Act came into operation as before?—It has increased a little I should say.

37,049. Did you not make any alteration in the amount for which people were to be insured?—We simply gave people the option. We have no compulsory clause; members would not have it at the annual meeting.

37,050. Did they take any advantage of the option?—Very few of them did.

37,051. Have you no limit put upon the amount which a man can draw on the State side and the voluntary side added together?—Not together; our own rules provide that we shall not pay benefit exceeding three-fourths of their usual wages, but that has now been overlapped by the Insurance Act, and we find that they are getting considerably more than their wages.

37,052. You have not cut it down in consequence?—We cannot; we have attempted to.

37,053. You had a proposal of the kind?—Yes, but it was deferred for twelve months until the first Thursday in next March, when it will be considered in the light of the working of this year.

37,054. What has your experience been with regard to outgoings?—That they have been considerably more than in previous years.

37,055. That is on the private side?—Yes.

37,056. How much have they gone up?—For last year up to the 31st of December our total sick pay was 6,330*l.* for men only; that is an increase of 1,033*l.* over the previous year.

37,057. What about women?—There is an excess in that also, but not in such great proportion because we have been able to get a rule passed by the women which helps us to cut it down.

37,058. What is the rule passed on the women's side?—It has not actually been registered yet.

37,059. Never mind that, if it is in operation?—The proposal was that in any case in which after due inquiry the committee was satisfied that the member's income during sickness is excessive through over-insurance, they shall be authorised to make such reduction in the insurance of such member as shall seem to them desirable. That was passed on February 21st of this year.

37,060. It cannot have had much effect yet?—It has not really come into force yet, because it has not been registered.

37,061. Are you acting on it?—No, we must not act on it until it is registered.

37,062. What has the result been on the women's side?—The sick pay for 1912 amounted to 715*l.*, and in 1913 it increased to 784*l.*

37,063. On the same number of membership?—Slightly more.

37,064. Is there anything in that, having regard to the increase of membership?—Yes, because we have had to complain of the class of members who have been drawing sick pay.

37,065. Turn to the State side, what is the experience?—An increasing amount each quarter.

37,066. Can you give it to me in pence per week per member?—No. For the first period of benefit from January to April 1913 the amount was 166*l.*; for the corresponding quarter of this year it was 220*l.*

37,067. What were the other quarters of last year?—In the quarter from April to July it was 179*l.*, from July to October it was 173*l.*, and from October to January it was 173*l.*

37,068. Then it goes up to 220*l.*?—Yes, that is for the women only.

37,069. What about the men?—The sickness benefit for the men for the first quarter was 780*l.*, for the second 648*l.*, for the third 527*l.*, for the fourth 676*l.* and for the fifth 737*l.*

37,070. That was an improvement on last year?—Yes, I account for that by the fact that we have now a special sick visitor.

37,071. You have also got other liabilities which you had not before, the men over 50 and all that?—Yes.

37,072. How much would you take out of the 737*l.* to get a true comparison?—Not a great deal, because our ordinary members leave at 65, so that we shall not have a big percentage of aged members in our society.

37,073. But you have a percentage between 50 and 65?—Yes.

37,074. Coming to the general question, do you think that unjustifiable claims are being made?—I do.

37,075. By men or by women?—By both; but women are the worst offenders.

37,076. What makes you think that unjustifiable claims are being made?—We find them every day. It is a matter of knowledge.

37,077. People are actually claiming in cases in which, when you come to examine them, you find that they ought not to claim?—That is our impression; they are claiming for very trivial things.

37,078. Do you examine the trivial things, and find that they are only trivial?—Yes, so far as we can.

37,079. Are you refusing to pay on them?—No, because we cannot refuse on the doctor's certificates, but we take them up with the doctors as far as we can.

37,080. What do you mean by having to pay?—If a doctor gives a certificate, how are we to get out of it? We cannot refuse to pay, if a doctor certifies that a person is unable to work.

37,081. If you get a certificate, which discloses a complaint which you think is trivial, do you communicate with the doctor?—Yes.

\* See question 37,341.



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[Continued.]

37,082. What does he say?—Sometimes he ignores us altogether, and at other times he practically tells us to mind our own business.

37,083. And does he sometimes do anything else?—He sometimes takes people off the funds.

37,084. Have you any figures as to the number of cases, about which you have gone to the doctor?—During the time which I have had this extra man working, he has seen doctors in perhaps 60 or 70 cases.

37,085. Since when is that?—Since about last October.

37,086. He is a permanent sick visitor?—Yes.

37,087. He cannot cover the whole of north Gloucestershire?—Yes; he has a motor bicycle, and he goes wherever he is sent from day to day.

37,088. Is he in your sole employment?—Yes.

37,089. What do you pay him?—80*l.* a year and travelling expenses.

37,090. What is he?—He is in the Reserve, but when he came to us he was employed as receiving porter or something of that kind at Cheltenham Hospital.

37,091. What does he do when he goes out on his motor bicycle?—He sees whether the people are working, and if they have got what we call trivial complaints, he examines them.

37,092. He does not examine them to see whether they are ill?—No, but, for instance, last Thursday he brought to my notice a youth who was stated to be suffering from an ulcerated heel, but there was nothing at all the matter with him. He had a bandage on the heel, and when the bandage was taken off, the heel was as clean as my hand.

37,093. He took the bandage off?—Yes.

37,094. He must be rather a bold man?—The patient was kicking a football at the time.

37,095. Where did that happen?—Immediately adjoining Gloucester.

37,096. Did you go to the doctor with that case?—Yes; he was declared off the same day, but the doctor wrote resenting interference by any club secretary with his patients.

37,097. What did you do?—I took no notice.

37,098. I should take some notice?—The man was declared off, and that was all we wanted.

37,099. It is not all you wanted. Do I understand that the doctor certified that the man had got an ulcerated heel, when he had not?—No doubt he had something the matter with his heel. Judging by the look of it, I should say that he had had an abrasion or a piece of skin rubbed off, but it was all healed up.

37,100. Did you not go for the doctor?—Not since then.

37,101. When did that happen?—Last Thursday week.

37,102. Is it in the area of the county?—Yes; it adjoins the city.

37,103. Have you taken the matter up with the insurance committee?—There is no good in taking matters up with them. I do not get much help from them.

37,104. Why not?—I do not know; they seem to have a bias.

37,105. Did you try?—Yes.

37,106. Take Gloucester city. The committee is composed of a large majority of persons who are interested in the approved societies?—Yes.

37,107. You have got no reason to suppose that they do not sympathise with you. Have you got a representative on the committee?—Yes.

37,108. What does he do?—These committees get cut up so much, that we do not think that we get the proper sympathy that we ought to have.

37,109. Have you tried to get their sympathy?—Yes; we have reported.

37,110. Reported what?—Reported one case which was examined by the medical benefit sub-committee.

37,111. What happened?—The doctor was censured.

37,112. Do you think that more should have been done to him?—But perhaps I had not better say what I know.

37,113. There is not the least use in your coming here, if you do not say what you know?—It was intended to be made a political question. I have opposed this Act right from the beginning, though I am working the thing, and it was intended from what I have heard since to make a political matter out of it.

37,114. But they did censure the doctor?—Yes; that is what they say; I was not in the room.

37,115. Did you think that the doctor should have been struck off the panel?—No, I did not ask that. I asked that he should be warned for what had been done.

37,116. He was warned?—Yes, from what I understood.

37,117. Do you not think that you had better go on doing the same thing?—As time goes on, if we find the same sort of thing, but I would like to have seen the facts of the case published—I do not mean the doctor's name, but the exact facts of the case, instead of a garbled report in the local paper.

37,118. What did appear in the paper?—Simply that a doctor had been reported and warned.

37,119. What more did you want?—There were no details at all.

37,120. You would have liked the thing set out?—I should have liked the doctors to know what it was.

37,121. Do you think that they did not?—Not from the press.

37,122. You know that a doctor in Gloucester city has been struck off the panel?—Yes.

37,123. Have you any reason to think that any serious complaint made against a doctor, as was made against that man, would not be fully attended to?—Possibly it would.

37,124. You have communicated in 60 or 70 cases with doctors during the last two months?—Yes.

37,125. What did you do before that?—We simply did the best we could with the voluntary sick visitor.

37,126. You think that now you have got your regular sick visitor, you have got more hold of them?—I hope so.

37,127. What about the women? This man is not available for them?—No.

37,128. What do you do about them?—We have a sick visitor who only does a certain district, and another who has not yet taken over her office on account of illness.

37,129. Where is the first woman's district?—Gloucester.

37,130. Is she a whole-time servant?—No, a part-time servant.

37,131. What has she to do besides that?—I do not think that she has anything to do. She is living with her parents.

37,132. What time in the day does she visit?—She visits at all times of the day and evening.

37,133. Do you find that of much advantage?—It has not had much effect yet.

37,134. What is the other district for which you have appointed someone?—Cheltenham.

37,135. What are you going to do about the agricultural area?—I am trying to divide that between the two sick visitors, but it is a question of getting about districts which are rather away from the railway, but they are both learning to ride bicycles.

37,136. Do you make any use of medical referees?—We have tried to get doctors to take the matter over, but they have asked fees which our committee thought prohibitive.

37,137. What did they ask?—10*s.* 6*d.*

37,138. Whom did you ask?—British Medical Association doctors through the secretary.

37,139. Has the Gloucester Insurance Committee made any attempt in the city to set up a system of medical referees?—Not to my knowledge.

37,140. Or in the county?—I cannot say, but I do not think so.

37,141. Do you want medical referees?—If they could be appointed independently of the societies, I think that they would be a great boon to us.

37,142. Why do you say independently of the societies?—They should not be under the control of any society, or appointed by any one society. I think



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that if they were appointed by the Commissioners, their verdict would have greater weight than if they were appointed by any individual society.

37,143. Do you think that they should be appointed by the committees or by the Commissioners?—The committees would have the authority of the Commissioners. I do not think that there would be much in that, but the Commissioners I think would be the proper people to appoint.

37,144. That is what you would prefer?—Yes, but even then the question is a difficult one, because one doctor may say, "My word is as good as your referee's," and so you would really want an umpire, a third doctor in the case.

37,145. Of course there is a limit to the extent to which we can sit in judgment on one another?—Quite so. I do not mean that the Commissioners should appoint a man and not take something towards his services. I think that every society would be willing to pay some fee.

37,146. Why do you think that?—I know that my own society would, and I think that other societies governed in the same way would also be willing.

37,147. Do you think that they would prefer to pay or not to pay?—They would prefer not to pay, but I think it only reasonable that we should pay. I think that some societies would be sending trivial cases to referees.

37,148. Have you any trouble with the doctors about dating certificates?—Yes.

37,149. What have you done?—We have got them in line fairly well now. They are fond of dating certificates say on Friday for the Monday following, making a man entitled to sick pay for the end of the week.

37,150. What did you do to get them into line?—I complained to them and interviewed them.

37,151. Did they listen to your complaints?—Yes.

37,152. They did not tell you to mind your own business?—Not in this case.

37,153. Did you have particular trouble with particular people, or with all the doctors at large?—With just a section.

37,154. Is there anything more which you want to tell us?—The one great fact is that of over-insurance. One of our old doctors tells me that he has got no end of a job in getting farm labourers off the funds once they get on, because a man with 14s. a week wages and a cottage and garden does not feel inclined to turn out on a cold winter's morning, if he can get 11. a week to stay at home.

37,155. Knowing that, you did try to have not exactly a scheme under section 72, but to have some reduction on the voluntary side?—Yes.

37,156. So as to bring the benefit paid down to the amount of the wages?—Down to the full wages.

37,157. Would you have been satisfied, if that scheme had gone through?—It would have been a great help to us.

37,158. Was it rejected?—It was deferred for twelve months to see the working of the present year.

37,159. At whose instance was it deferred?—At a general meeting of members.

37,160. How many people came to the general meeting?—About 250 or 300.

37,161. Was the general meeting in Gloucester?—Yes.

37,162. Did the agricultural labourers come in from the country?—Yes, but not very many.

37,163. The thing really comes to this, that this matter of over-insurance is in the hands of the society to a great extent?—Yes, on the voluntary side.

37,164. You could either cut down the voluntary benefits under the powers given under section 72, or you could cut them down in a slightly different way, which comes to the same thing in the long run. The society considered this, and decided for the moment not to do so?—Yes.

37,165. Why did they decide that?—One of the main arguments used by the mover of the resolution deferring the matter was that a man always wanted more money in sickness than in health. He put it in

a very homely way. He said, "When I am well, I could eat a crust of bread and cheese and enjoy it, but when I am ill I cannot. I want more expensive food."

37,166. What did the other people say?—There was not a great deal of talk about the matter.

37,167. That was the general sense of the meeting?—It was:

37,168. Do you think that the general sense of the meeting will be the same when the matter comes up again next year?—It will all depend on our apportionment at the end of the year.

37,169. Do you think that they realised the risk which they ran, when they came to that conclusion?—That was pointed out to them.

37,170. They fully took it in?—I think so.

37,171. (*Mr. Davies.*) Clause 31 of your rules says: "If the sickness or disablement benefit to which an insured member is entitled under this rule is more than two thirds of the usual rate of wages or other remuneration earned by such insured member, the committee shall have power with the consent of the Commissioners to reduce such benefit, and to give such insured member one or more additional benefits of equal value ascertained according to Table H in the hands of the secretary." Was the action which you were anxious to take in reference to over-insurance in connection with that rule?—That has been taken into consideration, and the committee have not interfered with that.

37,172. The resolution that was proposed at the meeting was not on these lines, but on some other?—It has nothing to do with the society at all; it was simply a meeting of the parent society.

37,173. The parent society has got to reduce?—Yes.

37,174. On the State side you say that a large sum of money is being taken from you by reason of over-insurance, but you have not taken any action whatever?—Not in that way.

37,175. The action about which the Chairman asked you was on the parent side alone, and has nothing to do with State insurance?—That is so.

37,176. Do I understand that all new members even under the State insurance, had to pass a doctor?—Yes.

37,177. Either when they joined the State section, or as new members?—Or when they joined the parent society.

37,178. That really means that if they were already in the parent society, they had not to pass the doctor for State benefits?—No, but the records were searched for the past five years, and if we had any doubt the person had to pass a doctor.

37,179. How many of those people whom you obtained for State insurance and who were members of the old society were rejected after having their records examined?—I cannot say; not a large number; perhaps five per cent.

37,180. Five per cent. of 6,000?—Yes.

37,181. That was a fairly large number?—I may be wrong in saying 5 per cent. I should think that the committee rejected at least 200 of those who applied.

37,182. What was your experience in the parent society previously? Were you satisfied with that experience?—Yes, for years.

37,183. I take it that the 200 who have been mentioned were struck off by reason of their being bad lives in the parent society?—Yes, or doubtful cases whom we had occasion to complain of.

37,184. The object being to save the State side the bad experience of having these men in?—Yes. We wanted to build up a strong society.

37,185. In spite of that you tell us that you had a very heavy experience on the State side, far heavier than it had been for years on the parent side?—We have no record of the State.

37,186. But you were anticipating that the State side would be lower than it has been?—Yes, because the two things are joined together.

37,187. You anticipated a better result on the State side than you have really got?—Yes.



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37,188. And you tell us that that experience arises from the easy manner in which people can get from doctors certificates declaring on for small ailments?—In a great many cases.

37,189. Could they not have got certificates for the same ailments on the other side?—No, because we had control of the doctors before, and paid them.

37,190. Do you suggest that the question of payment influences the doctors in deciding whether to put people on or not?—And the control. If we had a doctor putting people on for trivial ailments, very likely he would be struck off our lists.

37,191. Then you would not attribute this excessive sickness to the management by the society itself?—I should hope not.

37,192. Who accepted your members, when they joined?—I accepted all those who had got a doctor's certificate—new applicants for entry.

37,193. What part have the membership in the control of the society?—They elect their representatives on the committee.

37,194. When?—At the annual meeting.

37,195. Once a year?—Yes.

37,196. Do they have any other meeting besides that?—Not formally, unless there is a question of alteration of rules or something of that sort.

37,197. Are their complaints, or anything which they desire to say in connection with the society, sent in to the head office?—Yes.

37,198. You have no branch office in any of these other towns?—No real office; all the business is done from the central office.

37,199. So the control is from the central office?—Yes.

37,200. How often does the central controlling committee meet?—About once a month; more often if required; perhaps less often in the summer months.

37,201. Have you met more often than once a month?—When things were being altered, the committee met two or three times a week.

37,202. Who deals with all matters in the interval?—I do—the secretary. Of course I am in constant touch with members of the committee.

37,203. Meantime matters go entirely through your hands?—Yes.

37,204. When a person declares on sick, what do you do? Does he bring or send the declaring-on note to you?—Yes.

37,205. Do you set up visitation, to see if it is a proper case?—Yes.

37,206. How often are they visited?—Most of the men are visited in the second or third week, or sooner if it is doubtful, or if the people can be seen.

37,207. Do they visit every case every week?—Not every case. Every person who declares on the fund in any district is visited irrespective of whether he is a member of the two societies or only one.

37,208. Once a week or once a month?—Often more than once a month.

37,209. Once a fortnight?—Perhaps oftener than that in districts where we have a heavy run of sickness, and where we have doubts.

37,210. It is all a question of your own judgment as to when they should be visited?—Yes.

37,211. In the natural sequence the person who comes on sick is not necessarily visited right away or in a week?—Not necessarily.

37,212. So that a person might be on sick for a week without your knowing it. They have simply got the doctor's note which you say can be got so easily?—That is so.

37,213. Therefore, it is just possible that you may have many of these cases of people who go on sick by reason of the doctors giving those notes so easily?—Yes.

37,214. May not that be by reason of management?—I do not admit that at all. We have to rely in great measure on the doctor.

37,215. Who are the members of your committee?—Some of them are members of the State section, and some of them members of the parent society.

37,216. According to your rules, section A, sub-section 2. honorary members may be selected by the

committee of management?—Yes, the committee have not selected anyone. They have all been elected and re-elected.

37,217. So that they are really representatives of the insured persons?—Yes, though they are not insured persons themselves in some cases.

37,218. But you have a majority of insured persons on your committee?—You will find a list of the committee at the commencement of our book. The president, the Hon. Michael Hicks-Beach, is not an insured person. The vice-president, the present Mayor of Gloucester, is not an insured person. Seven out of the 10 are insured persons.

37,219. Whether you had a majority of insured persons on the committee or not, it is to their interest to see that the society is well managed in the administration of the funds that come into its hands?—Yes.

37,220. One reason you give for the heavy sickness benefit is that certificates in many cases have been given to relatives of patients?—That was the case which I had to take up. They were given by one firm of doctors. The senior partner in the firm claimed that he had a right to give certificates for his partner's patients, whether he had seen them or not. That I objected to, and it was that particular doctor whom I took before the medical benefit sub-committee. In that case a youth suffering from acute tonsillitis, which afterwards developed into quinsy, had not been visited for three weeks, yet they had given certificates for the three weeks during which neither partner had seen the man.

37,221. Do you mean that the patient could be at home and send somebody to the doctor to say that he was ill, and that the doctor could give certificates without seeing him?—Yes, that has been done in many instances.

37,222. In setting up a claim?—Not in the case of the initial certificate.

37,223. But once it has been set up, the doctors will give certificates to the relatives without seeing the patient?—They have done so. I do not think that they do so now.

37,224. Do you think that the new certificate stating, "I have this day seen," has settled that?—They have taken objection to that. I have been pushed into a corner by being asked what I should do in the case of a person in an infectious diseases hospital, and how could a medical man certify "I have this day seen."

37,225. That is an exceptional case, which can be met by an exceptional certificate?—I said that the case had not arisen, and that I could not say what I would do, if such a case arose.

37,226. Do you think that this question of the responsibility of doctors in relation to certification could be improved by the suggestion which you make that State doctors would be preferable?—Yes.

37,227. How?—Simply because in many cases doctors are almost afraid to refuse certificates, if they have got private patients in the same family, for fear of losing these private patients.

37,228. You think that they should be independent of the family and of the society?—We should then have fewer claims on our sickness fund.

37,229. The doctors would then do what they liked?—Yes, and as men of independence would, no doubt, give us better service.

37,230. You complained to us that when you had control of the doctors you had less sickness?—It was not a complaint.

37,231. Now, you say that when the doctor is a power to himself, you get a better certificate?—No, we have no control over the doctors at present. We are not a paying body. If the Commissioners appointed the doctors, they would be the paying body, and I think that we should get a better service if we had a State service.

37,232. Do you think that there is any improvement with regard to the doctors' attendance upon members during 1914 as compared with 1913, that they have realised their duty more, and are prepared to do it better?—I cannot say that.



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37,233. You said that they were opposed to the Act; has that worn off?—No; in a great many cases they are hostile to the Act.

37,234. You do not find much improvement this year as compared with last?—No, I cannot say that we do. Of course, there are doctors and doctors. We have no cause to complain of some, and there are others of whom we have great cause to complain.

37,235. But you find that your members are realising that the fund upon which they are drawing is their own fund, and that they will be penalised if they do not act carefully?—I do not think that they think of that for a moment.

37,236. Do none of them?—No; the great majority we hear say constantly, "I have had so much stopped" from my wages, and I am going to get a bit of my "own back."

37,237. Have you tried to bring that home to their minds?—That has also been emphasised at the meeting.

37,238. That is only once a year?—The press have been asked to make a special note of it.

37,239. You have not approached them as individual members from the office or in any other way?—They learn it from delegates whom they send to us.

37,240. May not that be one of the reasons why there is looseness in this matter, that they have not begun to realise what it really means?—I do not think that that affects them at all. If a man pays 2*d.* or 3*d.* and is going to get 10*s.* in return, I do not think that that is going to weigh with him, if he is going to be a wrong one.

37,241. (Mr. Wright.) You place over-insurance as the first cause of the excessive sickness claims which you have experienced?—Yes.

37,242. With regard to over-insurance it really means that a man finds his position very comfortable when he is sick, because he is getting more than he would get if he were at work?—Yes.

37,243. But in order to enable that man to draw sickness benefit, the connivance of the doctor must be secured?—It is difficult, of course, for the doctor to say whether a man has got a bad back.

37,244. But all your certificates do not relate to men with bad backs?—A great many of them do—sciatica, lumbago, and kindred ailments.

37,245. The doctors tell you, you say, that it is very difficult to get State members off the fund?—Yes.

37,246. Have you asked them exactly what is really their difficulty?—Yes, in a conversational way.

37,247. What was the sort of explanation the doctors gave you?—Some of the doctors complained of the difficulty of getting members off when they are morally certain that there is not very much the matter with them. I have had a conversation with Dr. —, of —, who said that he would serve three or four of his members as they used to serve them in some works in the north of England. He would fire them.

37,248. I do not understand why the doctors, if they are morally certain that the members are not ill, find any difficulty in getting them off the panel?—That perhaps is too strong; they are very doubtful whether a man is as ill as he says he is.

37,249. It comes to this, that the man who is over-insured cannot draw sickness benefit simply because he is over-insured, but he must have a medical certificate to justify his claim?—Yes.

37,250. And to that extent the doctors connive at the claim?—Quite so.

37,251. Take the second reason: the domestic servant who gets out of a situation, and who is in no hurry to obtain fresh employment. There, again, you do not pay them sickness benefit because they are out of work?—No.

37,252. But because they bring a medical certificate?—Yes.

37,253. It comes back again to the doctor in that case?—Quite.

37,254. Then there is the third reason: staying on and drawing their sickness benefit until the end of a week in order, I suppose, that they may start work

afresh on the Monday?—Or the Friday, just according to the day on which the working week commences.

37,255. Whose fault is that?—It is a joint affair between the doctor and the man. They do not take the trouble to see the doctor, or the doctor does not take the trouble to see them. In many cases in country districts the doctor perhaps lives miles away from the patient, and he has a surgery in a cottage in the village.

37,256. How often does he attend at the surgery?—Sometimes once a week, and sometimes twice, and sometimes not at all.

37,257. Have you got villages, fair-sized villages, where the doctor only attends the surgery once a week?—Yes.

37,258. Are there many of them?—I cannot say many, but it is a very sparsely inhabited district, and in some cases the population is miles away from the doctor.

37,259. It means this, that you have a member who, supposing the doctor's day for attending the surgery is Monday, sees the doctor on the Monday, and gets a certificate?—Yes.

37,260. To say that he is still incapable of work, but on the Wednesday he may feel that he could go back to work?—Yes.

37,261. But he is precluded by your rule from going to work until he gets the declaring-off note from the doctor?—Yes.

37,262. That man, then, is practically bound to wait until the next Tuesday or Monday?—Yes, or walk to the doctor's surgery.

37,263. It may be, how many miles away?—Perhaps three.

37,264. You think that a State service of doctors would be, preferable to the existing panel system, as doctors generally have, as private patients, members of a family, and are afraid of losing their private work; have doctors told you this?—No, I have had it from patients who have complained as to their treatment.

37,265. What sort of complaint have they made?—I will give you one case. A general servant about 18 years of age was sent by her mistress to the panel doctor. He examined her, and said that there was very little the matter with her, and that the best thing she could do would be to go back to work. Her mother went with the girl to the doctor. He refused to see her, saying that there was nothing the matter with her, and that it was no use waiting. The mother became annoyed, and asked him whether he thought that her daughter was malingering. He said he did not want to think anything about it. The girl was then examined by a private doctor and was sent to the Royal Infirmary, where she was for several weeks on a plank bed. There was something the matter with her spine. She is just now about finishing her 26 weeks. I wanted to take the case before the insurance committee at Gloucester, but the mother begged me not to do so, because there was something the matter with her husband and her little boy, and she was afraid if I did anything of the sort, that they would not get proper attention.

37,266. I thought that you were referring to cases where the doctors were reluctant to refuse certificates because by refusing the certificates they might offend the patient and possibly members of the patient's family, who might be private patients?—That is so.

37,267. There is great competition between doctors to get patients on their list?—Yes, we have too few doctors in Gloucester. Practically all the doctors of standing have stood aloof from the panel. We have scarcely any of our old doctors on the panel.

37,268. You told the Chairman that you felt bound to pay a claim to any one of your members who produced a doctor's certificate stating that he was incapable of work?—Yes.

37,269. Has it ever occurred to you, since you have been secretary of an approved society, that it was any part of your duty to go behind the doctor's certificate?—I never do, unless it is a case in which we find men actually working while supposed to be suffering from some illness and incapable of work.



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37,270. Except in those cases, you have never thought it any part of your duty to scrutinise the doctor's certificate?—Not to interfere with them.

37,271. You have accepted them as complete evidence that the man is really ill and incapable of work?—Quite.

37,272. You have done that up to the present moment?—Yes, unless we have proof to the contrary.

37,273. Have you ever heard until this moment, that you were expected to scrutinise doctors' certificates?—I do not quite understand what you mean by "scrutinise." If you mean seeing them and looking into them, that is done with every certificate.

37,274. To see that a specific complaint is mentioned on the certificate?—Yes; that is not done in the continuing certificate, only in the declaring-on certificate.

37,275. Have you had any certificates stating that members are suffering from colds?—Yes.

37,276. What have you done with regard to them?—We have sent some back where we have not been satisfied that it is a real complaint; and the same with debility.

37,277. What do you mean by saying "where you are not satisfied"?—The doctors have given us fresh certificates.

37,278. You get a certificate stating that one of your members is suffering from a cold, and you have no reason to doubt that he is suffering from a cold. Would you pay on that certificate?—Certainly.

37,279. Prior to the National Insurance Act, had you ever seen a certificate for cold?—Yes.

37,280. And paid on it?—Yes. We did not in the old days get the number of certificates we do now for cold, tonsillitis, or gastritis.

37,281. Before you became an approved society, did you get many such certificates?—I could not say that we got any quantity; we have not analysed them at all. We had no reason to doubt the doctors in those days.

37,282. You have noticed them more particularly since the Insurance Act came into operation?—Yes. I have a note here of two girls, one of whom was on sickness benefit for 23 weeks 4 days, and the only complaint we could get from the doctor was neuralgia, and the other of whom was on sickness benefit for 22 weeks 3 days suffering from gastritis.

37,283. Did you send to the doctor with regard to the first case?—Yes, and also had the girl seen.

37,284. What did the doctor say?—He said that a certificate was given, and that was all he could do. Unfortunately, the girl was living in an outlandish place, but she has been seen by the sick visitor.

37,285. Was she suffering from neuralgia?—She was unwell, but it was a question whether it was neuralgia.

37,286. Have you given any thought to the subject of a State medical service, and to the main objections which could be urged against it?—No, I cannot say that I have. My own impression is that an independent service of doctors would be preferable to the present system, which is not, to my mind, working as it should work.

37,287. Do you think that your members attach very great value to the free choice of doctors?—Yes, we tried very hard to get the committee to allow that; in fact, we have got it at the present time. Several hundreds of members are scrapping, as it were, the panel doctors, and paying us something to have a free choice of doctors.

37,288. You mean that they are paying extra for medical treatment?—The old members are paying 6s. 6d. a year, and are receiving absolutely no benefit from the Act as regards medical benefit.

37,289. Why is that?—Because they have no faith in the doctors. I have heard men say that they would rather have a veterinary surgeon than some of the panel doctors.

37,290. Is it a fact that the best doctors in Gloucester have not gone on the panel?—Yes, so far as my knowledge of good and bad doctors goes.

37,291. How many doctors are there altogether in Gloucester?—Between 20 and 30.

37,292. How many have gone on the panel?—We thought that we had the cream of the profession in

Gloucester, but out of the whole lot only one has gone on the panel; six who were formerly on our list are not on the panel.

37,293. You mean that you had seven doctors on your list?—Yes, one is a firm of two doctors.

37,294. Those were doctors specially selected by your society?—Yes, as being the cream of the doctors in the city.

37,295. And out of those seven only one has gone on the panel?—Yes, and he was absolutely forced. He held out until the last.

37,296. How many of your members are actually paying this extra 6s. 6d.?—I am afraid that I cannot give you the numbers.

37,297. One or two hundred?—We paid last year 230l. 13s. 1d. to the doctors, so that there would be between 400 and 500; that is, in the district.

37,298. Do these doctors treat your members for 6s. 6d.?—Yes, and provide them with medicine. Formerly they did it for 4s. 4d., 1d. per week. They are now attending our ex-members for 5s. a year, and giving them medicine.

37,299. And they are prepared to take as many members as you can send them on those terms?—They must be members on their list beforehand. I do not think that they would care to take a fresh batch.

37,300. Supposing a man joined your parent society now, and wanted medical treatment and preferred not to go to a panel doctor, would one of these doctors take him at 6s. 6d.?—It would be at his option, but we have had no refusals at all.

37,301. And you get what you consider better medical treatment, with medicine thrown in, for 6s. 6d. per annum per member?—Yes. I may say that the non-members of National Insurance pay 8s. 8d. per annum, or 2d. per week. The doctors have given the members a rebate of 2s. 2d., simply because they know that they are throwing away the equivalent of 6s. 6d.

37,302. I do not quite follow you?—Members of the parent society who are not insured under the Act, by paying 2d. per week, have the benefit of the doctor.

37,303. The doctor takes the 8s. 8d.?—He takes 8s. from us. We get the 8s. 8d.

37,304. There is 8d. for management?—Yes.

37,305. And for that 8s. the doctor treats non-State insured members, and provides them with medicine?—Yes, but of course it is optional with them. They would not take a man in a good position for that. They use their own discretion.

37,306. I was asking you about the free choice of doctors just now. It is urged against the State medical system that the insured persons would be deprived of the free choice of doctors, if such a system were set up, and you have told us that a good deal of importance is attached to the free choice of doctor by your insured members?—Yes, we had special forms printed and sent in to the insurance committee. I do not think that we have more than three or four who are allowed to contract out.

37,307. You made application in respect of them?—No, they made their own individual applications. We had forms printed, and they were filled in by the hundreds.

37,308. And only a few were granted?—I think five would cover them, and they were all chronic patients of the doctors.

37,309. Do you find that members insured for State benefits only take much interest in the affairs of the society?—None whatever. At our annual meeting, held some time in last month, we had a difficulty in getting a quorum, although it cost the society some 5l. or 6l. to advertise it. There were not more than twenty members, independent of the committee, present at that meeting, though we had made provision for 400 or 500.

37,310. You think that the insured persons attach no value whatever to self-government?—So it appears.

37,311. They are prepared to submit to a deduction from their wages and to draw their benefits?—Yes, they grumble and they pay.

37,312. And their State insurance begins and ends there?—Yes.



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37,313. There is a good deal of competition between the societies in Gloucester for members?—Not between the societies.

37,314. You think not?—The insurance companies made a big dash.

37,315. When I say societies, I am speaking of all approved societies, and not merely of friendly societies?—There was undoubtedly a big clamour originally.

37,316. And that competition still exists?—Not to the same degree.

37,317. The societies are out to get as many new members as they can?—Not from my own experience. I cannot say that. We do not canvass at all. All our members come without pressing at all.

37,318. Are you still making members?—Some few.

37,319. What was your increase last year?—It was a reduction.

37,320. On the State side?—We can hardly tell. The difficulty is and will be in getting the cards returned. We returned for the last quarter, ending January, 6,608 cards, and that is an increase of 77 over the previous quarter, but they fluctuate a good deal; people go abroad, and we do not get their cards at all.

37,321. Do you think that the administration of State insurance is good work for friendly societies to undertake?—I wish you would explain that question. I do not quite understand.

37,322. Do you think that it would be better for the societies and for the insured persons if the administration of State insurance, both as regards medical benefit, sickness benefit, maternity benefit, and sanatorium benefit were in the hands of the Commissioners instead of being in the hands of so many competing societies?—I can hardly answer that question.

37,323. You have not thought of it?—I have thought of it, but it is rather a difficult question to answer. Personally, so far as my own personal opinion is concerned, I wish the State had got control of it entirely, because committees are absolutely useless.

37,324. Insurance committees?—No. I am speaking of society committees, committees of management, whose decisions are over-ruled by the Commissioners. On the question of transfers, on which hours and hours have been spent, practically the whole of the decisions are now being revised by the Commissioners, and they are making the committees look like fools.

37,325. Supposing their decisions are not over-ruled, do you think that they are capable of administering an intricate Act of Parliament like the Insurance Act?—I do not see why they should not be; they are pretty keen on the work, or they would not give the time to it.

37,326. You admit that there is a good deal more in it than in the administration on the independent side?—There is more red tape, if that is what you mean.

37,327. And more difficulty?—Yes, because the experience of men who have devoted their lives to friendly society work is flouted; they are not allowed to use common sense, as it were.

37,328. (Mr. Warren.) Your rules provide for the appointment of nurses; have you appointed any nurses?—No, we have not; we are served very well with nurses by the district nursing associations.

37,329. And therefore you have never thought it in your interest to develop that part of your rule by the appointment of nurses?—No, the committee have thought that we were well served.

37,330. You have appointed, I understand, special sick visitors?—Yes.

37,331. And one you mentioned this morning possesses a motor cycle and pays visits under your instructions?—Yes.

37,332. But, as to the ordinary sick visitors, your rules provide that you, as secretary, can call upon two members in any particular area or neighbourhood, to visit?—Yes.

37,333. And if they fail to comply with your request, they are subject to a fine?—Yes.

37,334. Do they receive payment for their service?—No, it is voluntary unless they have travelling expenses.

37,335. There is no payment for service apart from out-of-pocket expenses?—No, not for the voluntary visitors.

37,336. Have you found that system work well in the past?—It used to work very well in the parent society.

37,337. It was the fear of the fine that prompted the service?—No, a good many would pay the fine, but generally we were able to fill up the blanks.

37,338. And you would say that in the past your sickness visiting has been carried out fairly satisfactorily?—Yes, but of course we had not the claims on the funds that we have now.

37,339. You are still pursuing that same system and calling upon members in various parts to undertake that service?—Yes, and not only that, but I also avail myself of the help of other societies, where we have members scattered right away from our district.

37,340. Do they make a written report to you?—It generally comes through the lodge secretary. It is generally a verbal report to him.

37,341. I understood you, in answer to Mr. Wright, to say that you had no branches?—Not branches within the meaning of the Friendly Societies Act. They are simply branches for the convenience of members.

37,342. Can we call them agencies?—They are agencies in a measure, and yet not agencies. They are not branches within the meaning of the Friendly Societies Act, and have not to be registered.

37,343. The sick visitor would report to the so-called branch secretary who in turn would report to you?—Yes.

37,344. Supposing the report was an adverse report, how long would it be before action could be taken?—Action would actually be taken at once.

37,345. If it were in respect of their conduct whilst in receipt of sickness benefit, their violation of the rule, the sick visitor would report to the branch secretary, and he himself could not take action until he had reported to you?—Quite.

37,346. You on your own initiative would then say what action was to be taken?—The member would be suspended pending the meeting of the committee.

37,347. Have you had many cases in which you have withheld benefit on the report of the sick visitor?—Some, more particularly in the parent society.

37,348. And in respect of the State benefit?—It has come from the parent side although affecting both societies.

37,349. Has the matter in any of those cases where you have withheld benefit been carried to arbitration?—No.

37,350. Your rules provide for the appointment of arbitrators not being members of the society?—Quite.

37,351. Do you have to call for the service of an arbitrator very frequently?—I have been secretary now for six years, and we have never had a case of arbitration.

37,352. And you would lead us to the conclusion that your sickness visiting is fairly well carried out?—Yes.

37,353. You have no reason to believe that cases of gross malingering are allowed to pass without some report on the part of the visitor?—No; of course I get a report from the special visitor every morning.

37,354. Is he able to deal with all the cases, or only those in which you have some suspicion?—Every case declared on the funds. We do not differentiate, so that no man can think that he is victimised.

37,355. He is able to cover the whole ground of your operations?—Yes.

37,356. So that really now there is very little use for the ordinary sick visitor?—Except in cases where we have members living right out of the district, members, for instance, who have joined in our area, and have migrated to Wales.

37,357. You have told us something as to the effect of over-insurance. Men who are ordinarily in receipt of 14s. per week are now entitled to a benefit of at least 20s. per week?—Yes.

37,358. 10s. from your independent funds, and 10s. from the State?—Yes.



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37,359. Have you a very large number of such persons?—I should say that practically all our agricultural members would come under that category. I do not say exactly 14s. per week, but considerably less than 1l. per week.

37,360. What percentage of your membership is agricultural—25 per cent.?—More than that, 30 per cent. or 40 per cent. The great majority of the members of our branch lodges would be agricultural labourers, or people engaged in market gardening, working on the land.

37,361. So that you would be of the opinion that 40 per cent. of your members are over-insured?—I should say quite that number.

37,362. The question of acting under section 72 is, I understand, deferred until next March?—You are speaking now of the scheme. We adopted a scheme with the Commissioners allowing a man to reduce. The old rule said that a man might increase by a certain date by giving notice. Now he may reduce.

37,363. The scheme would be approved by the Chief Registrar, and not by the Commissioners?—We decided to go on as we were with that one exception, that a man shall be allowed to reduce.

37,364. What percentage of your members have reduced?—Very few indeed.

37,365. Would you tell us from your experience, that it would have been as well if it had been a compulsory reduction?—You mean a compulsory reduction of shares?

37,366. A compulsory reduction from their contributions, and consequently a reduction of benefits?—I can hardly say that with regard to our own society, because we work on different lines from most societies.

37,367. You regard as a real menace to your financial prosperity the fact that men are now entitled to 20s., 10s. from the parent society, and 10s. from the State?—Yes.

37,368. The provision of section 72 was in the direction of reducing the contributions and consequently of reducing the benefits?—Yes.

37,369. With a view really of preventing over-insurance?—Yes; the idea not only of our society but of others, including the Manchester Unity, was that hundreds of men would voluntarily reduce, but we find that it is just the reverse. Members are anxious to increase rather than to reduce.

37,370. As a matter of fact, the original members of friendly societies did not avail themselves of the provisions of section 72 in the way of reducing, and are now continuing to pay full contributions?—Yes, it meant a big loss so far as our own society is concerned.

37,371. Have you had any difficulty in dealing with cases of pregnancy?—You mean with regard to drawing sick pay during pregnancy. Yes, we have had some cases. And we have had some cases where members have drawn sick pay for complaints during pregnancy.

37,372. Have you found any difficulty in dealing with them?—We have dealt with them by paying sickness benefit. We have had no chance of doing otherwise.

37,373. Upon a doctor's certificate?—Yes, I have seen two doctors on this matter, and they have each said that they treated the patient for the same complaint when not pregnant. The pregnancy aggravated the case.

37,374. Do you think that you have paid benefit during pregnancy where there has been no complication arising from the pregnancy, or any specific complaint?—We may have in some cases, but I do not know any. Any case which the sick visitor has reported I have taken up with the doctor, and in each case the doctor has said that the patient has suffered even when not pregnant from the same kind of thing.

37,375. You are satisfied that practically in all cases where you have paid benefit, it was justified?—Yes, only we have paid more than we should have done, if it had not been for the pregnancy.

37,376. Although your members in receipt of sickness benefit are not visited each week by the sick visitor, is that provision of your general rule always carried out, that you have a doctor's certificate every

week?—Yes. We do not pay except on the production of a doctor's certificate, and we do not pay until we have a covering certificate.

37,377. You have found that the severance of the relationship between the medical men and your society has caused you the greatest possible trouble?—Undoubtedly.

37,378. Previous to the advent of National Insurance you were upon fairly good terms with your medical men?—We never had the slightest trouble.

37,379. When you use the word "control," you do not mean it in a sense comparable to that in which it is generally used?—No.

37,380. There was no question of dragooning, hectoring, demanding, and insisting?—Quite so. What I meant was that we were able, if we had doubts, to go to the doctor and talk it over in a friendly way. They felt that they were under some obligations to us, and they gave us the information without any trouble.

37,381. You had a common interest?—Quite.

37,382. They were interested in the recovery of the member, and they were also interested to an extent in the financial stability of the society, and altogether you worked upon harmonious terms?—Yes.

37,383. National Insurance has destroyed all that relationship?—Absolutely. One would be surprised at the number of repeat prescriptions we have put into our letter box with the certificates. When a doctor orders a repetition of the same kind of medicine those things have been in hundreds of cases put into the letter box with the certificate. People have not wanted the medicine; it has been the money that they have wanted.

37,384. Have you reason to believe that in quite a number of cases the prescription has never been carried to the chemist?—It could not have been, because we had no means of identifying the owner of it. We had the case of a woman who was reported by a relative. She was religiously going to her doctor every Friday, and throwing the medicine away. That woman is at the present time under suspension.

37,385. And in every case she was receiving a doctor's certificate?—Yes, she was getting a doctor's certificate, and the doctor honestly thought that she was ill.

37,386. He honestly thought so?—Yes, I have confidence in him. I have seen him on the matter.

37,387. You have told us that in a number of cases your insured members are now making a voluntary contribution of 6s. 6d. per annum for medical benefit?—I said that a certain number of them are, but I will not pledge myself as to the actual number.

37,388. And the doctors, having regard to the fact that they were paying for medical benefit, and were yet not desiring to receive it, have made them that deduction, as against the non-insured members?—Yes, a big concession.

37,389. A person who does not come under the Act pays 8s. 8d., and a person who does come under the Act pays only 6s. 6d.?—That is so.

37,390. Owing to the fact that some of his State contribution is being thrown away?—Yes, or, as the doctor puts it, is being scrapped.

37,391. Only so far as the member is concerned. The panel doctor is getting the benefit of that, and is rendering no service?—That is a question that has not been decided yet. There is a certain surplus which has not been earned by the panel doctors.

37,392. And you think that the remedy in respect of these difficulties would be the setting up of a State service?—I certainly think that it would be preferable to the present system, but I would rather go back to the old system.

37,393. You would prefer a whole-time salaried service to the present system?—Yes.

37,394. Has it ever occurred to you that it might assume the form of a parish doctor?—No, I have never looked at it in that light.

37,395. May I put it that if that were so, it would not be agreeable to your members?—Not if it were a question of pauperising them.

37,396. Mr. Wright asked you one question with regard to the State administering the whole of national



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insurance, and you were not prepared to give any answer to that. I put it to you that generally speaking no opinion has yet been formed by the various societies as to the desirability of the State assuming the sole control?—Have they not actually supreme control at the present time?

37,397. It is the question that the State should administer the whole of the benefits, sickness, maternity, medical, and sanatorium; in other words, that the State should take it over, and that the approved societies should be wiped out?—I am not prepared to give an opinion on it.

37,398. (*Mr. Mosses.*) Your's is a political association, is it not?—No, it has a political name, but it is not a political association. Originally, there is no doubt that the old society was formed for political purposes, but that has long ceased to be. We make no distinction at all. We do not ask a man whether he is a Tory or a Radical or a Socialist. We do not care what he is, so long as he is a healthy man and of good character.

37,399. Is your's a dividing society?—No, an apportioning society.

37,400. What is the difference?—A dividing society divides the surplus each year. We do not. We simply apportion, and place to credit. We do not pay the money out.

37,401. (*Chairman.*) It is a Holloway society?—Yes.

37,402. (*Mr. Mosses.*) In reply to the Chairman, you stated that you expected to reduce your liabilities in respect of women by your rule which you have recently passed, but which has not been registered or acted upon yet?—On the parent side, yes, we hope to do so.

37,403. Have you passed a similar rule with regard to the men?—No, I told the Chairman that the general meeting deferred that for 12 months.

37,404. Were there any women at that general meeting?—There are two separate societies. Consequently, the women would not be there.

37,404a. It was the women who voluntarily passed this rule?—That is so.

37,405. I see that the women number about one-fifth the number of the men?—A trifle more than a fifth.

37,406. 9,971 men and 1,978 women?—We are getting mixed between the parent society and the State section. You are speaking now of the parent society.

37,407. The increase in the sick liabilities of the men was 1,033*l.* and of the women 68*l.*?—Yes.

37,408. So that the women have certainly not increased to anything like the same extent as the men?—No, but I can account for that in a measure. Many of the women prefer to be accumulating than drawing, and they simply go on one fund. A good many declare on the State fund, and do not declare on the parent fund.

37,409. Why not?—Because they prefer to accumulate.

37,410. It is your Holloway system?—Yes.

37,411. That accounts for the relative disparity in these figures?—Yes; the same disparity occurs this year so far.

37,412. I think that you said that you would prefer to go back to the old system in which you exercised a certain degree of control over the doctors?—Certainly, if we could get the same calibre of doctors.

37,413. (*Mr. Thompson.*) I do not quite follow an observation in your outline of evidence. You speak of members joining the society who have at one time or another passed a medical examination, and say that generally that medical examination has been almost useless owing to its nature?—That we have proved over and over again. I have got three men in my mind at the present time more or less waiting to come on our funds at the end of six months suffering from phthisis, and undoubtedly suffering from it before their examination.

37,414. You mean that the examination was insufficient?—That is so.

37,415. Is there any prospect, do you think, that the doctors generally would be willing to go back to the old system of friendly society control?—I fancy they would, if they were on the same basis as before. They would be shorn of a lot of clerical work which has fallen to their lot, since they have been panel doctors. It is that which has made them kick against the whole thing. It is a difficult thing now to go back again to the old system, after the upset there has been with the doctors.

37,416. Do you meet many of them who express the view that they would prefer to go back?—I am only concerned with the doctors in Gloucester city. All the rest of our doctors in the county are panel doctors.

37,417. Speaking of the panel doctors, do you meet many who express their willingness to go back to the old system?—No, but a great many of them grumble as to the way in which they are treated.

37,418. With regard to the appointment of a State service of doctors, having in view what you said about the experience you have passed through, that only one of the doctors that you had in the old society went on the panel?—That is in Gloucester city only.

37,419. Have you any reason to suppose that a large number of doctors not now on the panel would be willing to be included in the State service?—I cannot say that they would be willing to be included, but they are now taking our insured members who are dissatisfied with the panel doctors.

37,420. (*Chairman.*) Mr. Thompson is asking you what would happen if there were a State service?—He is asking me about the position of our doctors, and I say, I cannot say, but I know that they are satisfied to take 6*s.* 6*d.* for approved lives.

37,421. (*Dr. Carter.*) You stated in reply to the Chairman that you did not feel that you could refuse to pay sickness benefit if you had a doctor's certificate to the effect that a person was incapable of work?—Quite.

37,422. That is your general attitude?—Yes.

37,423. When you get a doctor's certificate, you feel that you must pay?—Yes, we treat doctors as honourable men.

37,424. Apart altogether from the question of their being honourable men, is the position in your society that the doctor's certificate is a cheque upon your funds, which you are banking on behalf of insured persons, on receipt of which, if the date and signature are in order, you must pay?—Yes, unless we find out something that the doctor does not know, such as the man working when the doctor thinks that he is playing.

37,425. In no other sense do you consider that the intention of the Act under which sickness benefit is administered by the approved societies could be interpreted? You are simply bankers of the insured persons' money, and the doctors draw cheques upon it?—I do not see how we can get beyond it.

37,426. That is the general attitude you take up on that point?—Yes, we do not refuse any certificate, unless we have good ground for knowing that there is something the doctor does not know.

37,427. You state in your outline of evidence that, generally speaking, the attitude of doctors to the Act is one of dislike, and, in many cases, of hostility?—That is so.

37,428. Are you also aware that there may be a good deal of misunderstanding by the doctors as to their position and duties under the Act?—I cannot tell what is in the mind of the doctor at all. I simply say what I hear the doctors themselves say.

37,429. Is it not, from your point of view, rather important, if you feel that the doctors are given the right to draw cheques upon your funds, that you should become acquainted as much as possible with the attitude of the doctors who are drawing those cheques?—That is rather a difficult thing to do.

37,430. You feel that you have got some responsibility to your members in that sense?—Yes, only it is a higher tribunal, really, set up over us.

37,431. Although you are administering the Act, you feel, if there is some considerable leakage going



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on, that it does not matter to the same extent that it did before, in so far as it is a State guaranteed business, and formerly it was only your own members. Although you may be told that every society has to manage its own affairs and stand or fall by its management, still you feel there is the State at the back of it?—I do not take that view at all. I am as keen as ever, because it is hitting both societies.

37,432. You do realise that you have considerable responsibility to your members in this sense, and that the attitude of the doctors is a very important factor?—Yes.

37,433. If I told you that there was a general misunderstanding by the doctors as to their duties with respect to sickness certification, would you feel that it is rather a serious thing to take up the position that the doctors can issue cheques upon your bank which you do not in any way control, if they are correct in the matter of dates and signature?—We try to safeguard that by the doctors being required to give certificates or by visiting. We cannot refuse a doctor's certificate and say, "This man is not suffering; you are telling a lie."

37,434. You were not aware that so great is the misunderstanding that some doctors have actually stated that they consider that under the agreements which they had to sign in connection with medical benefit, they are under an obligation to give a sick certificate to any patient who asks for it?—That is the first I have heard of that suggestion.

37,435. I put it to you that it has been definitely stated by certain doctors that they consider they have no option but to give a certificate if the patient asks for it, under their agreement?—I do not know what their agreements are. We do not have to do with their agreements.

37,436. If that is possible, are you yourself, in administering sickness benefit, breaking down any barrier there may be between the doctors and yourself by accepting all certificates coming from them; and, on the other hand, the doctors may so misunderstand their position that they consider that there is no barrier between a patient and themselves in the sense that they have to give a certificate if they are asked for it by the insured person?—I cannot accept that. I do not think that that is general with the doctors.

37,437. I do not want to suggest that it is general, but it is a very serious thing in the administration of your funds if you do not consider that you have anything to do but to pay, and the doctor considers that he has nothing to do but to give, if the insured person asks for a certificate. In that case you have practically got the insured person merely asking for money, and the whole thing must go through, and the money be given at his own bidding?—That is totally different from what I have here suggested, and I do not think that that is a system which would obtain in my district.

37,438. I think it arises from your saying that the society must pay if the doctor's certificate is forthcoming. Is not the position rather this: the society has to administer sickness benefit, and the officials have to be convinced that the insured person is incapable of work? The primary evidence they have is the certificate from the medical man, and the position of the medical man is simply that of an expert adviser to the officials of the society. They may set aside or reject that evidence, according as they have other evidence at hand or not, but the obligation upon them in the interests of their members is merely to take this as expert evidence, and not as a cheque upon their funds?—I cannot accept the proposition at all.

37,439. Your interpretation of your administration of sickness benefit is, that the doctor has the right to draw a cheque upon your funds?—Yes, by giving us reasons for doing so.

37,440. And only in very gross cases are you really entitled to make any inquiry, or to go in any way behind the certificate?—We make inquiry in all cases. I do not think that that is quite the position with the doctors. I do not think that any doctor would give a certificate simply because he was asked, unless he was unworthy of the name of a doctor.

37,441. It has been definitely stated by certain doctors that they consider that their agreement requires them to give a certificate whenever an insured person asks them. It may be foolish, but the practice exists, and in that case, if you consider that you must pay on a doctor's certificate, you have no protection between yourself and your member?—Certainly not, if what you suggest is correct, but do you not think that that is bound to be wrong, because a doctor does not merely give a certificate? He certifies that a man is suffering from some specific disease.

37,442. I am not justifying it. I am putting to you that there is a possibility of a very grave drain upon your fund, if there is any number of doctors who are taking that view?—Yes.

37,443. Why cannot you refuse to pay, if you are assured from your inquiries, your information, and your knowledge, that a person who is still getting certificates is on the funds for a trivial illness?—We should have to go behind the doctor's certificate, which is really and truly our authority for paying.

37,444. But if you are quite sure that this person is able to work, why cannot you refuse, until you get other evidence?—We have no means of getting other evidence at all. We have had cases where doctors have refused to allow men to go to work, who thought they were fit to go to work, and told them that they must have another week.

37,445. It has been put that, apart from any misunderstanding as to the obligation which I put to you a moment ago, these prolonged cases of sickness claims being made on trivial complaints still continue to receive their doctor's certificates, because the doctor is afraid to refuse certificates for fear of any detriment it may be to his practice in other ways?—"Afraid of losing their private work if too critical." That is not quite the same thing that you are putting.

37,446. At any rate the doctors find it to their detriment to refuse?—Yes.

37,447. Is it not possibly quite the same position as between competing societies, that the societies are afraid to put in operation the powers that they have respecting their control of sickness benefit, because they would get a bad name and lose members?—I do not know anything about that. We are not a competing society.

37,448. You will admit that that same influence might operate as between societies who had this obligation in the interests of their members strictly to watch their sickness benefit, that they might not put that in operation, because of the influence it may have upon their present or future membership?—I do not think any *bona fide* friendly society would take up that point at all.

37,449. Suppose you admit that the societies have to question doctors' certificates, would you find, as a society official, any considerable difficulty in understanding what is put on the certificates at times?—Yes. And I have had to invest in a dictionary of medical terms to be able to understand.

37,450. Speaking generally you would think the lay official is not the best person to be the scrutiniser of a medical certificate. He would not always understand what it means?—No. And in some cases the difficulty is to recognise the doctor's signature, independent of the ailment.

37,451. On the position I have put to you, that the society has to administer sickness benefit, and the certificate is merely that of an expert adviser to the society, if this certificate were in every case simultaneously passed through a medical referee's office, so that you might be advised if the length of time that an insured person were on the funds was excessive or not, it would lead to a much easier administration for you than your having the onus of refusing it?—You are getting back now to the question of a medical referee.

37,452. If there were medical referees, and simultaneously with your getting a certificate which put a person on the funds, the certificate came under the review of a medical referee department, you feel that it would be a very useful service to you?—Without a doubt; because the legitimate cases would have nothing



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to fear, and the doubtful ones would have everything to fear.

37,453. (*Miss Ivens.*) I think you said that quite a considerable number of your members have not availed themselves of the panel service?—A certain percentage of them.

37,454. Would any of them be women, or would they all be men?—Some women and some men.

37,455. How many doctors would be on the panel for Gloucester city?—Nine or ten I should think now. One has been struck off just recently.

37,456. How many would be off—about an equal number?—Considerably more off the panel than on.

37,457. You say in your outline “we think a State service of doctors preferable to the existing panel system.” Does “we” mean the members of your committee?—I was speaking of the committee there.

37,458. Have you brought it up before the members?—No, this has been brought on us since our annual meeting. We have not had an opportunity.

37,459. Do you think it likely that members would be inclined to limit themselves to one doctor when a considerable number already prefer to pay rather than even to have a choice of eight or nine?—They would

very much prefer not to have anything to do with the panel doctors. I can say that for the whole of the members. They would prefer to choose their own doctor. In our society they had the choice of some ten doctors.

37,460. Under a State Medical service they would have absolutely no choice?—I am speaking strictly from the societies’ point of view.

37,461. (*Chairman.*) You had not really thought, had you, when you said you preferred a State medical service, exactly what it meant. You have not any plan of State medical service in your head?—No. Only I think our members would get a better service. Assume for the sake of argument that, in a city of our size, we had four doctors responsible to the State.

37,462. For your society?—For the whole of the insured persons in Gloucester. I think these four would be doing better service than the whole of the panel doctors are doing now. Complaints were made that the doctor I mentioned just now who was struck off the panel never attempted to go and see his patients until after 9 o’clock at night.

37,463. He has gone?—He has gone, thank goodness.

The witness withdrew.

Dr. A. E. BROSTER (*Wirksworth*) examined.

37,464. (*Chairman.*) You are a Licentiate of the Royal College of Physicians, a Member of the Royal College of Surgeons, Justice of the Peace for the county of Derby, and Medical Officer of Health for the district of Wirksworth?—Yes.

37,465. Are you in practice at Wirksworth in Derbyshire and upon the panel of the Derbyshire Insurance Committee?—Yes.

37,466. How many insured persons have you upon your list?—On the 12th January, 1,333.

37,467. How many were men and how many were women?—I have no idea. I have never divided them.

37,468. What sort of place is Wirksworth?—It is an industrial place, an isolated, old-fashioned town away amongst the hills. Taken roughly, it is anything from 5 to 9 miles from anywhere of its size, except in one direction (north-east).

37,469. What do they make there?—Tape weaving is the main industry, and lime-stone quarrying. It is the old lead mining capital. It is an old lead mining district, but the mines have been worked out. It is a lost art and the descendants of the miners now work at the lime-stone on the face of the quarries—a hazardous occupation.

37,470. Because of the falls of rock?—Yes, and blasting on narrow ledges at considerable heights. It is very strictly governed by regulations.

37,471. Are your insured people all residents in Wirksworth or do they come from the country round?—Anything up to five miles.

37,472. What are the people for five miles round?—Agriculturists.

37,473. What sort of proportion of your lot are agriculturists and what are industrialists?—There are 300 over three miles away from any doctor.

37,474. They would be mostly agricultural labourers?—Yes.

37,475. Of the people inside the three miles what do the women work at?—In the mills at tape weaving, and in the cotton mills. The English Sewing Cotton Company have a large mill at Matlock.

37,476. Do you go as far as Matlock?—No, but panel people residing in Wirksworth and neighbourhood go there to work. Although we are geologically divided from Matlock by a hill it is only three miles distant.

37,477. A very steep hill?—Yes. We are 550 feet and Matlock is 350 feet, and you have to rise to 800 feet and drop on the other side all in about 2½ miles. Then there is a merino hosiery factory on that side.

37,478. Are women engaged in that?—Yes. Girls particularly.

37,479. Do married women do the work?—At the merino, not to my knowledge. A good many girls go

from my side, but I do not think married women go so much as they do to the tape weaving in the town itself.

37,480. Are they well paid occupations for women?—I should think about 7s. to 8s. a week is the average.

37,481. Do you say that unjustifiable claims are being made on the funds?—No, I think very few now.

37,482. Do you think they were?—I think at first they were rather freely made.

37,483. What stopped it?—Just a mutual understanding as between the people and ourselves. As they began to understand the Act and to understand that one meant business, that had a wholesome check on it.

37,484. Is that equally true of men and women, or is there any difference?—I think all the lot. I would not say one more than the other.

37,485. There are different factors operating, are there not, in the case of men and of women. Women being paid 8s. or 9s. a week, their position is not the same as that of men?—There is no doubt that women stopping at home through ill health have as much as they get from work, and it was a temptation to them to prolong it a little longer than they need.

37,486. You think that that has come to an end?—I think so. I have very little to complain of.

37,487. Did you hold any appointment as doctor to any friendly society before the Act?—I had not much club work. I had the Midland Railway and the Post Office, and three clubs besides—about 300 members in all.

37,488. Do the people who came to you before from the clubs come to you still?—Yes. The whole lot came. In addition in an old town like this there is an immense amount of poverty, and one had formerly to do a great deal of work for little or nothing, and there is no doubt the Act has put one in a very great deal better position. These people turned up with their tickets and now they have a proper *locus standi*.

37,489. The difference is, that before you attended them for nothing, and now you are paid?—Yes. And I am really better off.

37,490. What are the doctors generally thinking about it? Are they still hostile?—As far as I know—I am only speaking within my own horizon—I believe we are working the Act loyally as well as we can. I know no one who is not.

37,491. Do you hear much grumbling on the part of friendly society people?—No, I have had no complaints personally, and have not heard any grumbling.

37,492. Do your old club people come to you and grumble against either you or other people?—No, I have had no complaints. I think they have had the time of their lives.



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[Continued.]

37,493. The Act may have had many advantages and many objects, but it was not to give people the time of their lives?—I do not know. I had no idea of the condition in which people were living, the health in which they were living, or the tired condition in which they were living. It was not only disease but general ill-health. People would come and say "I want a week's rest," and upon my word you could not say they did not want it.

37,494. We all want a week's rest?—Yes, but I am talking about the under dog who has had a rough time of it.

37,495. The Act may be a very beneficent measure, but it was not primarily intended to give people a week's rest. It was intended to insure against sickness?—Yes, but you may want a week's rest from ill-health. Without any disease you can call by a name, you may be generally run down in mind and body, and a week's rest is absolutely necessary and good for you.\*

37,496. Good for you, but necessary?—I mean to the benefit of the individual and his further work afterwards.

37,497. I do not quite understand how far you are taking it. Do you mean to say that people are getting certificates certifying that they are incapable of work when they really are capable, but would be better for a week's rest, or how high do you put it?—I should say possibly that one has certified a person for a week's rest who could have had another week's work squeezed out of him. But it would be to the benefit of the individual and of the State to have the week's rest. I think that what I am speaking of now covers a good deal that is called neurasthenia—played out.

37,498. Human beings are rather apt, are they not, to take advantage sometimes of a state of affairs like that?—It depends on the man who is administering it.

37,499. I do not think that it all depends on any one person, but on a whole lot of people all working together, does it not?—Yes.

37,500. If you are going to create in the minds of the insured people?—No, certainly not. I am not telling you what I say to them. In deciding the people who are to receive benefit under the Act, one speaks of diseased people and people who are perhaps hardly diseased, but still ill, and finally the people who want a week's rest, and would be all the better for a week's rest, being simply played out. I did not want to make too much of a point of it.

37,501. No, but other people make a point of it against the profession?—Of course, no one would wish to carry it to extremes.

37,502. Some people say, here is a doctor. If he is going to succeed in his calling, he is necessarily a sympathetic man who wants to do his best for his patient, and must be *en rapport* with his patient and take trouble about his health. Here he has an opportunity of practising philanthropy at other people's expense, and he is giving way to temptation. What do you think about that?—No, I could not carry it as far as that.

37,503. It is not at all a true description?—No. Administering the benefits of the Act is business after all.

37,504. In administering it you probably say, I suppose, that you have not any duty to the approved society?—I have to do justice as between man and

man and between society and man, and that is a question I should wish to ask myself even with those people who simply want a week's rest.

37,505. Besides your desire to cure your patient and to do the best for him, you also feel that you have perhaps an even greater duty to do proper justice as between him and whoever else is in contact with you?—Practically one has to do justice as between man and man, certainly.

37,506. That being the case, what do you do about certificates? What about dating?—They are dated I should say, though not invariably, on the day they come. They have to be seen on the date that is put on the certificate.

37,507. Why do you say not invariably?—Living in a country district a man may not have an opportunity of sending, say, yesterday, and he sends you a note by post to ask you to come and see him to-morrow. You go and you have only seen him to-day. He was ill yesterday because he sent for you, and I think I am justified in dating the ticket from the day before.

37,508. Would it not be better to put on the proper date and say that you are convinced that he was ill yesterday? You have to think of the weaker brethren and these little divergencies from the absolute strict formal path are rather apt, when made use of by other people, to lead to all sorts of things, are they not?—Yes. You mean to say that it is best to keep strictly to the letter of the law.

37,509. I think so. Perhaps some day everyone will be so straightforward and good that it will not matter about having laws, but if there are laws it is better to observe them. You say that certifying persons not recently examined means unjustifiable claims?—I think that is a mistake altogether.

37,510. Do you think people do it?—Yes, I am afraid I have had my leg pulled in that way myself. It happens it this way. Supposing during convalescence—you know the man has been ill and is getting better, yet you are apt perhaps to sign the certificate without having seen him, when it would be just as well if you had seen him.

37,511. Do you think that is right? I do not quite see how you can justify that?—I am here to say what has happened. You have to make it practical after all.

37,512. I agree. It is very easy to say that these rules are so rigid that they cannot be observed. On the other hand, one is face to face with a situation in which undoubtedly a great many people cannot be trusted an inch further than you can see them?—I quite admit it. So much so that one has stiffened one's procedure very considerably.

37,513. You have gradually found since the Act came into operation, that you have to get more and more stiff and rigid?—That is quite true. I have had to work into it.

37,514. Tell me anything else you think is interesting?—I think probably the unjustifiable claims arise amongst people who attend the surgery rather than the people you see at home.

37,515. You mean that if they are at home they are in bed anyhow?—Yes. There is less doubt about them.

37,516. Do you feel much doubt about people who come to your surgery in any particular case?—One has to hesitate at times. At the same time, if you ask me whether I have come across any actual fraud, I have not. I cannot recall one case.

37,517. Let us put fraud out. I should have thought that it was not fraud that was really playing mischief, but taking a rather unduly pessimistic view of one's own condition, having regard to the fact that one can get 10s. if one does so. Is it not that sort of thing? A man will not make an effort?—Yes, perhaps so.

37,518. Do you find that you have to try and brace them up and say, "If you made an effort, you would do all right," and try to get them back to work that way?—I have no right to say that in a general way by any means. I should like to say that in working the Act in general practice we work it better if there are two of us.

\* There are certain cases in which it is impossible, even after consultation, to determine the exact cause of incapacity, though all agree that the patient is unfit to work. The following certificate is an example of the method in which such cases are considered:—

Derbyshire Royal Infirmary.  
Out-Patient Department.

To Doctor —

I have seen your patient —. He is exceedingly thin and looks ill, but I still cannot locate any definite cause; bougie passed easily, larynx normal, no swelling now. I am going to give him Pot. Iod., and should like to see him in a fortnight. I do not think he is fit for work. I have arranged to see him again.

P.S.—I could find nothing in his chest.

Yours,

Date, October 10th.



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[Continued.]

37,519. Are there two of you in partnership?—Yes. The surgery practice has to be run on strict business lines as to punctuality, and you want to give deliberate attention to each individual, and if you do that the inclination on the part of the insured people to take a holiday, if they have it, is nipped in the bud. If you are single handed with a large panel, the doctor's life is very distracting in its uncertainty, and this surgery work year in and year out has always the first claim on your time, and the temptation is to get in a hurry or to get into a groove, whereas if you have a second man you have always one man free to attend to the panel, and you have time to get freshened up. Moreover, between the two of you, you have a court of appeal within your own house, which is quite useful and has a very good moral effect upon the patient. If there is any question about a man, send him in to the other man, and have him overhauled again. There is always a certain amount of emulation between two men working together, and one is keen on finding something that the other has overlooked. It is better to have two men, if there is a panel of any size.

37,520. Is there anything more you wish to add?—I thought I knew how much illness there was in my neighbourhood, but I had no conception of the amount of real illness that existed until I was brought in contact with it through the Act.

37,521. Do you mean men or women or both?—More women and girls.

37,522. Do you mean women's diseases to a great extent?—No, general ill-health—all sorts of illness and disease. I had no idea that it existed and was going unrelieved, and that people were dragging along with such illness.

37,523. What sort of illness?—Take a woman going to the mill with chronic Bright's disease and her heart all over the place. Take another woman with a malignant growth in her breast.

37,524. There cannot have been many as bad as that, can there?—When the Act came into force, things turned up for help that I had no idea of.

37,525. Do you find many cases which require operation?—We get them done at the Derby Infirmary.

37,526. Can you always get in there?—They behave very well to us indeed.

37,527. Is there always room?—There is always room for an urgent case. It is never refused. But as regards the Act you may get a case which can wait, like that of a charwoman I am thinking of with varicose veins. She was not fit to work and required an operation, and she had to wait a month. She was being paid insurance money while she was waiting. We get delay in that way. The waiting list is rather long, and it may be that cases have to wait as long as six weeks.\*

37,528. You do not send to Manchester?—No, we are only 13 miles from Derby.

37,529. But if they are always full up?—I only know where I can get help close at hand. We might say Nottingham. That is easier than Manchester. It is only 24 miles. I was speaking about excessive sickness in the past. Now in the present we are taking in at the age of 16 a lot of damaged people.

37,530. What are they damaged by?—We get epileptics. I have accepted congenital paralysis and a man who was insane for six or seven months. He has got better, and is now doing some humble work,—earning a little money. He is an insured person. There are people with tuberculosis and also people with congenital syphilis. We live in a cold country. We are rather liable to rheumatism and get heart disease. I think we get more than our share of children with damaged hearts.

37,531. What from,—rheumatism?—From acute rheumatism—rheumatic fever. My own feeling is that before these are admitted, they should be put into a special class to themselves. There should be some examination on broad lines before they are admitted in reference to epilepsy, paralysis and insanity, tuber-

culosis and congenital syphilis, and their hearts and kidneys should be sound. If they are not sound, they should belong to a special class of their own.

37,532. What is the advantage of that?—I presume the excessive claims would not appear so excessive. You would have to meet these special claims separately, and you would get more the average of things.

37,533. (*Mr. Mosses.*) Have you had any personal experience of deliberate and conscious fraud?—No.

37,534. I would just like to see what you mean by conscious and deliberate fraud. You say in your outline of evidence that sickness benefit is regarded as 10s. per week rather than 1s. 8d. per day, and that people think it is necessary to make the week out. You will agree with me that an insured person could not make a week out of one day's illness, unless it was by the connivance of the doctor?—I think that the temptation is to round off the week.

37,535. Do you think the patient should say when he goes off, or the doctor?—The doctor must say of course.

37,536. If you were conscientiously of opinion that a patient should go off, say on Tuesday or Wednesday, would you declare him off on that day?—One ought to.

37,537. I am asking the practice, not only of yourself, but I presume you are here to speak of others?—One does not see the person from day to day; he comes perhaps to me to-day, and he is poorly. Possibly he does not turn up again until next Tuesday, and then he wants a week's certificate. There is so much of that.\*

37,538. Will you go with me as far as to say that there is need for a good deal of tightening up?—Yes, we really want a good deal of tightening up.

37,539. You say here that some men who are classed as working men are not, and never were working men. Do you mean by that that they are chronic malingers?—No, I refer to men who are out for picking up odd jobs, carrying a bag, holding a horse, or things of that kind. Their total wages would not average 10s., and that class of man has been rather inclined to take advantage of the Act.

37,540. He is "having the time of his life" to use your phrase?—It has been the time of his life.

37,541. You also refer to women and girls?—I am speaking more sympathetically towards them. In their case it is absolutely indifferent health.

37,542. With regard to certification, do you give certificates that a man is unable to follow his usual occupation?—Yes.

37,543. Suppose that he could follow an occupation closely allied to his usual occupation, and which you were convinced he could obtain, what would you think?—I am afraid one has been rather generous in that respect because one does not know how he is going to get other occupations. Take the case of a man who loses the top of his finger, and is a quarryman. What can he get? There are many things he could do, but he cannot get them.

37,544. Could he not wheel a barrow?—Yes, but he cannot get a job at wheeling a barrow.

37,545. When you are declaring an insured person off, have you regard to this matter?—I am afraid I have regard more to the man's own actual work, and as to whether he is fit to go back to his actual work. That is the interpretation I have given it.†

37,546. (*Mr. Thompson.*) You suggested a reason which you thought might lead to excessive claims, and you made a comparison between the almoners of the old friendly societies and of the other societies. Have you had considerable experience of both?—Yes, we have both.

37,547. Are you speaking generally?—Generally within my horizon. The impression I had was that the almoners of the insurance society were rather more easy going than the representatives of the old friendly societies.

\* I am speaking for myself alone.—A. E. B.

† This answer does not apply to permanent incapacity for the person's special work, in which case one declares the person as fit for light or non-injurious work when he has reached that stage.—A. E. B.

\* The waiting list at the Derby Infirmary, and consequent period of waiting, has greatly increased since the Act came into force.—A. E. B.



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Dr. A. E. BROSTER.

[Continued.]

37,548. You have been associated with some of the old friendly societies?—Yes.

37,549. Have you ever been associated with any of the insurance societies?—No, not to any degree.

37,550. You do not regard the cultivation of public good will as necessarily an evil?—No, I think I used the term "good will." I mean the good will of the individual to keep his custom with the society, in reference to life insurance.

37,551. If he does not transgress as regards State insurance, there is no harm?—If he does not, oh, no.

37,552. Have you any sort of evidence you could submit to us on this?—No, I am only speaking from general impressions.

37,553. You are aware that the almoner, as you term him, of the insurance societies, is to some extent a man under authority and some control, and perhaps under more control than a man occupying a similar position with the friendly society?—I am not aware, or at least I could not speak of it, for a fact.

37,554. If there were any undue laxity, would you expect to see it reflected in the ratio of claims?—It would show in the ratio of claims.

37,555. So that if the claims were as satisfactory in one class of society as in another, it would seem that it was not affecting the matter to any appreciable extent?—My remark comes to the ground then.

37,556. It has been suggested that the medical profession is, so to speak, interested in the cultivation of public good will. Have you heard that suggestion made?—I can only speak for myself. I think we have all as much work as we can do. We only want to get accustomed to it, and to carry it out to the best of our ability and judgment.

37,557. I accept that, but it has been suggested that the panel practitioner in some cases has been influenced to give certificates more readily than perhaps his judgment on another occasion would permit him to do, from the desire not to fall out with the people. I am not putting that out of my own mind, but as a statement that has been made?—I should not like to say.

37,558. Of course you will understand that those who represent the societies or any special class would not wish the same charge brought against their representatives?—I think the whole thing when we started was extremely strange to us. We made many mistakes, no doubt, but we are endeavouring to bring it on a decent footing, and to treat it from our point of view with as judicial a mind as we possibly can command.

37,559. (*Dr. Carter.*) Have you considered the value of your medical certificate as regards its title to sickness benefit?—I presume it does entitle to sickness benefit.

37,560. When you give a certificate to a patient, provided it is correct in its signature and date, you consider it is an absolute title for that person to have sickness benefit?—Yes.

37,561. Would you say that it is a sort of cheque drawn upon the funds which the society is keeping on behalf of the insured person?—It amounts to that.

37,562. Can you say as to how far that view is generally held among members of the profession you have come across, or have talked to about it?—I should think that that represented the view of most medical men.

37,563. So that if that is pressed to its logical conclusion, if the doctor has certified that a patient is incapable of work, it scarcely matters what he actually states as the cause of that incapacity. The main thing is that he certified that the man was incapable of work?—He must give a definite reason on the face of the certificate, to show adequate cause.

37,564. But there is no reason in the view which I have put why that should be very accurate. It might be vague, indefinite, and even misleading, provided the doctor says that the patient is incapable of work. That is a title to pay?—A man is under an obligation to make it as accurate as possible.

37,565. On the other hand, suppose the doctor realises that the meaning of the Act is that sickness benefit has to be administered by societies, and that

the societies have an obligation placed on them to consider whether the evidence of incapacity is sufficient or not, would it not influence them rather more to give a very definite and accurate diagnosis of each case?—Yes, most certainly, I should think it should. I do not quite know that that point has occurred to me until you put it.

37,566. As a body of educated gentlemen, if the doctors realised that the society officials had placed upon them a very delicate and very difficult duty, and that the certificate they give is rather that of advising them as to the person's incapacity, then they would perhaps be more ready to give accurate information?—Yes, most certainly, they are under a solemn obligation to do so, I think.

37,567. (*Miss Ivens.*) I think there are some cases where it is difficult to put the real nature of the disease on the certificate?—Yes.

37,568. You have found that to be the case?—I have, where one has felt it to be impossible to put it on the face of the certificate, both in the case of men and women. Where one had another term that did not convey misconduct, one has used that in preference to what would probably or undoubtedly lose the person the benefit.

37,569. You mean you would not put the true nature of the disease on the certificate because it would be injurious for the ill person to know what was the matter?—No, it has nothing to do with that.

37,570. But simply because it would fall into the hands of employers or something of that kind?—Yes, it becomes public property, and the consequences might be too terrible and too far reaching. One might put on a certificate facts which might prove ruin to deserving people.\*

37,571. At the same time you realise that you ought to put down what was really the matter?—I realise that, but it is very difficult sometimes to say exactly what was the cause of the illness.

37,572. In fact you would be rather glad if such certificates could be more private, as it were?—Yes, I would indeed.

37,573. And if there were some means by which they could be sent to some person, such as the medical referee?—Yes, somewhere out of the district, where there would be no hardship or punishment for giving such a certificate.

37,574. (*Chairman.*) I did not quite understand what you said to Miss Ivens just now. Do you mean that you would have a doubt, say, as to a case being syphilis, and that you would hesitate on that account?—No, I might know for a fact that the person was suffering from syphilis or gonorrhœa, but then if there was any penalty falling on people who really did not deserve it by the mention of it, one has hesitated.

37,575. Take this case. There are some societies which refuse to pay sickness benefit where the illness is caused by the man's misconduct?—Yes, certainly.

37,576. There are other societies which do not refuse?—Yes.

37,576a. Take the case in which the society refuses. A man comes to you and gets a certificate and claims sickness benefit and is suffering from a disease which you conceal from the society?—In a case in point, in which a man had gonorrhœa about three weeks before, I gave him a certificate stating that he was suffering from septic arthritis, and he had a wife and several children.†

37,577. That does not entitle him to 10s. to which he is not entitled?—The question is what one ought

\* I should not give, and have not given, a certificate for the immediate consequences of misconduct, but I do give certificates for the remote consequences. Thus, for tumour of the brain or aneurism arising from syphilis, or for stricture and cystitis, the sequelæ of gonorrhœa, I should give a certificate without specifying the original misconduct cause.—A. E. B.

† The man had septic arthritis when first seen by me, and I discovered that he had recently had gonorrhœa.

I gave the case as an illustration of the difficulty I had experienced in drawing a line between an immediate and remote consequence of misconduct. It was on the borderland, and the wife and family influenced my decision, as I think it was bound to do.—A. E. B.



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Dr. A. E. BROSTER.

[Continued.]

to have done. I was up against a great difficulty. I had to face bringing the whole home to the ground or give him a certificate. If I had refused —

37,578. He would not have got the 10s.?—He would not.

37,579. He was not entitled to the 10s.?—No, he was not.

37,580. Do you realise that you gave him a bit of paper to enable him to get the 10s.?—Yes, I do.

37,581. You do not defend that?—The difficulty of the position is extreme.

37,582. What is the difficulty? The man knows perfectly well that if he presents a certificate with the

The witness withdrew.

name of the disease on it, the society will not pay?—Yes. In that case it is his option whether he presents the certificate or not, and if he does, the whole thing becomes exposed to his family and his wife and to his employer too.

37,583. Never mind about his employer or his wife. What happens is that by reason of having a slip of paper which conceals the truth, he is enabled to obtain 10s. to which he is not entitled?—Yes.

37,584. I do not know that we are concerned with the relations between him and his wife, though if anything turns on that, is it desirable that it should be concealed from his wife?—Well —

Dr. H. F. OLDHAM (*nominated by the British Medical Association*) examined.

37,585. (*Chairman.*) You are a doctor of medicine in practice at Morecambe, Lancashire, a justice of the peace for the county, a member of the Lancashire Insurance Committee, and you are also on the panel of practitioners?—Yes, and I am chairman of the panel committee.

37,586. Would you kindly tell me how many insured persons you have on your list?—212.

37,587. How many are men, and how many women?—I could not tell you.

37,588. Morecambe is a residential sort of town?—Yes, it is a seaside resort.

37,589. What are those 212 people?—Labourers, clerks, domestic servants principally.

37,590. You come here to speak to this printed evidence of the British Medical Association?—Yes.

37,591. There have been several other medical gentlemen who have also come for that purpose. Of course we have gone through this particular evidence with the other gentlemen, and I do not propose to go through it all with you. What I propose is that the members of the Committee should examine you and then I will put you a few questions, and, if there is anything you like to add, you can do so. Will that suit you?—Yes.

37,592. (*Dr. Carter.*) There is one point referred to in the outline of evidence and that is as to co-operation between the doctors and the societies. There is one reservation there that that should be limited to a certain extent, so that professional confidence should be maintained. We have had varying presentations of the idea of professional confidence. Sometimes it has been referred to as the bedrock of the profession, the ark of the covenant, and at other times as a sort of fetish. How would you regard this question as applied to the insured persons and their doctor?—Do you mean with regard to certification?

37,593. Yes, or any other particulars which might be required by the society?—Generally speaking, in Lancashire I do not think that we have any objection to giving such information as might be necessary in the opinion of the societies with regard to the sickness of the person claiming sickness benefit, but we do feel that it would not be desirable in many cases to enter upon the certificate, the exact destination of which we do not know, certain particulars that would be detrimental to the person's welfare.

37,594. At the same time you think that it is advisable that the approved society which is administering the sickness benefit should know?—No, we do not think it necessary that they should. It does not really affect them, because the patient is incapable of doing work, and is therefore entitled to sickness benefit, and while the cause of that incapacity is scientifically interesting and is certainly economically interesting to the person, it is not necessarily so to the society. I have here a case where a doctor refers to something in that respect. He states that he had a case of slight cerebral hæmorrhage. The incapacity for work was quite evident, and the man had to go sick for a while, but he begged that the true cause of his incapacity should not be put on the certificate, because he would not get any employment afterwards.

37,595. What was it that the doctor put on the certificate?—I do not think he states, but I suppose some euphemism. He says that if the symptom which

he puts on is sufficient to cause the incapacity, he has performed his duty towards the society, but we have no objection to meeting an authorised official of the society and explaining the condition of things.

37,596. Do you say, on behalf of the British Medical Association, that there is no objection to the agents and officials of the societies freely meeting and conversing with the doctors on questions respecting the health of their members actually in the neighbourhood in which those officials live, when those officials may themselves be neighbours of those men and may be frequently meeting them in other branches of life? Is it felt desirable that there should be under those circumstances a very free revelation of the peculiarities of those people?—No, because a free revelation of that sort would be quite unnecessary for the purposes of the society.

37,597. On the other hand, are you to allow society officials to have free access, and is the doctor to be expected to discuss in detail anything which the official might feel he would like to know?—I should take exception to the word "expected." I think you must leave that to the individual.

37,598. If it is a question of co-operation between the societies and the doctors, and if any question arising is settled on those lines by the society officials and agents calling on the doctor and questioning him respecting the matter, then you cannot very well impose limits as to what they are to say or what they are to be allowed to have access to?—No, but you cannot compel the doctor to reveal more than he thinks is desirable to meet the necessities of the case. I do not think that any doctor would have any objection to revealing so much as was necessary to establish the incapacity of the patient, and anything beyond that is idle curiosity.

37,599. There is a difficulty of limiting the curiosity of the agents, is there not?—There is, but the doctor must do that himself.

37,600. On the other hand, the certificate has been granted to the insured person under very careful regulations to safeguard this question of professional confidence, has it not?—Yes.

37,601. It is a confidential document which is handed to the insured person by the doctor, and whatever use he makes of it is no concern of the doctor's. Is not that so?—No, it is no concern of the doctor from an insurance point of view, but from a health point of view it is. The doctor says, for instance, "You must rest," and the patient cannot rest unless he gets his sickness benefit. He cannot get his sickness benefit unless he gives in the certificate. Therefore, if he is debarred from handing in the certificate because it is a certificate which has something on it which is going to injure him, then he is debarred from receiving the sickness benefit, and therefore from receiving the very treatment that is necessary.

37,602. That is the reason why you would not put on the certificate that which might prejudice him by revealing something which might be detrimental to him?—Yes.

37,603. But if the society consider it necessary to have that further evidence, you think that they should have the right to come in and enquire?—Yes, I certainly think that they ought to have the right to enquire. I do not think, however, you could put any compulsion upon the doctor to reveal it.



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37,604. Would you, on behalf of the Association, announce that on the score of professional confidence, there would be no objection to such enquiries being made direct to the doctor by the agents of societies living, it may be, near to the insured persons themselves?—I do not think that there would be any objection if the agents were responsible persons. But of course we, as medical men, look upon this question of certification from a very different point of view to the societies. We do not attach really any great value to the certificate. It is not the cause of incapacity that is really of any importance, it is the incapacity which is of importance. The cause may be interesting, and it may give the society some indication; but the true test of the incapacity—whether it is true or not—really lies, to my mind, with the sick visitor. If you administer the rules of sickness benefit and the sick person is prepared to conform to the rules of sickness benefit, it is very fair evidence that that person is really feeling sick and that he is not simply pretending. If he can go sick and break all the rules of sickness benefit, then, of course, there is no check at all. Even the medical certificate would be no check.

37,605. You will admit, will you not, that it is the duty of the society to decide whether the evidence of incapacity is sufficient or not?—Yes.

37,606. But on this question as to the society official having to make up any deficiencies which he might think there are in the certificates by inquiring directly of the doctor, you think that that would certainly involve the doctor in an obligation to break through the rules of professional confidence on certain occasions, in discussing the question of a person's health with an official. It may be for the sick person's benefit, but still, it is breaking through this salutary rule?—I do not think so, necessarily, because I think the doctor could satisfy the official of the reality of the incapacity without entering into such details as would mean the giving away of any professional secret.

37,607. And you would not have any fear that any harm would be done to that principle if it were understood that, in the administration of the Insurance Act, societies should be allowed free access to doctors in regard to any case as to which there was any doubt arising in their minds?—I do not think that it would do any harm. I do not see any reason why they should not have the information, and I do not think the medical profession would really raise any objection to it. But we have applications to which we do object most strongly; applications which would be regarded as reprehensible, I think, whether there was any Insurance Act or not.

37,608. You would not feel it necessary to require that the doctors should say that any information should only be given through the intervention of a referee; that is to say, that any further information would be given by some other doctor who is independent of the panel doctor?—That would be a very satisfactory way of getting over it, because it would limit the enquiries to enquiries that were necessary.

37,609. And that if the doctors were ready to receive to any extent from the societies information as to the conduct and behaviour of patients whom they were only occasionally seeing, and prepared to act upon that information in the interest of the society, but refused to talk to the official directly on matters which could be settled by reference to a referee, do you think that that would be a safe way of acting?—Certainly it would be a more desirable way from the medical man's point of view.

37,610. And be as effective as the other?—Yes. And be as effective as the other.

37,611. And be without the dangers and disadvantages of the other?—Yes, I quite agree with you there.

37,612. (*Miss Ivens.*) I think, in Lancashire, that it is the custom [for midwives to attend most cases of labour, and particularly those of insured married women?—It has been; but there has been rather a change since the passing of the Insurance Act; I mean, there has been more use made of the doctor than formerly.

37,613. Being rather better off, they are now able to have a doctor?—Yes.

37,614. So that you would say, on the whole, that the maternity benefit has been of extreme value to these women?—That is so; it would be more valuable if it were made compulsory.

37,615. You mean that they should have a doctor?—That they must have the doctor and the midwife.

37,616. You think that the present administration of sickness benefit during pregnancy is not very satisfactory. The practice varies so much in societies; some give benefit for pregnancy only, while others hardly give it where there is an illness incapacitating during pregnancy. Do you not think that there might be some levelling up of that with advantage?—That is a very difficult question—the question of how far illness which is coincident with pregnancy should not be treated as illness only, and the pregnancy ignored. I mean the same condition of things existing in a patient who was not pregnant would be regarded as illness, and the patient would get sickness benefit; but, merely because a woman happens to be pregnant, by some societies she is excluded from benefit.

37,617. Where, you would consider, she was really even more entitled to it on those grounds?—I do not know that I would say "more," but I think that she is fairly entitled to it, because she would have got it if she had not been pregnant. Say she had varicose veins which incapacitated her from going about. If she had them and was not pregnant, she would get sickness benefit; but merely because she is pregnant, and it is a secondary condition to the pregnancy, she is excluded from benefit by some societies.

37,618. Do you think that it would be better if there were a definite amount paid during pregnancy, or do you think that each woman should be entitled to have a certain few weeks, say before confinement, during which she should receive benefit, in order to have a rest?—I think that it would be very desirable. She is now paid sickness benefit for four weeks after confinement; but prior to child-birth she is apparently expected to go on working. If it is the health of her progeny that is being sought, she ought certainly to have a month prior to confinement.

37,619. You think that it should be definitely given?—Yes, to every pregnant insured woman.

37,620. But the cases would still arise where there was also illness in the earlier months of pregnancy, would they not?—Yes.

37,621. How would you be inclined to deal with those?—I should deal with them as sickness. Of course, pregnancy is a physiological condition. It does not seem scientifically right to make that condition debar a woman from receiving sickness benefit, which she would receive if she were not in that condition.

37,622. You think that it would be a good plan if the administration of the maternity benefit and the sickness benefit during pregnancy were taken out of the ordinary insurance and administered separately?—Yes, administered separately.

37,623. Are you on the insurance committee for Lancashire?—I am.

37,624. Have they allowed cases of contracting out at all, do you know?—Yes, some few.

37,625. Have any instances come up where women have been refused the services of a woman doctor?—I am sorry to say that they have.

37,626. Where they have been refused permission to make their own arrangements with a woman doctor?—Yes.

37,627. Do you know on what grounds?—Simply on the ground of general principle.

37,628. Although there was no woman doctor on the panel for Lancashire whom they could obtain?—Yes, there was a woman doctor they could obtain.

37,629. I know there are women doctors in the towns, but are there any on the panel for the county?—I would like to say I am quite sure of that. I do not know the whole of the panel, but there are women doctors in the Lancashire towns.

37,630. Do you mean that they have been actually refused permission?—Yes, they have been actually refused permission.



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37,631. (*Mr. Thompson.*) You indicated just now the possibility that any information sought by the societies should be obtained through a referee. That would necessitate the employment of a large number of referees throughout the country?—Yes.

37,632. Would you regard it as practicable?—It would be very desirable.

37,633. You mean that the medical profession would rather be approached by one of their own colleagues than by anybody outside?—That, of course, would be one of the advantages, but only one. There must be a number of cases always on the border line, and it is very difficult to get approved societies to accept in all cases the opinion of the medical man in attendance on the patient. For some reason or other, they have it in mind that the medical man in attendance is to be looked upon with suspicion.

37,634. Do you represent that as a general feeling?—Yes. I think it is the general feeling.

37,635. Is it prevalent among all societies, broadly speaking?—Not throughout all the societies; but it is a sort of general impression that it has been the custom to try to put about. Unfortunately, it has stuck in the minds of a great many people, and the letters that are addressed to us carry with them the evident suggestion that it is so. Therefore, in order to make the matter quite clear, if you had a referee who could be called in by the society, or by the medical man, or by the patient (one of the three having his doubts), you have the question settled at once, and there is no more friction, and friction is the trouble.

37,636. That is where the society wishes for some further opinion, but I was speaking rather of the kind of cases where a certificate is produced which, in the opinion of the society, does not immediately justify the payment of sickness benefit. There the custom, as I understand, generally is for some officer of the society to approach the panel doctor and ask him to supplement it in such a way as will enable them to pay. Would there be any advantage in that class of case, in referring it to a referee at first?—I do not quite take the class of cases you mean.

37,637. I understood Dr. Carter to make a suggestion to you that it would be a good thing, perhaps, that societies should not approach the panel doctor directly in cases of questionable certification, but that they should do it through the medium of a referee?—Yes, it would come better in that way. Supposing the society consulted the referee, a great many of the letters which are now written to doctors making inquiries about certificates would never be written at all.

37,638. They would be written to the referee?—If the referee was consulted as a medical man he would at once say: "Oh this is all right"; he would explain to the society that it was all right, and that there was no occasion to go on.

37,639. Do you find as much difficulty now as you found a year ago in this respect; do you find as much trouble with officers of approved societies regarding certificates?—No, I do not think that there is quite as much.

37,640. It is remedying itself, you think?—To a certain extent it is.

37,641. And do you think it would be a good thing to build up, as it were, a barrier between the societies and the panel practitioners and stop that healing process going on?—I did not know that there was any suggestion of building up a barrier.

37,642. Does it not do that? The appointment of some other gentleman to intervene would tend rather to keep them from coming closer together, would it not?—No, I do not think so. I think it would rather tend the other way, because the referee would be in the position of being able to point out to the society how unnecessary some of the inquiries are that are made, and he would be able to point out to the medical man at the same time how necessary it is that he should give a little more information than he has given. In any case he would settle the point in question, between the two, and neither side would then feel aggrieved.

37,643. Could you give us any indication of the number of certificates respecting which applications

are made to the panel doctors by approved societies?—I could not.

37,644. You have 200 insured persons in your own case; I do not know how many certificates you have given, of course, but have you had any cases where the societies have desired further information?—No, none at all.

37,645. Do you know any of your colleagues who have had large numbers in proportion to their panels?—Well, I could not say that, because I have never asked them how many inquiries have been made in comparison with their certificates.

37,646. Do you not think that there may be a quite unintentional tendency perhaps to exaggerate the extent of the difficulty?—No, I do not think so. I do not think the extent of that difficulty has been exaggerated.

37,647. Do you not think if a doctor had two or three applications made to him in a week—a doctor with a good sized panel, I mean—he would begin to think it a nuisance?—He has felt it a nuisance for the number he has had.

37,648. He might say: "These fellows are always coming to me to know something or other"?—Yes.

37,649. And that probably would be in the nature of an exaggeration, would it not, if there were only two or three out of a large panel?—Yes.

37,650. The view I am trying to get at, is the advantage which would be derived by the doctors and the societies coming more into co-operation than is the case at present?—That is a very difficult question. And the difficulty is enhanced by the fact that the societies show no desire to co-operate with the medical profession.

37,651. Is that your experience?—Yes. In the early months of last year we had a meeting in Lancashire when the question of certificates was rather acute. That meeting was brought about by the insurance committee, and the members of the insurance committee, the representatives of the approved societies, and the representatives of the medical profession met in conference to discuss this matter. In the first instance the medical profession offered not to certify in cases that were due to personal misconduct. That offer was rejected, because it was said that it was the duty of the society to decide whether it was misconduct or not, so we gave way on that point. We then offered, with regard to accidents and employers' liability, that we would not certify in cases where the illness was directly due to any accident or occurrence in the course of the insured person's employment, and that was rejected. We were told that it was not our place to decide whether an employer was responsible or not, that it must be left to the societies to do that. We left it so, and we agreed about that. Then came the further question of the certification of the nature of the disease, and, there was then perhaps a stronger feeling on the part of some men than at present with regard to the certification of the nature of the disease. We had a further meeting, and this resolution was come to with regard to that: "That the Lancashire Insurance Committee be recommended to approve of the form of certificate Medical 34 on the understanding that the word 'illness' will be accepted in lieu of the name of the specific disease in those cases which the medical attendant considers exceptional, and in which the statement on the certificate of the specific nature of the illness would be detrimental to the patient; provided that in all such cases the medical attendant will meet without fee in consultation a duly appointed medical referee." Those three resolutions with regard to certification were adopted and passed unanimously by the Lancashire Insurance Committee. The medical profession have acted strictly in accordance with those resolutions—I am speaking of Lancashire now—except that "illness" has practically disappeared and the causes are certified, excepting in those exceptional cases where the medical man considers that it would be detrimental to state the actual disease. We have carried these resolutions out literally; but the societies have not. In a question of misconduct, for instance, they immediately apply to know about it, and they suggest misconduct in all sorts of cases. I think some of those have been up before you. I have



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a case here where misconduct was suggested in the case of an abscess. In another case where endometritis is certified misconduct is suggested, notwithstanding the fact that we had agreed that this question of misconduct was not to be laid on our shoulders at all; but it is laid on our shoulders now. Exactly the same thing happens where a doctor certifies peripheral neuritis, and he is told that that is an accident, and the patient is told that, as he is suffering from an accident, he has to apply to his employer. With regard to the other certificates the societies do not regard these resolutions at all. They simply do as they did before. If they are in doubt, or if they have any reason to think that they can raise any question at all with regard to a medical certificate, they immediately address the doctor and, in a great many cases, with a sort of quotation of the Commissioners, and the threatening of the terrors of the law if he does not comply with their request.

37,652. No one would seek to defend the societies or their officials in anything they do which is foolish, and I suppose, like other people of equal education, they commit foolish acts. But with regard to the two points you mentioned, the misconduct and the compensation, was it not rather that the doctors (no doubt with the best of motives) were willing to take upon themselves a responsibility which the Act puts rather on the society?—Yes; but it was with the intention of helping the society.

37,653. I said with the best of motives, and I quite accept what you say. But those representing the doctors at the time, I suppose, were perhaps not aware of the fact that the societies were not able so to wash their hands of their own responsibility?—That is the way they put it—that they must take the responsibility. We are quite willing that they should take the responsibility; but what we do feel a little hard is that when we try to co-operate they do not carry out the agreement they themselves proposed, which is that they shall be responsible and not we. They try to throw the responsibility back upon us, and make out that we are not doing our duty when we do not accept that responsibility.

37,654. If you have given any information showing that the societies throw it back upon you, I have not followed it. I thought I followed you, that you held this meeting and offered on the part of the doctors not to certify in certain cases, and the societies, afterwards found that their representatives had overlooked a portion of the responsibility of the societies, and were not able to carry this out. But now you tell me that the societies, after that, threw the responsibility back upon the doctors?—Yes; not by resolution of any sort, but by their action. This case I believe you have had before you, because I supplied it to Dr. Olive Claydon; I believe it was mentioned. Here is a case where the secretary of a society wrote to the doctor: "We have received a claim for sickness benefit from the above-named insured person, the medical certificate as to which given by you shows her to be suffering from endometritis." They asked him whether he could give them some particulars as to whether the complaint was due to misconduct, that is, to one of the venereal diseases, because, according to their authorised rules, they were debarred from paying any sickness benefit, if such was the case, and they also asked to be informed if the patient was in a condition of pregnancy. And they asked him for any further remarks he cared to make. They undertook the responsibility of finding out whether that case of endometritis was due to misconduct. And when the doctor had certified a perfectly legitimate illness—in fact, he must have taken some considerable trouble to arrive at the diagnosis that it was endometritis—they wrote back to him and suggested that he should say whether it was the result of the person's misconduct. He is to enquire into the fact whether this endometritis might, by any possible means, be secondary to some venereal infection; and then he is to inquire whether that venereal infection is due to the patient's husband, when it would not be misconduct or through any conduct on her part, which might be described as misconduct, and to inform them. That

is what I say as to the difficulty about getting co-operation.

37,655. If that were typical of the general treatment of such cases by the societies, I think we should all agree that some alteration might be made with advantage. But you do not put that case forward, do you, as being really typical of the general action of the societies? You had that one inquiry in that case of endometritis?

37,656. (Chairman.) The witness did not; it is out of the whole lot of doctors on the Lancashire panel?—I could not say that. This is one case which has been brought to my notice.

37,657. (Mr. Thompson.) It is a good stick to beat the societies with, but does it go much further than that?—Straws indicate the way the wind blows, you know.

37,658. Yes, straws; but not a straw?—I do not profess to be the repository of the confidences of the whole of the Lancashire panel. These are only cases which came personally to my knowledge.

37,659. But they knew you were coming to tell us what you knew, and they sent these cases to you?—These were before they knew I was coming here.

37,660. But it was supplied by Miss Claydon?—No, it was sent to me, and the person who sent it, said, "What am I to do?"

37,661. You supplied it to her because you knew she was coming here. Does that, in your judgment, do away with the good prospect there is of getting co-operation?—No, I think we may get co-operation.

37,662. The doctors, in this case where you said they were willing to co-operate, offered to do two things which really, in point of fact, they ought not to have offered to have done?—Possibly.

37,663. So that it was almost bound to fall to the ground sooner or later, was it not? That should not count as a good reason why no further attempt should be made, should it?—No, I merely put the cases forward as evidence of the willingness of the medical profession to co-operate with the societies. But we want the societies to be willing to co-operate with the medical profession.

37,664. Could you suggest any means by which the societies could indicate their willingness in a suitable form?—The best intimation would be that they trusted us a little more than they do. I do not think that they would find that trust misplaced.

37,665. We have had a large number of witnesses before the Committee; a very considerable number of them representing societies have been asked a question similar to this: Do you consider that a doctor's certificate is in effect a cheque drawn on your funds which you are obliged to honour? And in an extraordinarily large number of cases the answer has been—yes. So that does not indicate an absence of trust, does it?—No, but that might be the necessity of the circumstances. If it is intended to be a cheque on their funds, it is not a matter of trust. If a person is authorised to draw a cheque, and does it, it is not a matter of trust.

37,666-7. It does not look as though they were led by their suspicion of the doctor to see how they can frustrate his intentions in giving certificates?—I should hope that no society would lay itself out to try to frustrate what are supposed to be the intentions of the doctor.

37,668. Quite so. But if it indicates an absence of suspicion it indicates a certain degree of trust, does it not? Therefore, they trust him in what he is doing; is not that so?—They cannot help themselves up to a certain point.

37,669. You say you would like them to trust the doctors more than they do?—Yes.

37,670. Could you tell us in what way that trust might be indicated?—Yes. I think when we certify that a person is incapable of work it should be accepted as our honest opinion that the person is incapable of work, that we are not trying to cover up any malingering, and are not trying to save ourselves trouble, because we would save ourselves more by not giving a certificate. It should be accepted that we really honestly mean that the person is incapable, and



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it is not a question of what is on the certificate. A number of societies—it may be through inexperience or ignorance—attach a most extraordinary value to what is on the certificate. What is on the certificate is of very little importance. A person comes to you with backache; you can call it lumbago, you can call it sciatica, you can call it rheumatism or chronic rheumatism; or you may invent a phrase, such as I have seen somewhere, and call it lumbar fibrosis. Of course, backache would be questioned by most of the societies at once; they would want to know whether that was really incapacitating. If they got lumbar fibrosis they would accept it at once; so that what is on the certificate is not what is important. The important question is, is the person incapable of working?

37,671. This is the essential point in your view, of course?—It is.

37,672. You do not suggest, do you, that the cause should be omitted from the certificate?—No. I put the cause on; there is no reason that I can see why it should not go on the certificate.

37,673. Do you not find that amongst the societies' officials there is an increasingly large body of men who are approaching this question in a sensible manner, learning what there is to learn, and giving you and your colleagues less trouble?—Certainly giving less trouble, I grant that.

37,674. A suggestion has been made that the representative of a certain class of friendly societies, identified with life insurance, have certain motives. The printed evidence goes both ways; it seems to me to suggest that they have a motive to urge people to apply for sickness benefit, and also to bully them off the funds. Do you present any cases of either kind to the Committee?—They do not try to bully them off the funds very much.

37,675. Does it not say so here? Have you any cases which you would like to submit to the Committee? This outline of evidence speaks of bullying patients off the funds, and of urging people to apply for sickness benefit. We have had both statements made, but they seem to me to be mutually destructive of one another. If you have had a number of cases of that kind, would you give us some to enable enquiries to be made?—I do not know about any cases of bullying off the funds.

37,676. I am taking the two together. If you have any case to submit of either class of encouraging improper sickness claims or of bullying patients off the funds, I should be glad if you would give them to us in order that enquiry may be made?—I am afraid I have some cases with regard to encouraging improper sickness claims, especially as to the question of certification, I mean as to the signing of the certificates. One case I should like to draw your attention to is a very strong appeal that has been addressed to the doctor; in fact, it is something more than an appeal, it is an attempt to induce the doctor to sign certificates for an insured person who was obtaining treatment from a bone-setter. The patient could not obtain his sickness benefit without a doctor's certificate. The doctor had been attending him as his panel doctor. It was a case that would require some considerable time for recovery, and the man was induced by his friends to consult a bone-setter. He put himself into his hands, and an appeal was made to the doctor to sign certificates while the patient was in the hands of the bone-setter. Of course the doctor refused, as he must refuse—the correspondence is here, and I can give you a good deal of it, if you want any further details in regard to the case—the General Medical Council would not allow the doctor to sign certificates under those conditions. The person writing to Dr. Cox says, "I should like to steer clear from calling a committee meeting over this, because it would open up a question which I think is better left alone, and such cases as these up to now are very rare in our district." You see there is a threat in that to influence the doctor in question to do what he certainly has no right to do.

37,677. Is there a threat in that letter?—Yes. "I should like to steer clear from calling a committee

"meeting over this, for it will open up a question which I think is better left alone."

37,678. What threat do you suggest there is there?—A threat to make it unpleasant for the doctor.

37,679. A threat that the committee will support the bone-setter as against the medical practitioner; is that your idea?—Evidently. Then in a further letter he says: "I might say that this person, like many more in similar conditions where it is a question of time required to recover, might go for weeks and not see the doctor but still receive his certificates." The writer of this letter is secretary to the society.

37,680. Is this the same case?—It is further correspondence in the same case, in which he wants to make out his case that the doctor ought to sign those certificates, and so he makes this admission, that this person "might go for weeks and not see the doctor, but still receive his certificates." Further—"I know that if a person was going away to some convalescent home, such a request would not be refused, although he might be away for several weeks and not be seen by his doctor."

37,681. You mean it is an unpleasant case?—I mean it is evidence that the societies are accepting and winking at and encouraging certification that ought not to be going on, the certification of persons whom the doctor does not see. It is a common practice.

37,682. Do you not think that that is a complaint by this officer—whoever he may be—that the doctors do wrong in cases of that kind sometimes and, therefore, he is trying to argue from that that this doctor ought to certify in the case of a man going to a bone-setter?—He is admitting that he knows of these cases as an official.

37,683. He might have learned of them after dealing with them; he might have made a complaint to the committee for all I know to the contrary?—He may have done that; but I say it is an admission on the part of an official of a society that this is being done.

37,684. If that were so, he would be equally wrong with the doctor?—Exactly, he would be equally wrong with the doctor. He goes on to say in the same letter: "It is possible for a great deal of harm to be done to the doctor. In fact, I believe it will not do any good to him, for as I pointed out I shall be forced to call the committee together which I would rather steer clear of for two or three reasons." That seems to me to be an attempt to procure from the doctor a certificate which is an improper certificate.

37,685. Did the doctor bring the case before the committee?—No, he refused to certify.

37,686. Had he felt that this was a very unworthy attempt to get a certificate from him he would have been entitled, would he not, to bring it before the committee?—Yes, possibly.

37,687. And no one in any society would justify such a thing as that?—I should hope not.

37,688. But we cannot imagine that such a number of cases are going to bone-setters as would cause the serious trouble in regard to claims which has required this Committee to be set up. These cases must be very few?—Probably very few.

37,689. Then it comes rather more to the possibility of its being a good enough stick to beat a dog with, but cases of that kind cannot be sufficiently numerous to have any considerable effect upon claims?—Not of that identical class. I submit it here as an indication that the complaints against doctors of giving certificates that they ought not to give, or of being lax in the matter of giving certificates, is not a complaint that must be laid against the doctors only. It is an indication that they are not only encouraged in doing it, but that there are attempts on the part of societies to drive them into doing it.

37,690. One quite realises that it is very unworthy. I wanted to see whether, underlying this, there was any considerable number of such cases (which, if common, would have been reported to you probably) which would really justify a serious inquiry into them. If it is merely the action of a particular officer who ought to have known better, but did not, we must try to avoid it in future?—Yes, as regards the



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point there, he says: "I have known people to be away for months and not see a doctor."

37,691. It is a two-edged weapon, is it not? If the officer of the society has been doing wrong, the doctor also has been doing wrong, so we are condemning them together?—Not altogether. What I want to bring out is that if the doctor had done wrong, he has been driven into it.

37,692. You might put it the other way: if the society official has been doing wrong, it has been connived at by the doctor?—No, because the doctor has no power, and the society has.

37,693. The doctor has power to refuse to certify?—The doctor has power to refuse to certify, and he is threatened then with a meeting of the committee, and is pilloried for doing what is considered to be hard on the patient.

37,694. And the other man would also have been pilloried?—It depends on the committee, does it not? While we are on that subject, if I may pursue it, I should like to say a little more on the question of certificates being granted while patients are away. It is quite a common practice. It is distinctly wrong, but patients leave their homes in industrial towns, they go to seaside resorts and other places during convalescence, and they do not see any doctor at the place they go to at all. The doctor at the place of domicile signs their certificates for three or four weeks, as the case may be, or more, and the money is paid by the societies to the parents or representative of the girl or young man at their homes and forwarded to them; so that for many weeks of convalescence the sick person is entirely free of any supervision whatsoever; they are so free of supervision that they come to these seaside places and they have a jolly good time of it; they enjoy themselves; they go to places of entertainment, to dancing rooms, to concerts, and so on, but they draw sickness benefit all the time, and draw it on the certificate signed at their place of domicile.

37,695. That certificate says, does it not, that the doctor has "this day seen" them?—I do not know the form of the certificate. Unfortunately certificates are not uniform; if they were, we should know.

37,696. I think you may take it that the continuation certificate invariably says: "I have this day seen" so and so?—I would not like to say invariably, because I have not studied them all.

37,697. We will say very largely, then?—Yes.

37,698. You would not suggest that in those circumstances a doctor, generally speaking would sign a certificate worded like that?—I am not suggesting anything. I am stating the fact that these things are done; that the certificates are asked for by the societies, and accepted by them.

37,699. We have heard frequently in the course of this inquiry of societies who have not been able hitherto to develop a satisfactory system of sickness visiting. In that case, of course, they are dependent upon the honour of the members and relatives, and of the doctor?—Yes.

37,700. According to that, they are trusting to a broken reed in both cases, if this practice prevails?—The society's agent goes to the doctor and says: "You have to sign this certificate, or they will not get any 'sick pay,' and what is the doctor to do?"

37,701. He certainly should not sign a certificate saying, "I have this day seen" so and so?—He should not.

37,702. Do you know whether he strikes out the words "this day" and so on?—I could not say.

37,703. It would put him in a better position if he did that?—Yes, it would put him in a better position, and it would be a wise thing for him to do.

37,704. (Mr. Mosses.) You have had little personal experience of panel practice up to now; you have only 212 panel patients, I think?—Yes.

37,705. And Morecambe is a very healthy place; there is very little chronic sickness there?—Not very much.

37,706. Had you any experience of friendly society practice before the passing of the Act?—Yes.

37,707. And the panel patients you have now are those you had under the friendly society régime, are they?—A great many of them are.

37,708. So you have not altered the personnel of your patients to any great extent?—No, not to any great extent.

37,709. As a general rule do the families of your panel patients come to you as private patients?—Yes, they all do.

37,710. And is that general in Morecambe and throughout Lancashire?—Practically it is in our district, because all the medical men in the district are on the panel, and so we have had no transference of patients on account of their being patients of men who are not on the panel. We have all our own patients just as before.

37,711. If we may so describe it, the interest of the panel doctor lies in cultivating a friendly feeling between himself and the panel patient and his family?—Certainly.

37,712. Do you recognise that you have any responsibility to the approved societies?—Certainly.

37,713. Do you consider your responsibility to your patients as being the paramount responsibility?—Certainly, the paramount responsibility.

37,714. And you do recognise that you have certain responsibilities to the approved societies?—Yes.

37,715. Do you think that that is generally recognised throughout the profession in Lancashire?—I do; it is certainly recognised by the men I come into contact with.

37,716. I ask you that question because we have had doctors coming here who say that they have no knowledge whatever of the approved societies, and no care for their interests?—I do not know that the interests of the approved societies are a matter for very great consideration by the doctor, but that we have responsibilities to them we do recognise.

37,717. In what does that responsibility consist, if it is not a pecuniary one?—The responsibility is that the approved society has the control of the sickness benefit. Our patients require sickness benefit in order that they may get well, and, therefore, we are responsible not only to the patient, but to the society, to make it clear to the society that the patient is entitled to that sickness benefit.

37,718. To preserve the solvency of the society in order to pay *bonâ fide* claims?—Yes, you must pay *bonâ fide* claims.

37,719. If you have not the money, you cannot do it. You stated in reply to a question asked by Dr. Carter that the sickness visitor of the approved society should be responsible for judging of the patient's capacity for work, within the meaning of the Act?—No, you misunderstood me. The sick visitor's duty, I take it, is to see that the person claiming sickness benefit conforms to the rules governing sickness benefit. If the patient who claims to be sick is prepared to submit to the restrictions of the rules of sickness benefit, it is a fair presumption that he really is sick.

37,720. You favour the appointment of medical referees?—Yes, I do.

37,721. In whose interests should such medical referees act—in the interests of the doctor?—No, the doctor is not very much interested; but in the interests of the societies and of the patients.

37,722. Would you have medical referees acting as consultants to consult as to the best way of getting a patient better? You know better than I do what a consultant is?—I did not quite understand whether you meant that a medical referee should also practise, if he likes, as a consultant.

37,723. Yes, that is just what I did mean?—He should be free to act as a consultant if he liked—or did you mean compulsorily as a consultant?

37,724. I should say compulsorily as a consultant. I am thinking of a medical referee who devotes the whole of his time to his refereeing?—Yes.

37,725. I do not want a man to be a sort of medical policeman, but of such standing in the profession as to be capable of acting as a consultant?—Primarily his duty would be to decide whether a person was incapable



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of work or not—whether a person was legitimately entitled to sickness benefit. In order to be able to do that satisfactorily you require a man who is not a specialist in the ordinary medical sense of the word, who has devoted himself to consulting practice; but you want a man who is also well acquainted with the social and economic conditions of the people about whom he is being consulted. He is not being consulted about their medical condition altogether. If he is able to give medical advice to the doctor in attendance at the same time, I am quite sure that the doctor in attendance would be very pleased to accept it. I do not think it would be wise to establish him as the consultant. I should keep him only to deciding on the one question as to whether the patient was legitimately entitled to sickness benefit or not.

37,726. Then do you favour the appointment of medical men who shall devote themselves entirely to that work?—Certainly I do. I do not think, if you appoint anyone else, unless you make him a whole-time man, and independent, that you will get the confidence of all three parties. He is of no use unless he has the confidence of the doctor, the confidence of the patients, and the confidence of the society; it is only an independent man that could get the confidence of all three.

37,727. Yes; and then, not having any connection with the families of the panel patients, he would have no object but to act impartially?—No, he must not be in panel practice; he should have been, I think, in order to have experience.

37,728. (Mr. Davies.) With regard to this feeling between the societies and the doctors as to the certificates, is that now in good condition between them?—Yes, with some societies. But we are still being troubled by some.

37,729. Has not this question been the most difficult you have had to deal with on the Lancashire Insurance Committee?—Yes, it has.

37,730. The difficulty has been that the societies could not get the doctors to certify the complaint?—That was the difficulty in the beginning.

37,731. Did they go so far as to pass a resolution not to pay the salaries of those doctors who refused to give the names on the certificates?—I do not think that that resolution was passed. It was suggested that it might be passed.

37,732. A resolution of that kind was presented to the committee, was it not?—Yes.

37,733. And the purpose was to get the doctors to give certificates that previously they refused to give?—Yes.

37,734. And that the societies thought they had a right to have?—Yes.

37,735. Doctors are now giving certificates stating the nature of the complaints?—Yes.

37,736. Practically the only cause of estrangement between the doctors and the societies is the insistence on having the names of the illnesses?—Yes.

37,737. And if that feeling can be removed, then practically the greater portion of the difficulties in Lancashire disappear?—Yes, a certain amount of the difficulty has disappeared with regard to the statement of the disease on the certificate.

37,738. Have you had any meeting with the societies since this difficulty was rubbed out?—Yes; this difficulty had been rubbed out before the meeting I spoke of.

37,739. And there is a better feeling between the two bodies now?—Yes, we do not have much trouble now. I do not know what questions you are going to ask me, Mr. Chairman, but if I might submit now one or two points with reference to this question of the signing of certificates, I should like to do so. I have another case besides the one I mentioned just now.

37,740. (Chairman.) Is this another case of endometritis?—No, it is not a case of certifying disease at all. These are cases of the way in which certificates are issued. This is a case where an agent writes to the patient: "I am sending you Forms C, numbered 1, 2, 3, together with Form B. Please get your doctor to sign and date the three Forms C. Fill up Form B yourself and return all the forms to me when completed." This was a case which came to my own knowledge; the patient presented to me these

three certificates, Form C; one was dated by the secretary April 27th, one was dated April 29th, and the other was dated May 6th. The patient was a temporary resident in Morecambe, she had gone sick on the Tuesday and she came to Morecambe on the Saturday.

37,741. Are those dates this year?—Yes, only the other day.

37,742. May the 6th is to-day?—Yes, and she presented these three certificates to me. Of course, I told her that I could not sign those for April 27th and April 29th because I had not seen her, and she was not in Morecambe at the time. I said to her: "You were somewhere else on those dates; you must send the certificates to your own doctor. I do not know how he is going to sign them because he has to date them with the date on which he sees you. You come to me on the 5th May and I will sign your certificate for the 5th, but not for the 6th." She brought the certificate yesterday (the day before I came away) and I signed it for her. Here is this agent deliberately sending her these three certificates with the dates on which they are to be signed, absolutely impossible dates. What is a doctor to do? One man says that, "unfortunately, a great many men seem to be afraid of the societies and do what the societies demand, because they are afraid of them. I do not know whether that is the case or not, but there it is." Here is another case of a secretary or agent writing to the patient: "I am sorry you are unwell. I am enclosing papers, one for declaring-on and another for sick pay. Please sign the sick pay form before sending back, and I will send money at once." Before I go any further I want to draw your attention to the fact that so many of the societies have forms of their own, and will not conform to the official certificates. The consequence is that they are supplying their patients with declaring-on forms and continuation forms, but not with declaring-off forms, which has the effect that if the patient is going to declare off, he has to consult his agent whether he shall declare off and get a declaring-off form to bring to the doctor, because we have no declaring-off forms. On the official document, the one adopted by the Commissioners, there is a continuation certificate, and underneath that is a declaring-off certificate; so that a patient very often gets declared off when he has come to the doctor to get a continuation certificate, because the certificate is there. But if he comes with a continuation certificate and no declaring-off certificate the doctor cannot do anything. He says: "You ought to go to work," and the patient says: "Well, I will bring the declaring-off certificate next time I come." Next time is the end of the week, he always finishes the week. Then the letter goes on: "There is a new rule now and that is that all papers must be signed for the Saturday, and reach me the day before (Friday). Then members are paid up till the Saturday night. That is if you get the doctor to sign your paper for either last Sunday or Monday and will let me have them at once, you will receive your full week's pay by return. Of course, if you did not see the doctor till later in the week, you will have so many days pay up till Saturday and then have a full week next week." Then I have another case in which a secretary says: "Dear Sir. If you will, you can date this man's note back to the 16th."

37,743. What is the date of the letter?—It is dated April 23rd, and is addressed to the doctor—"seeing he has not had a doctor and he has been under the club care since that date; he will explain himself. Thanking you in anticipation." There is a deliberate suggestion to the doctor that he shall sign this man's certificate as from 16th April, though the man has not been under the doctor for a week, but has simply been known to the secretary of the club as being sick. Those are instances of the laxity of some of the societies, and of the way in which they try to procure the sort of certificate they are prepared to accept. Then we have another case here which I should like to bring to your notice, as to the attitude of the public, especially of employers, towards the Insurance Act and towards the doctors. I brought these cases with me.



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because I have been able to get actual evidence concerning them. The societies' agents—we have had this constantly all the year—have been telling patients to get their certificates signed on a certain day. A great many societies have fixed a certain pay day, and they will not accept certificates, unless they are signed on a certain day of the week. You call and see a patient on a Wednesday, and you are asked, "Well, doctor, will you sign my certificate for Saturday?" That is a constant request; or it may be for Friday, or whatever day the society has fixed. If you say, "No, I will sign it for to-day, because I have seen you to-day," they say, "Well, I will get no sick pay this week." I do not know whether it is true or not, but that is the statement they make. It is only because we have been able to trace actual written evidence of this being done that I brought these letters with me to-day. Here is a peculiar one which was addressed to me: "Dear Sir, I understand our maid X, who is at present staying at the G.F.S. Morecambe home, has come to you for medical treatment. I do not know whether she has told you the circumstances of the case. They are as follows: my mother died on 21st March from a cancer in the breast; she was ill 11 months." I am sorry to trouble you with this, but I want to show the Committee the sort of pressure that is brought to bear upon doctors. "X" came to us about the middle of August. She was very good to my mother, and waited on her devotedly. At the end of January she went to her panel doctor, as she was feeling very unwell. He told her she had anæmia, and she ought to give up work. She said she had promised my mother not to leave her while she lived. She went two or three times afterwards, and he still gave her medicine. A week after my mother died she went to him and asked him to give her a certificate to throw off work—she incidentally mentioned she was going to Morecambe. He refused to do so, as he said he was unable to, owing to her not giving up when he told her. I have consulted several people about it; I also rung up the Insurance Commissioners in Leeds; and they all said the doctor had no right to do it, if she could prove that she was ill. There is another thing; when first she went to him she had not been insured the full 26 weeks; she was three or four weeks off. We, unfortunately, are not in the Leeds district, but the Wakefield. Could you not give her a medical certificate? I have been told you could do so quite well. I think it is very mean of the doctor, as she was not working for her own pleasure; and when you come to think of some of the people who get it for much less, it makes you feel, to say the least, annoyed. If you could do anything for her, I should be very much obliged." You see, at first she is told that if she is suffering in the way in which she complains of suffering, she ought to stop work and have a rest. She will not do it, she says, because she has promised to attend to this lady who is ill; but it appears afterwards that she is not in benefit. As soon as she gets in sickness benefit she decides to come to Morecambe for a holiday, and she goes to the doctor and wants him to put her on sickness benefit in order that she may be paid while she is away from work. He, very properly, I think, refused. When she came to me I told her that she was quite able to do her work, and was only at Morecambe for a rest, taking an ordinary holiday; and that the Insurance Act was not for the purpose of providing people with the means of having holidays by the seaside, but to pay them when they are ill. Of course, she did not get a certificate. That is the sort of pressure put upon us. It is not often that people put it into writing so that we can produce it. Employers of labour and others are constantly pressing us. I know that in the industrial towns it is a common practice now to claim sickness benefit in such circumstances and it will be more and more so. In the other case I quoted to you the woman had the cuteness to go sick on the Tuesday, and not to say anything about going to Morecambe till Saturday when she came away. A great many of them are finding it out, and you will find there will be an enormous increase in the claims for sickness benefit, unless some method can be devised

of checking this making use of sickness benefit to pay for holiday enjoyment. That is where the sickness visitor becomes so very essential. A case came to my knowledge just the other day of a woman from Preston. She was a member of a friendly society and she came from Preston to Morecambe. The friendly society people notified their branch in Morecambe that they were a bit suspicious about this woman. The sickness visitor went down to see her, and found that she was busy helping her mother to run a lodging house; she was doing the washing up and all the work of the house. The sickness visitor told her that if she went on doing it she would be struck off benefit. She was very indignant about it, but the result was that she declared off the next day. If she had not been visited she would have gone on drawing sickness pay during the whole of the season probably. I venture to predict that there will be an increase. Taking just this one case, this home that I spoke of which was referred to in the last letter I read. It is a home of rest for the members of the Girls' Friendly Society, and it is carried on by the Ripon Diocese. It takes in girls, members of the Girls' Friendly Society, who are largely domestic servants, mill hands, shop girls, governesses, school teachers and such like. It is simply a holiday home; there are no arrangements for the accommodation of sick persons. Those who are convalescent after illness do sometimes go there, but most of the girls simply come there for a rest. Last year 718 girls went through that home, and only five of them had sickness benefit. The home only opens about February to really take girls in, and this year to my knowledge—I cannot tell you the exact number that have been in—eight members have already had sickness benefit; that is to say, of those who have come to me for certificates or otherwise.

37,744. That is to you alone?—I know them all, because I attend the home and that is how I know these figures. There were only five last year out of the 718; this year I know there have been eight already, and there may have been more who are having their certificates signed at home, but of these I do not know. The indication is that there is going to be a very much larger claim as the public learns the possibilities of the Insurance Act.

37,745. You say that some of the societies or some of the agents of societies are urging doctors to sign certificates for people, who are in fact away and cannot be seen?—Yes.

37,746. And you know that doctors are doing that?—Yes.

37,747. But do you think that all the doctors who sign certificates of that nature do so because they are urged by the societies?—I do not know whether they are all urged by the societies, but I know that societies are accepting their certificates.

37,748. Do you allege that the societies always know what they are doing?—Yes.

37,749. Always?—Yes; surely the agent who pays, or the sick visitor who pays the money knows that he pays the wrong persons.

37,750. *Non constat* that there is an agent; there may be payment by post. Would you be surprised to learn that the societies had alleged the converse of what you allege: that doctors send people away and sign their certificates while they are away, without seeing them, and the societies are expected to pay on them? If they do, you would hardly sympathise with them, would you?—No, because I think it is their duty to make sure that they are paying their money to the right people.

37,751. These people, I suggest, have at any rate found out that they are being invited to pay to the wrong person. They get the certificate on the Monday; they go on the Tuesday and find out that the patient is not there and has not been there since the previous Monday, but the certificate is signed by his own medical man. They say: "How did you get this certificate?" and he says: "Oh, Dr. So-and-so signed it"?—Yes; but the representation made to me by the medical man is that he is told he has to sign it.

37,752. We have had witnesses from the societies and I have put the medical point of view to them and



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I am putting the society's point of view to you as a medical witness. I want to suggest to you that that is not the whole story?—It is the whole story from our side.

37,753. Is it? Surely the whole story from your side is that the doctors have been signing certificates without any urging and without having seen the patients?—Yes, but not without any urging. They are told that, if they do not sign the certificates, the patients will not get sickness benefit.

37,754. I suggest there are cases of the society learning for the first time that a person is away when the sick visitor goes to call upon him some days after the certificate has been signed. What do you say to a doctor signing a certificate and finding out three days later that the patient has died? Do you wonder that the society complains of that as a grievance?—I do not; of course it complains.

37,755. Is it not a monstrous case?—It is, but that is an exceptional and rare case; it is as rare as the case of the bonesetter.

37,756. You rather put your heart on the table and say: "Trust us," do you not?—Yes.

37,757. That is what you ask us to say to the societies?—Yes.

37,758. The first thing we have to do if we are going to ask the societies to trust the doctors is to persuade them that the profession in the whole is worthy of trust?—On the whole they are.

37,759. I said *in the whole*. One would not suggest that a great body of men like the doctors does not contain some black sheep?—You must have men in every profession who will do things which are not what they ought to do.

37,760. And probably you would say that those men are of every kind and degree from those who practise sheer wicked and deliberate fraud to something half-way between weakness and kindness of heart?—I think it would be difficult to establish the wicked fraud. I think it is mostly carelessness.

37,761. We get that which is just on the outside of what we are talking about, and we go right through to deliberate perversity?—I am afraid my imagination does not carry me to deliberate perversity.

37,762. What do you think of this? Supposing a doctor tells us quite clearly, without any hesitation whatever, that when a question is asked him by the societies or their agents about his work, he proposes not to answer them in any way whatever; what do you call that?—I am sorry to hear it. That is all I can say.

37,763. I will put another case. Supposing a doctor told us that he finds in his own mind a fear that if he does that which he believes to be right he will suffer for it and, while he has never done any action which is dishonourable, he has a kind of fear that he might some day. What does it suggest with regard to people with less tender consciences in great industrial towns?—I should say it was a very regrettable mental attitude.

37,764. I know, but one cannot but take it as true; people do not tell those sort of lies, do they?—He is telling the truth, no doubt.

37,765. He is telling the truth of himself and his brethren?—Of himself, yes; it is hardly fair to class his brethren with him.

37,766. You have a very high regard for the honour of the profession?—I hope so.

37,767. You have a very definite idea in your mind as to the kind of way in which alone the profession can do its work. Do you not think that the first person out of all the people a doctor has to be responsible to is himself for the excellence of his work?—Certainly.

37,768. And what he does is to a certain extent done, and must be done, in the solitude of his consulting room? I mean there is nobody else there but himself and his patient; and apart from his patient, he is alone with his honour?—Quite so.

37,769. So that societies have no kind of check upon the thing at all, except the feeling that the doctors are going to stand by them perfectly honourably all through?—They can only trust the doctors.

37,770. We all of us know—you do not think I am so foolish as to bring an indictment against the whole

profession—as you say yourself, that some people in every profession are weaker than others, and there are some more precise and some more angry than others, and that both those motives govern the actions of doctors at present?—Yes.

37,771. Is it not up to the society, knowing that, to do all they possibly can to get the thing as stiff and rigid as possible? You did not indicate, when you described your own proceeding, that there ought to be any deviation or shadow of turning. You do your duty, and do it to the best of your ability. Do you not think it is necessary for the society to look to something pretty stiff?—Yes, we have no objection to that.

37,772. Must they not test whether it is being stiff or not, and must they not ask for all means to enable them to test it?—That depends. If they ask for what they consider to be the necessary means, yes; but whether the means they ask for are desirable or not is another matter.

37,773. Take this matter—the stating of the name of the disease on the certificate. Surely that is the first thing anybody has got to have before him before he can begin to test the question whether a particular person is entitled to benefit or not?—That is the position the societies have taken up.

37,774. Do you not think that they have taken it up from experience; not only from these fanciful ideas I have put before you, but from facts? They have had certificates for diarrhoea for 19 weeks and three days?—Yes.

37,775. Let me put this to you. This is another sort of thing. This is a comparison of women's societies in two or three towns. Town A.: Expected cost of spinsters and widows worked out actuarially, 270*l.*; actual cost, 529*l.*?—I am not surprised at that.

37,776. Excess, 95 per cent.?—Yes.

37,777. Are you surprised at an excess of 95 per cent.?—No, because I do not think that the actuaries have any solid evidence to go on in the estimation of that.

37,778. I quite agree we should expect them to be a little wide, but 95 per cent. seems to be rather stiff, does it not? Here is another: Expected cost, 22*l.*; actual cost, 56*l.*; excess, 157 per cent. Those are all exactly parallel towns which are dealt with with the trade society in each town. The next town: Expected cost, 65*l.*; actual cost, 170*l.*; excess, 160 per cent.?—Are those cases all verified?

37,779. I am coming to that, but they are surprising in themselves, are they not? Here is a trade society, taking spinsters and widows and leaving married women alone?—Not married women.

37,780. Not married women. These are not very far from one another. They are all really in the same positions, and with that variation?—Yes.

37,781. Take this analysis of certificates: 243 claims, and 55 of them for anæmia and debility?—Yes, they are diseases that these spinsters and widows would be most likely to suffer from.

37,782. I know, but it seems a little bit large, does it not? In the next town there were 86 claims and 21 certificates of anæmia and debility?—Yes.

37,783. Supposing you found that state of things, would you not want to find something or other about how it came to be?—You might.

37,784. Would not the very first thing you would do be to try to find out whether anæmia and debility were really complaints from which these people are suffering? Take debility. It may be a symptom, but it is nothing more. We should want to know what kind of debility?—Debility would be a condition, not a symptom.

37,785. I agree, but we want to know what that condition came from?—You mean what is the cause of it?

37,786. Yes?—If you were seeking to improve the health of the community it is desirable to know, but it does not affect the question of incapacity.

37,787. Does it not, if you find an enormous excess of sickness, and you find 20 per cent. of the cases are justified by certificates which have on them the easiest of all names? Would not that give you pause if you found a society running about three times as fast to



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perdition as most societies? Supposing we found that in the worst town there was one doctor whose anæmia and debility cases ran on an average to 6·92 weeks and another man whose debility cases ran to only 3·34 weeks, would you not begin to prick up your ears a bit?—From the medical point of view, yes; but I do not see how it affects the societies.

37,788. Does it not? They are going to say to themselves: "These people are bleeding us white, and we must know why, and if the first man asks me to trust him, I am afraid I cannot do so"—From the medical point of view I should be inclined to say the man who had 3·34 was a more acute diagnostician than the man who had 6·9. The latter man had recognised the incapacity, but went no further in his diagnosis than anæmia and debility; while the man who had 3·34 recognised some cause of the debility and goes a step further and satisfies himself as to the cause of the condition.

37,789. There are two ways of looking at that. The society has two objects: first, it has to investigate that particular claim and pay it if it is proper, and not pay it if it is improper. The second thing is to see that the member is well treated and is likely to get well as soon as possible, and cease to be a charge to the funds?—Yes.

37,790. Supposing a doctor is rather in a hurry; a great many people come to his surgery in the morning, and many of them look rather ill, there is nothing easier than to write down debility, and no-one is going to say he is not right, whatever else they are going to say about it?—Yes.

37,791. Do you not think that the society has got some sort of interest in knowing that it really is debility and having it stated on the certificate?—From a health point of view, but not from a monetary point of view.

37,792. How else are they to take it? Everybody can see, looking at this society, that someone or other is acting weakly or fraudulently, and if they do not check it, they may be sent to financial perdition by this man who certifies debility week after week, when a person may have something serious the matter with him. If you kill them off quickly enough, of course, you save money in that way. I am perfectly willing to trust the medical profession, but if I am going into a sort of partnership with the doctors: and to trust them, they must recognise the society's difficulties?—I think we do recognise their difficulties.

37,793. I want to press upon you the difficulties arising from the medical men's action as a whole. I do suggest, in the interests of the profession, that you have to get on the track of your weaker brethren?—I should be only too glad to.

37,794. The first thing you have to do in order to do that is to compel them to certify accurately, and to date their certificates correctly, and so on?—Yes. You say we should make them certify accurately.

37,795. As accurately as they can?—That is exactly what I was coming to.

37,796. Of course, if they do not know, they cannot certify?—You must remember, and it must always be remembered, that the membership of the panel was not chosen by the profession.

37,797. No. What I mean is that when we find the British Medical Association telling us that the medical men as a whole are exercising much ingenuity to find synonyms while all our endeavours are in the direction of plainness, what do you say?—Do you not judge the Association a little unfairly there? A synonym is only used where it is not desirable to put a plain name—instead of calling a spade a spade you call it an agricultural implement.

37,798. There are two observations I should like to make on that. One is that people soon learn what an agricultural implement is, and the second is, what is the object of calling it an agricultural implement? It is either to deceive, or it is not. If it is to deceive, you cannot justify it?—I do not attempt to justify it in that case.

37,799. Well, what is it for?—Supposing you have a patient, and you discover that he is suffering from

valvular disease of the heart, and he does not know anything about it, and has never suspected it.

37,800. If you tell me there are certain things which doctors cannot put on certificates without risk to their patients, and the statement is confined to that, then I understand it; whether it be so or not is another matter. But that is quite a different statement to the statement in this document?—It comes, no doubt, to the same thing.

37,801. This is a document that goes out to I do not know how many thousands of people on the panel in England, many of whom do not require encouragement to find synonyms. Take the case before it; it is certainly not one which would have done the woman any harm to disclose. The question of delicacy might enter in, but not a question of her physical state. Of course, one does not want to offend a patient's delicacy, but we might relieve that in some other way, not by simply putting "uterine trouble" on the certificate. I only want to get at what it is. Supposing that the unreasonable person who wrote you that letter about endometritis really knew that if the person were suffering from syphilis that fact would be stated, all your troubles would disappear. It is because he finds this statement that doctors think a syphilitic patient ought to be covered up, that he asks these ridiculous questions. That kind of foolish habit of mind, if I might suggest it, is caused by the difficult attitude of the doctors. As long as doctors will continue to talk about synonyms, so long will people go on making unreasonable, and as I think in some cases wicked, suggestions like those in that letter. We must get the two together and get them to shed their difficulties on either side?—I agree to a certain extent. I do not think the medical man should conceal in any way the condition from the patient, but he must be very careful in the way in which he conveys it to his patient.

37,802. No doubt. Are you thinking now about things like valvular disease of the heart?—Or your case of syphilis.

37,803. What do you want to be tender about syphilis for? Why should not the man be told if he has it?—I do not think there is any tenderness about telling a man.

37,804. Or about the woman?—In the woman's case there is a certain amount of restraint.

37,805. Why?—Because social custom and the law condone sexual irregularities on the part of the man, and punish them on the part of the woman. Would you tell a woman she has syphilis if she is a married woman? If you do you are at once proposing to put to her the proposition that she has got it from her husband.

37,806. She either has, or has not?—Yes. Are you suggesting that she has not? Both suggestions are, in the present conditions of society and of the law, offensive to the woman.

37,807. I agree?—In a way in which they are not offensive to a man. That is what makes the difference. The man probably comes with a perfect knowledge of what is the matter with him, and is prepared to be told. A woman does not know, and is absolutely ignorant.

37,808. You do not keep her in ignorance?—No, I would not keep her in ignorance, but I would not put it on the certificate.

37,809. Why not?—Because she is branded if I do.

37,810. That may be, but she is not bound to take the certificate round and try to draw benefit from it. I think you are making too much of this particular point. These are all special cases. At the same time I say that if she is branded, it is her business. If she does not want 7s. 6d., she need not go and get it?—That is so, but the difficulty is this: that a woman suffering from syphilis would never claim—at least, I do not think so.

37,811. Even if it were not her misconduct? Even if it came from her husband, do you think that?—I do not believe she would. She would accept the disability even if it came from her husband.

37,812. That is a very difficult case?—What I do think with regard to that is: you get a case of endometritis, you get gonorrhœal rheumatism, you get



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cystitis secondary to gonorrhœa, and the endometritis, or the rheumatism, or the cystitis is the disease the person is suffering from, and it neither concerns his society nor, except for the purpose of treatment, the doctor, as to whether it is due to gonorrhœa or syphilis.

37,813. Are not you putting it rather high? The society's rule says they need not pay, or shall not pay, when the disease is due to misconduct?—But surely the intention is to deal with the misconduct of the individual?

37,814. Clearly?—Then what if it is due to the misconduct of the husband?

37,815. I do not want to labour this point any more than I can help, because I do not think it will assist us. But do you not think the simplest course is for the doctor to say to himself: "All these questions are "casuistical. In the long run it is the society which "has to make up its mind to pay or not, and I will "leave it to the society." What I do want to suggest is this. All these cases—valvular disease of the heart, syphilis, cerebral hæmorrhage, and all the rest of them, all illustrate different forms of difficulty with regard to certification?—Yes.

37,816. You could put them in a bag and take them away, and there would be still a great mass of difficulty remaining. They do not come up much in practical experience, and if the societies could be confident that the doctors were treating them frankly 99 per cent. of your difficulties would disappear; one per cent. might remain. Our difficulty is that if the society finds debility on a certificate they have not the slightest idea what it is; the patient might have something else the matter with him. The society would have a right to know what is behind the debility, would they not? Do you not think there is something in that?—I see your point.

37,817. Have I made my point?—It still does not appeal to me very strongly, because incapacity is really the question we want to get at.

37,818. I agree it is incapacity. That is really the question we want to get at; but to test that incapacity the best test is a complete and true statement by the medical man?—Most undoubtedly.

37,819. And without that complete and true statement it is impossible for the society to test it?—The complete true statement by the medical man, you must remember, is the statement on the inspection of a patient on the first occasion—he may never have seen the patient at all before.

37,820. I agree?—He may have had no opportunity of finding out anything about him, and has very little time to do it on the first occasion.

37,821. I do not see why he has very little time. All the other things I fully recognise?—If he has got a surgery with 30 or 40 people waiting, if he begins at 7 o'clock and has to see them all that night by 8 o'clock, because he may have an appointment to visit another patient outside at a quarter past 8, he has to see those 30 or 40 people as quickly as possible, and he is not going to have very much time for a new case.

37,822. But if I may say so, every third word you say is on my side of the argument. If that be so, surely the society has all the more reason to say: "We "must have something more definite on the certificate," because in the case of people with crowded surgeries they may not really have applied their minds to the cases at all. The people walk through the surgery, get a bottle of medicine and there is an end of it?—He only puts on the certificate the diagnosis he is able to make at the time.

37,823. In a minute and a half? But that will have to stop?—That is not our concern.

37,824. The doctor is put in a position which is of immense importance from the health point of view; it is also a matter of great importance to the great mass of the people?—Yes.

37,825. A doctor must give more than a minute and a half to each one of these cases, and must apply his mind and must give some evidence of having applied his mind to each case; do you not think so?—But he gives evidence of it by having arrived at his diagnosis.

37,826. In a minute and a half?—I cannot time him; you cannot have much time for a new case if you have 40 or 50 people to dispose of in an hour.

37,827. If all those things are so, he being obliged to attend to so many people, and being obliged to get through them at that rate, do you not think the societies are justified in feeling apprehensive?—I do not say suspicious, but uneasy? If they find in those circumstances that 20 per cent. of all the claims made upon them are for anæmia and debility, they are liable to say one of two things: "It is no use "bothering and we will put up with it." The other thing is to say: "We must question everything and "delay it?—That is where I join issue with the societies.

37,828. So do we?—I do not think the solution of that difficulty is more accurate diagnosis on the part of the medical men, because every careful medical man, though in the first instance he might not have the opportunity, when he sees his patient again, or visits him again, makes his diagnosis, do you see, afterwards.

37,829. Do you think that is so in fact?—I am sure of it; I can give you instances of it. A girl came to me (she was only a temporary resident); I had no evidence at all as to what she was supposed to be suffering from, and I asked what had been certified. She said neurasthenia. I had no reason to doubt her word, or to do anything more than verify the fact that she had neurasthenic symptoms. I signed her certificate. She came again, and then complained not of the symptoms she had before, but of certain other symptoms which aroused my suspicion, and on examining her I found that she had polypoid growths in her nose. There was a case in which, in all probability, the man who originally gave her a certificate, if he had seen her more than once, would have discovered the same thing exactly. But he only saw her once, and gave her a certificate for neurasthenia, and then she came away to Morecambe.

37,830. It could be said, "Here is a girl who comes "from an industrial town somewhere in south-east "Lancashire or Yorkshire; at any rate, from a crowded "industrial area. She goes to the man with 40 or "50 waiting in his surgery, and he certifies neurasthenia; she goes to a place like Morecambe, where "there are only a couple or so waiting, and the real "facts come out"?—We do not do that. I did exactly what he did. The first time I saw her I accepted her own statement, because, in every respect, there was no reason to look any further, and I had his certificate.

37,831. Think of him the next morning, or the next time she went to him, there would still be 40 or 50 waiting in the surgery?—There might not be.

37,832. There might be the same thing over again?—He would have a further opportunity; that is why I say the initial certificate is of very little value beyond indicating the fact of incapacity for work.

37,833. You would probably agree that there would be great value in doing away with this certificate, which merely has a kind of ditto?—It gives him an opportunity for further diagnosis, if he feels inclined to do so.

37,834. I am greatly obliged to you. You have put your case very fairly?—With regard to this certificate, my idea still is that the societies should accept existing conditions, and not seek back for origins.

37,835. That is a slightly different point. I quite follow it, and understand it may put them in some difficulties. Is it not necessary to devise some means of dealing with these special cases?—They ought to be dealt with.

The witness withdrew.



## FIFTY-FOURTH DAY.

Thursday, 7th May 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Mr. WALTER DAVIES.  
 Dr. ADAM FULTON.  
 Miss M. H. FRANCES IVENS.  
 Miss MARY MACARTHUR.  
 Mr. WILLIAM MOSSES.

Dr. LAURISTON SHAW.  
 Mr. A. H. WARREN.  
 Dr. J. SMITH WHITAKE:  
 Miss MONA WILSON.  
 Mr. WALTER P. WRIGHT.

Mr. ALEXANDER GRAY (*Secretary*).Dr. J. A. HARRISON (*Haslingden, Manchester*) examined.

37,836. (*Chairman*.) Would you kindly tell me your medical qualifications?—M.B., C.M., Glasgow.

37,837. You are in practice at Haslingden in Lancashire, and you are on the panel for the county of Lancashire?—Yes.

37,838. Are you on any other panel besides?—No.

37,839. What kind of a place is Haslingden?—It is a manufacturing district.

37,840. What do they manufacture?—Cotton mostly, but there is one woollen mill, and there are two or three engineering places.

37,841. Are the cotton mills spinning or weaving?—Mostly weaving. There are two spinning mills, and then it is the centre of the hard waste trade in which they have both weaving and spinning.

37,842. How many insured persons are there on your list?—2,589.

37,843. How many are men, and how many are women?—1,406 men and 1,138 women.

37,844. Of the women, how many are married and how many are single?—I could not give that; they have only given their Christian names and surnames, and I could not get it out.

37,845. Could you say roughly?—I could not; there would be more single than married.

37,846. You could not put it higher than that?—No.

37,847. But a large proportion of married women do, in fact, work?—Yes.

37,848. For the most part weavers?—The women are mostly weavers.

37,849. Rather than card-room people?—I have only one lot where the women are card-room hands. These are ring spinners in one mill, and I do not think that I have a great many of those.

37,850. Your women are, for the most part, pretty well paid?—They are pretty well paid; they are paid as much as the men for weaving.

37,851. The card-room people are paid poorly?—Ring spinners get about 1*l.* to 23*s.* a week; we have not the card-room hands such as they have in the real spinning districts like Oldham and Bolton.

37,852. How large an area do you cover?—About 4 miles long and 1½ miles wide.

37,853. Is it pretty thickly populated?—It follows the lines of the road, and it has more than 19,000 inhabitants.

37,854. Do you go up and down in a motor car?—Yes.

37,855. Have you surgery hours in the morning?—No. I have them from 2 to 3 in the afternoon and from 6 till 8 at night.

37,856. Do you keep those hours quite rigidly?—Yes.

37,857. During those hours do you see everybody who comes to you, whether on the panel or not?—I take them just in the order in which they come.

37,858. Do you go on duty at 2 and come off at 3?—No, I stay on until I have finished.

37,859. When do you finish?—Sometimes at 4 and sometimes at 4.30 in the afternoon.

37,860. In the morning you go round in your motor car and visit those patients who are in bed?—Certainly.

37,861. How many people do you think you see in the afternoon?—Sometimes there may be half a dozen, and sometimes there may be 30.

37,862. When there are 30, how long does it take?—About 2½ or 3 hours.

37,863. Is there any evening on which you get a greater or less rush?—It varies tremendously. In the early part of the week there are a good many; as the week goes on there are very few, so that on Friday I may say there are practically none up till 7 or 7.30, and then there is a big rush which keeps you there until 9.30 or 10 o'clock.

37,864. Do you think that you are very much overworked?—I have plenty of help.

37,865. How much help have you got?—I have a clerk and a qualified assistant.

37,866. Does he see the people?—Yes, he sees some of them at times, but not often, in the surgery; he sees to dressings.

37,867. Does he give certificates?—Yes.

37,868. He is not on the panel himself?—No.

37,869. Do you put them into classes at all, by way of seeing the people whom you have seen before at one particular time of the day, and the other people at another time?—No, it would be impossible.

37,870. You find that you can get round?—Yes, I have done my work for years. I am always very busy.

37,871. Are you busier than before the Insurance Act?—I do not think so. I do not think that the surgeries are quite as heavy as they were.

37,872. I suppose that really all these people who have been at work, all making money, always employed a doctor if they wanted one?—Yes, if they had anything wrong, they came along.

37,873. You do not find people now coming on your list who previously got no medical attendance at all, or only got it gratuitously?—No. There are none at all in Haslingden.

37,874. They not only got it before, but they got it and paid fees for it; they did not get it by contract?—No, there was no contract work.

37,875. There was very little about that part of Lancashire at all?—Yes. The only contract work was the police and the postmen.

37,876. You do not find people coming to you with diseases which are now being disclosed for the first time, owing to the fact that for the first time they can get a doctor. All your people were treated before and got well treated, and now it is only a difference of method?—Yes, the only thing that I notice more is the number of young men who come with so-called catarrh, and when I examine them I find that they have got little adenoids, just the stumps of shrivelled adenoids. I remove them, and they are all right. I have seen more of those during the last twelve months than I ever saw before in all my life.

37,877. Is there anything else which struck you from a medical point of view last year?—The number



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of people who come to the surgery in a feverish condition.

37,878. More than there used to?—Yes.

37,879. What is the cause of that?—They think that they are ailing, and decide to go to the doctor. Previously they would wait until morning and see how they were. I have seen patients coming in to me with a temperature of 100 or 101; I have sent them off to bed and seen them next day and found their temperature normal.

37,880. What are they really suffering from?—A kind of cold or influenza.

37,881. They are all right again in a short time?—Yes, in a couple of days.

37,882. But the run of the diseases which you have been treating was just the same before as since?—Just exactly.

37,883. Is there any falling off?—I have seen less pneumonia this winter than I ever saw before.

37,884. To what do you attribute that?—To treating these colds sooner.

37,885. Are these people who come mostly people who come to be treated, or people who come to get certificates?—Mostly people who come to be treated.

37,886. Is that the primary idea in their minds?—Yes, in the case of the vast majority of them.

37,887. They do not walk into the surgery and say, "I have come for a certificate or a sick note"?—No, I am afraid they would get into trouble if they did.

37,888. Do you think that you have been urged to give a great many certificates which you ought not to have been asked for?—No, not a great many.

37,889. Well, some?—Certainly some.

37,890. More men or women?—I think that the men are the biggest offenders.

37,891. What kind of men?—The man who thinks that he is neurasthenic and thinks that he ails a lot, when he ails nothing, or practically nothing.

37,892. You mean people who are under a genuine misapprehension as to their condition?—I think that it is that way. I have in my mind a man now whom I know, who has been thinking for years that he has been seriously ill.

37,893. And there is nothing the matter with him at all?—I have never been able to discover anything.

37,894. Do you give him certificates?—No, he has never had one. He asked for one the other day; it happened to be a fine day and he suggested that it would be nice to be out, and I told him that, if I did certify him, he would have to go to bed. He did not take the certificate.

37,895. He was a bit of a fraud—a conscious fraud?—He did not get the certificate.

37,896. What about the women?—Women have not been any more trouble than men in that way. One woman came along and she had a gumboil and wanted a certificate.

37,897. Did she get the certificate?—No. I said that she was quite capable of work, and she admitted that she was temporarily out of work; the machine room was stopped for want of material.

37,898. What proportion of all those whom you see get certificates?—28·3 per cent. of those on medical benefit get certificates.

37,899. Do you mean 28 per cent. of all the visits that are paid result in giving certificates, or are you thinking of individuals?—Individuals. The rest are just receiving treatment and are at work.

37,900. Of the 2,589 on your list, what number or proportion have you actually treated in the year 1913?—46 per cent.

37,901. Can you split those into men and women?—I have not got the numbers here.

37,902. Can you split the 28 per cent. between men and women?—Yes; there were 13·16 per cent. of men and 13·7 per cent. of women.

37,903. There is nothing in it at all?—Not in the numbers, but I have rather fewer men than women on my list.

37,904. You mean of the whole?—Of the whole on medical benefit.

37,905. You know roughly what people in Lancashire societies say about the women?—Yes.

37,906. They complain in effect that they are paying out a great deal more than they reasonably expected, and that they take advantage of them, and there is a mass of evidence which leads one to think that the women, quite apart from all that are really sick, are drawing more than one could possibly have expected?—A woman is naturally more prone to illness than a man.

37,907. Your figures do not seem to point that way?—They do, if you work it out. Take the daily percentage of men and women on the list—1·48 per cent. men and 1·62 per cent. women.

37,908. Percentage of what?—The percentage of the panel; that is the daily attendance.

37,909. Is that separating the men and women?—Yes.

37,910. There is a slight overplus of the women which is what one would expect. I do not think there is any such distinction as that; the sort of figures with which we have been dealing are not comparable with those at all. What I mean is that one would have expected to find, from what we hear elsewhere, that there would be twice as many women as men on your list?—That is not so at all, in numbers.

37,911. I do not mean in numbers, but in proportion?—How have they got that proportion?

37,912. We find that the women's claims are about twice as many as those of the men on the funds?—I am talking of individual women; they may be on the funds longer than men.

37,913. Do they stop on the funds longer?—Yes.

37,914. If they stop on longer you go on visiting them, or being seen by them?—Certainly.

37,915. So that that reflects itself in the figures, because the same women turn up again and again?—Yes, that is the daily average attendance.

37,916. According to what one is told, there ought to be a great many more women than men?—Yes.

37,917. I should think that when dealing with the card-room people and not with the weavers, you would probably find that so?—I cannot say that. My people are pretty well paid. Those ring spinners who are classed as card-room hands are not quite the same class as the ordinary weaver.

37,918. Who suggests the giving of a certificate? Is it you or the patient?—The patient.

37,919. He ends up by saying, "I think I will go on the funds"?—He asks me for a certificate.

37,920. Always?—Nearly always, unless when a person is very obviously ill in bed, when I will give a certificate with the prescription. Then, suppose I find a man bad with pneumonia, and I know that he is going to be off a considerable time, I give him a certificate.

37,921. When you address your mind to the question whether you should give a certificate or not, what is the question which you ask yourself?—"Is the man fit to perform his work?"

37,922. His work?—Yes—to earn his living.

37,923. At the thing at which he is making his living?—He cannot change his occupation in a moment in a district like ours.

37,924. I am not arguing the point; I only want to know what is in your mind?—That he cannot follow his occupation.

37,925. His actual occupation to which he is accustomed?—Yes. For instance, take the case of a spinner who came to me with anæsthesia in the finger of his left hand.

37,926. From what?—From neuritis. That man could not work at his machine; he could not twist his hands up in the way in which they have to twist them, and he could not feel the thread, and consequently he could not work.

37,927. How long is he going to be like that?—I do not suppose that he will be very long. He told me that he had had this thing before, and had got better in a short time; he was still on when I left home.

37,928. Will it be a matter of weeks or months before he gets better?—I think it will be only a matter of a few weeks before he is all right.

37,929. Suppose you came to the conclusion, after attending him, that that man was never going to get



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back the use of his fingers?—I would advise him to try some other work.

37,930. Suppose that he is capable of other work, but wants to go on with the certificate, what would you do?—I should have to talk seriously to him and tell him that, if he is capable of work of any kind, he cannot get a certificate.

37,931. These are two quite distinct propositions, are they not?—For instance, a man is off work a good while, and I make up my mind that he is not going to be fit any more for the work which he used to do, and I advise him to find some other employment; the difficulty is to find some other employment.

37,932. That I agree, but you would not, or perhaps you would, say to the man, "You had better go and look for other employment, and I shall go on giving you certificates until you find such employment"?—No, I had a man the other day who was a loom overlooker. Those men have to carry very heavy beams—that is, the warp; his heart was bad, so I advised him to get lighter work, as he could not do the work which he had been doing. As soon as ever he was fit for work I said, "Now you can apply for work." So he went to the Labour Exchange and applied for work, and was knocked off the funds.

37,933. Did you wait to see whether he got work?—No. I told him that he was fit for work, and told him what he was fit to do.

37,934. Is that what everybody else is doing?—I know nothing about what everybody else is doing.

37,935. That, if I may say so, is very characteristic of doctors?—Yes. Doctors work by themselves.

37,936. How much longer do you think they are going to be able to work by themselves?—You mean to discuss these matters. I do not see how we can discuss these matters in meetings.

37,937. The people who are responsible for administering the financial side of the funds will not stand for ever dealing with a number of individuals who may take about 10,000 different views, and they will insist, I think, on some kind of uniformity. If you do not succeed in getting some kind of uniformity yourself, I should be inclined to think that they will get some uniformity for you?—I do not see how they are going to do it, unless they define what is incapacity for work.

37,938. You think it necessary to have put more definitely into words what is the intention of the Act?—You have to take what is the intention of the Act as well as the actual words.

37,939. Perhaps you would agree that somebody, perhaps Parliament, has got to tell the doctor what the words, which he at present is using, really do mean?—That is so.

37,940. And when they do that, they will have to point out to the doctors, or the doctor will have to point out to Parliament, that the words cannot mean the same thing all the way through, and that when the man is obviously capable of some other work, and will never be capable of his original work, he must be refused sickness benefit? That is not an inference which would be drawn from the Act of Parliament as it stands?—If you take the literal meaning of the words of the Act of Parliament, very few people can get sickness benefit.

37,941. Or else everybody?—It would mean that no one can get sickness benefit.

37,942. Speaking generally, do you think that the doctors are hostile to the Act?—Not at present.

37,943. Were they to start with?—They were.

37,944. Have they quite given it up?—I think the majority of them have given it up, and are carrying it on nicely.

37,945. Do they still feel rather prickly with the societies, if not with the Act?—I do not think so.

37,946. Rather apt to get cross when the societies ask them questions?—Societies have not asked me questions.

37,947. I do not say you, I mean your brethren?—I could not say.

37,948. What about certificates? Do you think that they are all giving the names of the diseases?—I could not say.

37,949. Are you giving the names of the diseases?—Yes.

37,950. In every case?—Yes.

37,951. Without any concealment?—Without any concealment.

37,952. Or synonym?—No. I can imagine that one would want not to give it sometimes, but in every case which I have had yet, I have put down what I have thought to be the illness.

37,953-4. The real true thing?—The real true thing so far as I know it.

37,955. Would you not think, if you heard your brethren advise the use of a synonym or a euphemism on the ground that it would be injurious to give the real name, that that would be rather unfortunate advice?—I do not think that it would be right at all.

37,956. Do the society officials come and talk to you very much?—No, I never see them.

37,957. Do you think that that is because they are afraid of you?—I do not think that they are afraid of me at all.

37,958. Do you see the sick visitors?—I have never seen one yet. I have heard of them often.

37,959. What have you heard of them?—I only hear complaints that they just walk into a person's house and do not knock, and say, "Are you so and so? Are you not ready for work yet?"

37,960. Do they say when they knock that the insured person who had previously been washing the kitchen takes a leap into bed, boots and all?—I could not say about that, but I know that the Lancashire operative resents it very much.

37,961. What does he resent?—The discourtesy and the treatment, as though he were a pauper.

37,962. Why does he not mend it in some way? Why does not he get some new officials, if he does not like it?—I do not think that the operative has much say about officials at all.

37,963. He elects them?—I do not know who the officials for the National Amalgamated Society are.

37,964. The National Amalgamated is not the only society?—They take a great many of our people. We have none of the old friendly societies in Haslingden, or very few.

37,965. Have you not a great many people in the big textile unions?—We have a good many in the Weavers' Union.

37,966. And are all your card-room people in their union?—Not all of them, and not all of the weavers are in the Weavers' Union. For instance, in one village two miles away, they are nearly all in the Co-operative Wholesale Society.

37,967. Is there a co-operative wholesale manufactory?—No, there is a co-operative store.

37,968. What do you do about dating the certificate?—I date it for the day on which I see the patient.

37,969. Suppose you see when you look at a patient that he had almost certainly been ill the day before yesterday, what do you do then?—I cannot do anything. I date it for the day when I see the patient. If I see a patient to-day, Thursday, I date it for to-day.

37,970. You never stir from that?—No.

37,971. Do you think that there is any necessity for stirring from that?—From the patient's point of view, I think that the society ought to have it from the time when the patient first left work.

37,972. I am rather more interested in the doctor's point of view?—That does not concern me at all. I give a certificate, and I cannot date a certificate for Tuesday, if it states "I have this day seen," and if I only see the person on Thursday.

37,973. Have you ever been asked to date a certificate for Tuesday, when you first saw the patient on Thursday?—Yes.

37,974. By whom?—Patients' friends have asked me, and agents have come in and asked me.

37,975. What did you do?—I refused to do it.

37,976. What did the patients do? Did they threaten to leave you or anything of the kind?—No.

37,977. Most of the doctors who sit there tell me that it is absolutely necessary that they should do



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these things day after day, and it takes me most of my time to try to convince them that it is not?—I do not see it at all.

37,978. You think that in a system which controls the payment of money, a rule which requires the statements made in connection with that payment to be true, must be a good one?—The proper date ought to be given. If a man says that he has seen a patient on a certain date, it ought to be that date, and no other date.

37,979. Directly you get into casuistry as to why you should alter the date and not give the correct date, you get into a state in which you cannot carry on the business at all?—That is so.

37,980. You can only run the thing by plain and simple adherence to the plain and simple truth?—Yes, you have got to tell the truth.

37,981. If you get away from that you are lost?—Yes. I would never ante-date a certificate, even a club certificate, before the Act came into force.

37,982. Do you find that you are asked for certificates on the first day of sickness, or only when it is apparent that the person is about to become a claimant for benefit?—It varies tremendously.

37,983. Which is the better plan?—I think it better to give a certificate the second time you see a patient.

37,984. You understand the arguments against it?—No.

37,985. Word comes to you on Monday that a person is sick and incapacitated. That is the first day. He cannot get money until Thursday. You do not give a certificate until Thursday. Then he sends it to the society. It will not reach the society until Friday, perhaps, and it will conceivably be Saturday before the society is on the track of the man. But he has been ill six days, and it is suggested by the society that all that time he has had no sort of supervision, and not only that, but that he has been without a proper system of sick visiting?—I do not think that there is any supervision at all. I only know what they do in my place. I never heard of patients being seen within the first week.

37,986. Surely it would be better if they were seen in the first week?—The society collector calls on Friday, and that is the time when they see them. That is the only time.

37,987. Suppose that the Friday happens to be the third of the first three days of illness and the collector comes in the morning, and you see the man in the evening and give a certificate for the first time, it will be Friday week before that man is seen by anybody. He will send the certificate up to the office?—Yes. It will be Friday week before he is seen, or it may be. It depends on the society. They have all different methods.

37,988. In the case which you have put, why do you think it better to wait until the fourth day?—Because if I give a certificate on the first day, they are almost certain to be on the funds for the full week. Suppose I see a patient to-day and find that he has a little rise in temperature, and send him to bed and go and see him to-morrow, his temperature may be normal then, and he will be all right for Monday. He is never on the funds at all. If I give him a certificate to-day, that is sent into the office, and that man never asks me for another certificate until a week has elapsed.

37,989. But suppose we try to meet that by not paying on the first certificate, so that the first certificate would be nothing more than a notice?—I think that that would be a good way.

37,990. Which would have to be followed up by another certificate within a reasonable number of days—do you not think that that would meet the point?—Yes.

37,991. And meet it both ways?—Yes.

37,992. It is a very difficult subject?—Yes, that is the way in which I have met it. I have not given a certificate on the first day. In some cases where I have been doubtful whether the patient was going to be off for four days, I have not given a certificate until I have seen him again and I have filled up form Med. 26.

37,993. You date the certificate on the day on which you see the man?—Yes.

37,994. Suppose you are not able to give it to him on that day, suppose you left the book behind in your office or something of that kind?—You mean suppose I see a man to-day and he comes for a certificate to-morrow?

37,995. Yes?—I use form Med. 26 which states that on such and such a day I examined so-and-so and found him incapable of work.

37,996. It makes clear what the day actually is and gives both days?—Yes. I date it at the bottom for the day on which I sign it.

37,997. So that the society has got perfect information before them of the day on which you saw the man, and the day on which you wrote the certificate?—Yes.

37,998. Is there anything which you would like to add?—Nothing, except this, that Dr. Olive Claydon asked me to read some letters. The first is one which she received from the society, dated 20th of February, in reference to a patient named ———, who was certified as suffering from influenza and congenital morbus cordis. The letter is:—

“Dear Madam,—We have received a claim for sickness benefit from the above insured person, the medical certificate attached to which and given by yourself, showing him to be suffering from influenza and congenital morbus cordis. We should esteem it a favour if you would be good enough to let us know whether our member would be aware of the fact that he suffered from heart disease in July 1912, as we notice you state ‘congenital.’ A brief reply at the foot of this letter and in the enclosed stamped addressed envelope will be much appreciated and treated in the strictest confidence. Thanking you in anticipation.—Yours truly, ———.”

Here is Miss Claydon's reply, which is dated the 21st February:—

“Dear Sir,—The case is a particularly interesting one. Although the actual examination of the heart shows the existence of what is usually called ‘congenital heart disease,’ the lad has none of the symptoms of this trouble, has been for years in apparently perfect health, and plays cricket with impunity. As far as one can tell there is no reason to expect either excessive sickness or shortened life. I have detailed notes of the heart condition in February 1909, when I attended him for bronchitis, and the condition to-day is no worse. He has needed no medical attention since that date (except that he came just once last year for warts on the hands), till I saw him last Monday for a very slight attack of influenza. As his temperature was up, I thought it best for him to have a week off work, but I had already signed his declaring-off note yesterday before receiving your letter to-day, and he is to resume work on Monday. The parents knew about the heart condition before July 1912, but know also the facts which I have just stated. As to the lad himself, I do not think the term ‘heart disease’ has ever been used in his presence. Personally, I am puzzled as to why it is customary, as it is, in our profession to apply the term ‘congenital heart disease,’ to what is not a disease, but a malformation. Of course, I could never tell your society anything about a patient without the knowledge of either the patient or his nearest relatives, and have already in this particular case told the parents the gist of this letter, but subject to that proviso I shall always be glad to give any necessary explanation of a certificate.”

37,999. I do not see what the point of that is?—These people were evidently trying to see whether the boy was ill before he joined the society.

38,000. They were quite right to do so?—Yes.

38,001. (Mr. Davies.) I think you said that you had a qualified partner who helped you in your insurance work?—He is the temporary assistant whom I have when I am busy. I do the bulk of the work always.

38,002. He is not on the panel?—No.

38,003. Does he sign certificates?—He signs a few.

38,004. Do the societies accept that?—Yes, they will accept the certificate of any qualified practitioner.

38,005. Who is not on the panel at all?—Yes.



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38,006. Have you had any complaints about it at all?—No, he signs his name and states that he is signing in my place.

38,007. Has any complaint been made to you either through the insurance committee or through the societies that they consider the rate of sickness benefit in your district exceptionally heavy?—There has been no complaint made to me. All the notice which I have had of it is what I have seen in the daily press.

38,008. In what form in the daily press?—Just some statement by a secretary or agent of some society.

38,009. You have told us that you do not think that there is excessive sickness among women?—I do not think that there is any more than there was before.

38,010. You are judging that by the attendances at the surgery and at their homes?—Yes.

38,011. Not from any figures so far as sick pay is concerned?—I know nothing about the sick pay. I can only judge my own practice, I could not judge the whole district.

38,012. Could you tell us whether many of the women in that district who come to you, get prescriptions for bottles of medicine but you do not put them on the club?—A great many.

38,013. Would it be right to say that since the Act came into operation a vast amount of medicine has been administered to women as compared with men?—I do not think any more than there ever was.

38,014. Would there be any truth in the statement that the extra cost which the chemists have had to bear in all the manufacturing districts, where there is a large population of women workers, has been far heavier than in districts where women workers are not so numerous?—Well, women from the nature of their ailments are often sick longer than men. If you take a woman who has to stand at a loom some 10½ hours a day, she is bound to get some uterine congestion, and a certain proportion of these women get uterine troubles as the result, and they have to go to bed and be under treatment, and a great many of them have to have operations to remove the congestion.

38,015. There would be some truth in the statement that exceptional claims have been made on chemists for medicine on account of the great number of women working in Lancashire industrial areas?—Yes, you will have more claims where you have women workers, who have to do their work standing.

38,016. It does not necessarily follow that there is any relation between the quantity of medicine taken and the actual cost of sick payments?—I cannot see that at all.

38,017. You do not think that the one follows from the other?—I do not see it at all.

38,018. Speaking with regard to doctors and societies, do you come in close touch with the societies at all?—They very rarely come to me at all.

38,019. Are you on the insurance committee?—No, I am a member of the panel committee. I am a very busy man, I have no time to be on these committees. The Lancashire Insurance Committee meets 18 miles from my place at Preston. It would mean half a day for me to attend it, and I cannot afford that time.

38,020. Have not the society officials endeavoured to meet the doctors by arrangement in your area?—I have never come across them, and I have never seen anything at all about it.

38,021. You have never seen the sick visitors?—I have never met one yet.

38,022. Yet you hear stories that they are resented by the operatives on account of their method of visiting?—Yes.

38,023. If the doctor who gives the note by which people can claim money and the people who have to pay the money are at variance in the way suggested, do you not think that it would be wise if an arrangement could be set up between the doctors and these people to meet?—Most decidedly.

38,024. And that it would be the means of removing any difficulty that existed?—I would hope so.

38,025. You say that the doctors were opposed to the Act in the first instance when it came into operation?—They were, of course.

38,026. Now that has been removed?—I think that the opposition is gradually going.

38,027. Do you think that it would be well if the doctors and the approved societies could be got together by some means?—I think so.

38,028. Could you suggest the means by which that could be done?—I could not. I am not sufficiently in touch with the administration of the thing to be able to suggest anything.

38,029. There is not in your area sufficient resentment of the doctors against the approved societies to cause an invitation by the approved societies to be rejected as against an invitation by the insurance committee?—I do not think that it would. Of course, I cannot speak for the whole area, but I would certainly do my best to bring about a meeting if it was suggested.

38,030. (*Mr. Wright.*) I was very much surprised to hear you say that few, if any, insured persons in your district were members of the old friendly societies. Is there not an Oddfellows' lodge in Haslingden?—I think that they have all gone into liquidation. It depends on what you mean by Oddfellows.

38,031. The Manchester Unity?—I do not know how many. I have very few members on my list. There were several lodges of Oddfellows, but they were broken up some years ago.

38,032. There are no Foresters' courts?—There are some Buffaloes. I do not know anything about the Foresters.

38,033. I wanted to make quite clear whether, when you said that there were no members of the old societies, you simply referred to local clubs or Sunday school sick clubs?—That is what I was referring to.

38,034. Or whether you were referring to branches of the great affiliated societies?—No; the majority of them were broken up some years ago.

38,035. I do not think that any branch of the Oddfellows or the Foresters has been broken up, but there may have been some local club?—I could not say that. They were societies with a gradually dwindling membership, and they divided the funds.

38,036. At all events you have not come into contact with any secretaries or sick visitors connected with what you call friendly societies?—Not in immediate contact. I only know from what patients have told me about them.

38,037. You suggest that medical referees or medical boards should be appointed in each district to whom practitioners or societies could refer doubtful cases. Have you personally felt any necessity for referring any of your cases to referees?—No, I have not. I think that it is fairly easy, as a rule, to say whether a person is unable to work or not. We have had very good trade since the Act came into force. Where we shall get trouble, if we do get it at all, is when we come to bad times, as, for instance, like two years ago when the big strike was on, and people were actually starving, but people will not leave off work when they can earn 25s. or 30s. a week merely to get 10s. for doing nothing. They are not fond of being off work.

38,038. You suggest, I suppose, that if there is a big strike and the people are nearly starving, that would give you a great deal more work as a panel practitioner?—Certainly, as the people would be under-fed.

38,039. The second point is, you bring in the monetary consideration, and suggest that they might come to you because they have not got their wages coming in?—A few might, but they would be very few. During the last strike I tried to find out cases of distress, and it was very hard to get anybody to acknowledge that he was hard up. They are very proud, and there are very few who would do it.

38,040. Take the first class, those who would come to you because they were underfed and their health had suffered in consequence, you would not feel the necessity of a medical referee in such a case as that?—Certainly not.

38,041. With regard to the people who would come to you because they were deprived of their wages and wanted sickness benefit to make good, would you feel



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the necessity of a medical referee in such cases as those ? —There would be no necessity for a medical referee, unless the person himself asks for one. I could refuse a certificate.

38,042. Quite so, even if there were a strike, you do not think that you would feel any particular necessity for a medical referee in your particular locality ? —Not as far as I am concerned, but the patient may say that he is ill and may think that if he cannot convince me, he will be able to convince a referee.

38,043. Are you simply suggesting a medical referee in order to give the insured person a sort of court of appeal from your decision ? —No. My main idea is to satisfy the approved societies. For instance, I have had a girl on my list suffering from gastric ulcer. I put her on a milk diet while she was waiting for a bed in a hospital. One of the officials of her society found her out at night, and stopped her sick pay. At any rate she has had none for three or four weeks. They do not actually accuse her of being a malingerer. The girl went to hospital the day before yesterday to be operated on. But I could not let that girl go to work on a purely milk diet. If there were a medical referee, he could be called in, and asked why they had knocked her out of benefit.

38,044. That was a case where there need not have been any suggestion that the girl was a malingerer, but she broke one of the rules of the society. The society has certain rules covering the conduct of members ? —They could have fined her for that, and that ought to have purged her offence.

38,045. Is it not possible that the rules provide a suspension of benefit as a penalty in a case of that kind ? —I should think hardly for once.

38,046. But in that case it was not so much a case for a medical referee as for an arbitrator to decide whether or not the decision of the society was arbitrary and unfair ? —Why I say "medical referee" is that the official of the society told her he thought she ought to go to work. He asked her if she was not going to work, and she told him that she was waiting for a bed in a hospital.

38,047. You say in your statement of evidence that the employers should also have power to refer cases ? —Because I have had several cases from employers, and they say that their people are off work longer than they should be. But I have asked several since I wrote that, and it is only in connection with one mill. One of the directors told me that it was making a rather serious difference to their turnover. They have no surplus of hands, and if a worker is off, they cannot put on a substitute. I was talking the other night to a mill manager in a weaving place, and I asked him what his experience was. He said that he would not notice it, because directly a weaver leaves a loom, it is not allowed to be kept standing. The man gets what they call a "sick weaver" on, and consequently the management do not notice any difference in the turnover, so long as the machinery is kept running. In the other mills, which are spinning mills, they have noticed a serious difference, and I was told that it made a difference of 2 per cent. in the dividend. I said that in that case the employer, if he thought a person was off when he thought he should not be off, should be able to refer the matter to a third party, or if he would refer it to the patient's doctor, he could find out.

38,048. You go on to say, "Personally I would give the societies' medical officer all the information I could." To whom do you refer by the societies' medical officers ? —The medical referee, I suppose.

38,049. Do you suggest that the societies should appoint the medical referee ? —They have done so. I have had letters from the medical referee of the Card Blowing and Ring Room Operatives Insurance section. They have a medical referee.

38,050. Is it not rather important from your point of view that the medical referee should be an absolutely impartial and independent person ? —I think that the medical referee should have all the information in his hands about the insured patient that it is possible to give him.

38,051. Suppose he is employed and paid by the society, would there be any sort of natural, if unconscious,

bias to look at the case from the societies' point of view ? —There may be a little, but at the same time I think that most men taking on work as medical referees will approach the thing with an open mind.

38,052. You have sufficient faith in the members of your profession to believe that in no circumstances will they be biased ? —I will not say in no circumstances. They may be a little bit biased in favour of the people who employ them ; but a man knows what he has got to do when he goes to see a case of this kind. He knows that he has got to say whether a person is capable or incapable of work.

38,053. Suppose the society appoints the medical referee, the idea in appointing and paying him would be to assist in keeping down the claims for sickness benefit ? —That is right.

38,054. Would you be prepared to say that that would be satisfactory from your point of view as a panel practitioner ? —Certainly.

38,055. And you would be perfectly satisfied to have all your cases referred to a medical referee appointed in that way ? —Certainly, if he will go the right way about it and not go and see my patients without telling me ; just in the same way as the medical referee of the card-room hands did. He wrote to me to say that he had been instructed by the society to see so-and-so, and would be very glad of any information that I could give him. So I just wrote him a note and gave him a history of the case ; but the patient had gone back to work two days before I had got his letter.

38,056. You refer to a case of pregnancy, and you say that the woman referred the matter to the secretary of her society, and he decided that she was entitled to sickness benefit. Is there a male secretary of that society ? —Yes, and a local secretary.

38,057. Do you not think that it would be more satisfactory with regard to women, if there were some provision that in every case there should be a female secretary of women's societies ? —I should think so. I do not know how these societies are governed.

38,058. You say that at present the attitude of the profession towards the average sick visitor is hostile ? Yes.

38,059. What do you mean by the average sick visitor ? —We only know about these cases in which a person has complained.

38,060. Do you know of any sick visitors except the agents to whom you referred ? —Yes. They come from another town.

38,061. First of all, we will take the societies set up by the industrial insurance companies—those you have referred to. You have already told us what happens with regard to the agents. Do you mean to say that in addition to the agents you have got some sick visitors from another town ? —Yes.

38,062. Those are the societies to whom you refer ? Some of them—the Weavers' Union, too.

38,063. Keep to the one kind for the moment ? —That does not concern me. I never take note of the different societies. I do not know them at all. I have more complaint probably about the sick visitors of the —.

38,064. Tell us some of your experience about these sick visitors ? —From the patient's point of view, if you like cases, I can give them. There was a man suffering from rheumatoid arthritis. He lived in a common lodging-house. The sick visitor came to him and said, "I have come from Burnley to ask you to declare off." The man said, "I cannot work. I will have to go to the workhouse if I am refused my sick pay." That was the — society. The man came from Burnley. That is 8 miles away.

38,065. What was the result of the case ? —The man, I understand, has received no sick pay since. He is a crippled card-room hand, and cannot work.

38,066. Are you still certifying ? —This only happened a fortnight ago.

38,067. Have you certified since ? —I have never been asked.

38,068. Are you visiting this man ? —He comes to me. He is crippled in the hands, and I asked him the last time I saw him if he had got his pay, and he said he had not.



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38,069. Did he not bring a continuation certificate for you to sign the last time?—No. He did not tell me. The agent told me. The agent told him he was to have no more at present; if he still continued ill, he could get another certificate from me. There is another from the same society. — — — was in bed for five or six weeks with typhoid. She got up and was just able to sit in the house and walk a little in the front. The sick visitor came to her after she had been up three weeks, and said, "Do you know how long you have been on the funds?" "Yes," was the answer, "I have been on so many weeks, but I have been very poorly." The sick visitor said, "When people get ill they stay on too long, and I think as you are able to go outside, you are able to go to work." That woman has been on my list from that day to this, but she has been working. She went back to work about a month after that, but she has never been off my list since. She is still taking medicine. You can understand that a person who has been ill in bed for six weeks with typhoid must be very seriously ill indeed. That woman was no malingerer. She came up and would not magnify her troubles. When I saw her in the surgery she had a temperature of 103, and she was a mile from home.

38,070. (*Chairman.*) This woman was not taken off?—She was not. I heard about it through another person. I never asked the woman anything about it until about a month ago. She came into the surgery and I asked her if she had a sick visitor coming to see her, and she told me identically the tale which I had heard; and I understand that some complaint was made about it by the agent of the society.

38,071. (*Mr. Warren.*) You have been a fair number of years in Haslingden?—Practically all my life.

38,072. You have therefore a fairly intimate knowledge of most of your patients?—Yes.

38,073. Your knowledge of them has led you to say that, generally speaking, the vast majority who have applied to you for medical advice have been only too anxious to get better?—That is true.

38,074. There is a sincere desire on their part to return to their ordinary occupation?—Yes.

38,075. You, however, have had cases in which persons have claimed for the slightest ailments? Some persons seem to think that they can claim sickness benefit for the slightest thing, irrespective of their capacity to work?—Yes, but I have explained to them that they are not entitled.

38,076. Have you among your 2,000 patients quite a number of persons who previous to the Insurance Act had not obtained adequate medical treatment?—They were all my patients before and paid me. They are pretty well off.

38,077. You have never acted as medical officer to a friendly society?—No. I have never had any contract practice at all.

38,078. Are you aware whether there is any amount of what is termed over-insurance in Haslingden?—Very little. I have come across, I think, two cases. I remember one case in which a man asked for a second certificate, and I made a note that if he came again I should be very careful. He was drawing more sick than well.

38,079. So, generally speaking, there is not much temptation in that direction?—There is not much temptation.

38,080. You quote a case of a girl suffering from early phthisis. You say, "I advised sanatorium benefit. The tuberculosis officer asked me to give a certificate of incapacity for work. I told him that she was quite capable of work. He answered that she was unfit for work, and that I must follow out the spirit of the Act. I have had many cases of a similar nature"?—It was really an argument with the tuberculosis officer to see what view he was going to take in this matter. It stands to reason that you could not put a patient in a sanatorium and at the same time keep her working in a factory. She would have to be off work to have sanatorium domiciliary treatment which necessitates pure fresh air.

38,081. Why do you quote this case particularly?—To show that in certain cases persons who are

capable of doing work must be taken off work to prevent them getting more ill than they are.

38,082. It is not that you want to call attention to the attitude of the tuberculosis officer?—Not at all. It was only a friendly argument.

38,083. Generally speaking, in your opinion, the attitude of the profession towards the Insurance Act is now more favourable?—I think so.

38,084. And where it was desired that information should be obtained by officials of approved societies, you think that the doctors would very willingly give them the necessary information?—I think that they would. I would do my best in my own district to see that that did take place. I think that it is to the advantage of everybody concerned that the whole Act should work smoothly.

38,085. You have not had much difficulty in regard to pregnancy cases?—No, very little.

38,086. You are impressed, however, with the opinion that, generally speaking, insured persons have no consideration for the funds of their society?—That is so.

38,087. They argue that if they do not get the money, someone else will?—Some of them.

38,088. Therefore, you think to an extent that they are influenced in the direction of getting all they possibly can?—It means that they will not try to save the funds of the society. They do not consider them. In the old days a man was very fond of bragging that he had been for 40 years a member of a sick club and had never claimed. I have had many cases like that, but now the same men will ask me for a certificate. It is not a question of poverty with them. They are pretty well off.

38,089. That is largely due to the difference between voluntarism and compulsion?—That is so.

38,090. And they now have not the same interest?—No.

38,091. As a matter of fact, generally speaking, they regard the resources of National Insurance as inexhaustible?—I suppose so.

38,092. They are not impressed with the fact that they are very peculiarly interested in the success of their particular approved society?—No. They do not realise that at all.

38,093. (*Mr. Mosses.*) I think you said that you have had no experience of friendly society practice?—No.

38,094. As a rule, have you as private patients the families of your panel patients?—Yes.

38,095. Might we go a little further and say that that is invariably the case?—I will not say invariably, but you can take it in the vast majority of cases.

38,096. Trade, you say, has been very good in Haslingden?—Exceptionally good the last two or three years, ever since the big strike.

38,097. And you have had a great deal of experience of Haslingden as a medical man?—I have been in practice for 22 years there.

38,098. You will have had experience of depressed trade—I do not mean depressed on account of strikes, but depressed because of other circumstances?—Very little, because Haslingden seems to be peculiarly situated in that way. When there was a shortage of cotton a few years ago our mills managed to keep going. We kept going practically the whole time during the big Oldham strike, when they could not get yarn nearly all throughout Lancashire. But our manufacturers seemed to have it. I have had very little experience of really a bad time with the exception of the strike I talk about two or three years ago.

38,099. You will not be able to give the Committee any comparative statistics as to the amount of sickness in dull times and in times of prosperity?—No. We have had no dull times since the Insurance Act came into force, and in the other dull times the only thing I noticed was that I was getting no money myself. I did not notice particularly the amount of sickness that there was. But in bad times when the mills are working short time, of course, we do not get paid. They nearly always pay in the long run, and I know I shall get it eventually.

38,100. Have you refused many applications for declaring-on certificates?—A good many.



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38,101. And what happens when you do that? Do you ever find the approved societies take up the cudgels on behalf of a member to whom you refuse a certificate?—No. I have never heard any more about it.

38,102. Did you lose many members by transfer?—Only one person took his name off my list at the end of last year—that is one person for anything I have done. There were two actually, but one man lived three miles away, and I told him he had better do it. One took his name off, not because I refused, but because I told him he had committed a fraud by becoming a member of an approved society at all, because he was an old paralytic.

38,103. He went elsewhere?—Yes. And the doctor he has gone to would not give him a certificate.

38,104. In speaking of sick visitors, do I take it that you refer to what we might term professional sick visitors?—I could not tell you what they are, they are only called sick visitors. I do not know who or what they are. I have never seen them, and I only tell you what the patient has told me.

38,105. Have you many engineers in Haslingden?—There will be a few.

38,106. And the building trade?—Yes.

38,107. As a rule do you find that these men make their trade union their approved society?—The engineers do. As to the building trades, I could not say.

38,108. Do you make any inquiry as to what approved society an applicant for a certificate belongs to?—I know, because I can always see it on his continuation certificate, but I never make any inquiries, or very rarely, on an initial certificate unless the patient asks a question as to some mode of procedure, and I may be able to tell him.

38,109. Are you aware that, so far as the engineering trade is concerned, it is usual for the sick visitor to be the workman's own shopmate?—Yes.

38,110. Have you had any complaints?—I have had no trouble whatever with them. It is not that. It is the sick visitor who seems to come from another town.

38,111. With regard to medical referees, do you favour the appointment of a permanent whole-time medical referee?—It is a very difficult question, because to be a medical referee a man must have a big experience, and ought to be in touch with the actual work that is going on. This is a comparatively new thing. Medical referee work up to now has practically been surgical. It has not been medical at all. It has been surgical under the Workmen's Compensation Act, and now it is medical, and you must have a man as medical referee who has had great experience of the working of the Act as it stands. It is no good taking as a medical referee a highly qualified consultant.

38,112. Why not?—He is not in touch with the work. He knows nothing about it, and never sees the class of case. A consultant could not do my work for a day. The consulting physician is specialised. Mine is too general all through.

38,113. Would you have, as a referee, a medical practitioner from a distance?—I should have one from another town.

38,114. My difficulty is that the ordinary panel doctor's interests lie in the direction of keeping everything nice with the patient. He has private patients as well as panel patients. Do you think that that does not enter into it?—I do not think very much.

38,115. Perhaps you are speaking for yourself?—I have a big practice, and if a patient said he would take his name off the list, I should tell him to do it and welcome.

38,116. But there are a good many doctors who have not anything like the list that you have, and if they were to get a bad name as being obdurate in the way of granting certificates, their position would be very seriously jeopardised. You know of the existence of these men, do you not?—I have had no experience of them at all. I do not know anything about it.

38,117. The fact of your having a big list makes you pretty independent?—Yes, but a man has to do his duty, whether he has a big list or has not. There was a time when I had not a big practice.

38,118. At all events, you favour the appointment of referees who shall come from a distance and who

necessarily need not be whole-time men?—Yes, or medical boards, if that were feasible. I have been thinking a lot about it lately, but I cannot see quite how it can be worked. Probably someone may be able to suggest a way to do it. For instance, all the men in an area might sit in turn on the board, and no man would be a judge in his own case.

38,119. Of course, he would not be a referee, if he was?—No.

38,120. With regard to declaring off, do you allow a patient to say when he is fit to resume work?—Not always.

38,121. Do you find a tendency among your patients to declare off at the end of the week?—There is always that tendency.

38,122. Do you combat that tendency?—Sometimes. For instance, a man comes in, we will say, on a Tuesday, and says, "I am going back to work next week." I say, "You go back to-morrow."

38,123. You do that?—Very often. I say, "You had better declare off." One man with influenza came in. He had got a certificate. He was not quite fit to go back to work. He said, "I will have another week." I said, "No, you will not. You will go back to work on Wednesday." He said, "No, I will have another week." I said, "No matter when you bring that certificate, I shall sign it for Tuesday night."

38,124. You judge each case upon its merits?—Yes.

38,125. (Dr. Fulton.) What size is Haslingden?—19,000 inhabitants.

38,126. How many practitioners are there?—Five.

38,127. Not including your assistant?—No.

38,128. You say you think that your surgeries are not so heavy as they were before the Act?—If you take the average, they are not. Some days they will be very heavy, and some days they will be very few.

38,129. How do you account for them not being so heavy on the whole as they were before the Act?—Because they get medicine to last them longer.

38,130. They do not come to see you so often?—No.

38,131. Do you think you get as many women and children in the surgery as before the Act—uninsured women and children?—I get as many because they all just come the same, but I take insured and non-insured.

38,132. You do not think that there is any falling off in the number of children who are brought to see you?—Not at all.

38,133. About the dating of certificates, you prefer not to issue a certificate until you have seen the patient a second time?—In most cases.

38,134. But if the societies ask for them to be dated in every case on the first day you see them, if they are incapable of work, you have no objection to doing so?—Not at all.

38,135. You can imagine that with some medical men who have not as much backbone as you have, there is a temptation, if any dating back is allowed, or if you defer the dating of a certificate for two days, that you may be asked to date back to the day the patient says he was unable to work?—I cannot conceive that being done.

38,136. Still you have been asked to do it?—Yes. But I would never do it at any time.

38,137. Do you not think that there may be a temptation with some men, with patients whom they know well and whom they know to be perfectly honest, to date back to the day they first stayed at home, clearly understanding that they do not say, "I have this day seen"?—I do not see how they are going to use the certificate that they have examined the patient on a certain day.

38,138. Do all the societies in your neighbourhood use the Commissioners' forms?—No, they have all various forms. One puts a place for the date on which the doctor saw the patient and the Independent Order of Rechabites puts on the declaring-on certificate the first full day off work and on the declaring-off certificate the first full day at work.

38,139. Take the case of a man who comes to see you, say at 2 o'clock in the day, and you find that he



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has a temperature of 103. You date the certificate for that day?—Certainly.

38,140. But he may possibly have been at work that morning without telling you?—Yes, but that does not matter. I date it from the time. He is incapable of work at the time I see him.

38,141. But you would put the hour of the day when you see him?—If it was asked for.

38,142. If it was not?—No.

38,143. You would simply date it for the day, and not indicate the hour?—No, not unless it is asked for. It is in some cases.

38,144. It may be possible for him to draw a quarter or half a day's wages and a full day's sick pay for that day?—Quite possible. For instance, a man may have worked up to half-past five at night and come to see you in the evening and got his certificate that night. I should say his society would ask that question.

38,145. You will agree that the stricter the rule is with reference to the issue of the initial certificate the better?—I should certainly say so.

38,146. You would not object to putting the hour on, if it was asked for?—Not at all.

38,147. You will agree that the stricter the rule for the dating of certificates the less temptation there is for a weak-backed doctor to do that which is not right?—I should say so.

38,148. You suggested that it was necessary to be off work to get sanatorium benefit?—That is the idea of the tuberculosis officer in Lancashire.

38,149. Surely he is mistaken there. If a person is suffering from tuberculosis it is outside the contract of the panel practitioner, is it not?—No.

38,150. He is not under any liability to attend a person suffering from any form of tuberculosis?—Yes, he gets 6d. a head.

38,151. That is domiciliary treatment?—I contract to attend them.

38,152. That is a part of sanatorium benefit?—Yes.

38,153. So it is not necessary for a man to be off work to get sanatorium benefit?—When he is on sanatorium benefit I have to work under the direction of the tuberculosis officer. I am not supposed to do it on my own. If the tuberculosis officer says "do a thing," I have to do it.

38,154. If a man is suffering from tuberculosis, you are not bound to attend him under ordinary medical benefit?—But I am bound to attend him.

38,155. Under sanatorium benefit?—I am bound to attend him. If he is not on sanatorium benefit, I take him as an ordinary panel patient. He has to be attended.

38,156. It is not necessary to be off work to get sanatorium benefit, is it?—I quoted that case really to show that a person is quite capable of work, yet ought to be off work for his own good.

38,157. Still, your tuberculosis officer would report any person suffering from tuberculosis as suitable for election for sanatorium benefit?—They have to apply for sanatorium benefit personally.

38,158. If they applied for sanatorium benefit and were suffering from tuberculosis, your tuberculosis officer would surely recommend the committee to elect them to sanatorium benefit, although they were still at work?—Yes, he has done that where the patient's surroundings were so bad that the mill was a better place.

38,159. Of course, you realise the difference it makes to the drug fund whether the medicines for tuberculosis patients are charged to the ordinary drug fund or to the sanatorium fund?—Yes. I am always very particular about that, but we do not get many medicines. It is mostly cod liver oil and emulsions on the sanatorium fund. They are very expensive. I have always been very particular to put them on the fund, and if the patient is on the sanatorium fund, to mark the prescription so.

38,160. Or if they were suffering from tuberculosis and had not been elected to sanatorium benefit, you would be very anxious to try and get them elected to sanatorium benefit?—Yes. I have advised patients to

apply for sanatorium benefit, but they have refused to do it.

38,161. Do you think it is desirable that they should have the power of refusing to do it?—I think directly I send a certificate in to any official in charge of the matter that a certain person is suffering from tuberculosis, the tuberculosis officer should see him as soon as possible.

38,162. Whether they wish it or not?—Yes.

38,163. Otherwise there is no control over them?—The tuberculosis officer in Lancashire will not see a case as a rule, unless they apply for sanatorium benefit. I understood at first that if I reported a case to the medical officer in the ordinary course of events, the tuberculosis officer would be informed and would see the case. I waited and nothing happened. I asked the tuberculosis officer about it, and he told me that he only saw those cases which actually applied for sanatorium benefit.

38,164. You do not think that that is an ideal arrangement?—No. I think every case ought to be seen.

38,165. Do you think any progress will ever be made towards stamping out tuberculosis until some different method is adopted?—I think we are doing wonderfully well just now.

38,166. But you have a difficulty in getting some patients to apply?—But they have followed out the treatment.

38,167. With reference to medical referees, you do not think that consultants should act as part-time referees?—In their own speciality. Of course, you have to define what you mean by consultant. I mean a specialist—a man who specialises on one or two subjects. A consultant who is a general practitioner, of course, is a totally different thing.

38,168. Would you have any objection to a consultant who is a general practitioner?—Not at all.

38,169. Do you think that the fact that they act as consultants in a private capacity would interfere with their judgment in any way, as referees under this Act?—I do not think so.

38,170. You do not find, as a matter of fact, that the medical referees under the Workmen's Compensation Act, who are usually surgeons in consulting practice, have their opinion biased by their relationship to the practitioners whom they meet?—I do not think so at all. I have never had a case referred to a medical or surgical referee, but at the same time I have read a lot of their judgments, and they seem to me very unbiassed.

38,171. You think the same would hold good?—I am certain it would.

38,172. You have spoken rather in favour of medical boards being established, if it were possible. Do you think the mere fact of serving on a medical board of referees would have an educational effect on a practitioner?—I think so.

38,173. In your outline you say, "Make it less easy for the patient to transfer from one doctor to another, for the purpose of getting his certificate signed." Do you mean at the end of the year—the annual revision?—Or at any other time.

38,174. Do you think that it should be made more difficult for a person to transfer at the end of the year?—I think there ought to be some check. I have only had two transfers, one because I told him to, and the other because I told him he was a fraud.

38,175. Do you think the doctor on whose list the man is going should be informed as to the reason why the man has changed?—They would have a difficulty in getting doctors to take them, as I think most men will find that these transfers are chronics. The doctor originally has not been able to set them straight, and they were trying to get a fresh doctor.

38,176. Chronic ailers, or grumblers?—Ailers, always on the list.

38,177. (Dr. Lauriston Shaw.) You led us to understand that you thought in the pre-Act days that there was no difficulty in anyone in your district getting medical attendance?—No.



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38,178. Will you tell us something of the system of payment for medical attendance in the pre-Act days?—All doctors employed a collector.

38,179. It was not a business of cash payment?—No.

38,180. If a person were ill, and came to your surgery, he had not got to find half-a-crown or three shillings?—Very rarely.

38,181. He came to you and you treated him as a private patient, and you made an account for him?—He got an account at the end of the quarter.

38,182. Did he have to pay the account when it came to him?—It depended on the position of the patient. If the patient was a poor man, he would pay so much a week or a fortnight to the collector.

38,183. Can you give us any idea of the amounts per week or fortnight that these people had to pay?—My collector goes every fortnight, and they pay him anything from 6d. to 2s., 3s. or 4s. a fortnight, just as they can afford. They do not pay every fortnight, some of them, either.

38,184. So the poorer persons would be paying in arrear about the same amount that they are now paying in advance for insurance?—That is so, but that included medicine. What happens is this. My father was in the practice before me, and I have heard the thing talked of all my life. You take a party with a young family. They will get, probably, if there is a lot of sickness, a fair sized bill, and keep paying a little. Directly that family grows up the bill is cleared off, even if it is 10 or 15 years after.

38,185. A great deal of the payments were very much deferred?—A long way.

38,186. That is what you meant when you said that during periods of strikes you did not get any money?—That is so.

38,187. The patients did not, in those circumstances, cease to obtain medical attendance?—No.

38,188. They still came and ran up bills which they recognised, and which they hoped they would be able to pay later on, when better times came?—Yes.

38,189. And you, therefore, in your district did not feel that there was any great necessity for an insurance scheme?—We certainly did not. We did not like it.

38,190. You thought that there were no patients in your district who really were in a state of inability to obtain medical attendance?—There were very few.

38,191. Under present circumstances you lead us to believe that there are very few people whose 10s. or 7s. 6d. comes anything near the sum that they are receiving as wages?—No.

38,192. Every one who goes on sickness benefit in your district makes a real pecuniary sacrifice?—Yes.

38,193. Certainly the vast majority of your people would be earning very much more while they are at work than they would be getting out of the Insurance Act?—A woman three times as much, and a man nearly that amount.

38,194. And, if there are very great differences in the amount of women's sickness and women's applications for sickness benefit, in different parts of the country, it may be an economic question. It may be that in other parts of the country women actually do, under sick pay, receive almost as much as they do in their wages?—I should say so from what I know. In Ireland, for instance, they do. In fact they receive more, and the men too. In the county of Roscommon the wage for a man is 8s. a week; in West Meath it is 12s. because he works for six days.

38,195. With regard to the interpretation of "incapable of work," would you not feel justified in saying that a man who has recently had hæmoptysis and now was feeling quite well, was yet incapable of work until a sufficient time had elapsed to make a recurrence of hæmoptysis improbable. He would be considered as incapable of work even for a month afterwards, though he felt perfectly well?—It would depend what his work was. If he was a man used to heavy work, it would depend on what the cause of the hæmoptysis was. If he was a young man and it was due to tuberculosis, I should try to get him on the sanatorium fund. If he was an

elderly man and it was due to arterio-sclerosis, you would have to consider carefully what his work was.

38,196. The word "incapable," therefore, must be defined differently in different circumstances. Your little quarrel with your tuberculosis officer was on the definition of the term "incapable"?—I just did it to see what he thought about it.

38,197. (*Miss Ivens.*) You are of opinion that there is a good deal of illness caused by prolonged standing in the mills?—Yes, a fair amount of it.

38,198. Would that refer more particularly to cases of women working in an advanced condition of pregnancy?—No, I do not think so.

38,199. Nor yet returning to work too soon?—That is a different thing.

38,200. You would say that that was a very considerable factor?—Yes, but I do not think they return to work so very soon now.

38,201. About how soon?—I think mostly two or three months.

38,202. Is there plenty of hospital accommodation?—None in our district at all.

38,203. What do you do?—Send them into Manchester.

38,204. And you have no difficulty in getting them in?—No.

38,205. They do not have to wait?—They have to wait a fair time, if they want a bed. It depends on the hospital.

38,206. What would happen to them while they were waiting. Would they get sickness benefit?—Yes, if they were ailing. It would depend on what they were waiting for.

38,207. You distinguish between cases. Some are capable of working?—Certainly.

38,208. (*Miss Wilson.*) Have you any figure for the length of time of women's claims on the funds. You said you thought they were longer on the funds than men were?—I have not any figures.

38,209. Can you give us any details for that opinion, even without a figure?—I think that they are longer on the funds.

38,210. Can you tell us why?—Mostly uterine troubles.

38,211. You think the causes which bring women on the funds as a whole are such that they remain longer on the funds than men do?—Yes. The diseases peculiar to women, of necessity, take some time to get them well as a rule. If you have a woman with uterine trouble and hæmorrhage, if you get that stopped and send her straight away to work it will come on again, and you will have the patient back for another fortnight or month.

38,212. And you regard that as to some extent a special Lancashire difficulty?—I have a difficulty in saying about that. I have no experience in any other part of the country.

38,213. But you think there is some connection between it and the amount of standing in the mills?—Yes. I do not have that so much amongst persons who are staying at home. I do not have much of it among the middle class women, but it is very common among the working class women who work in the mills.

38,214. Do you find it harder in the case of women to make up your mind whether they are fit to go back to work than for men? Are there more border line cases?—No, I do not think so.

38,215. You have criticised the work of the sick visitors. Have you got in your mind any idea as to what kind of rules you think a society ought to have? You have told us that sick visitors are unreasonable and discourteous?—I should say the sick visitor ought to report to his society, and not tell the patient that he is to declare off. At present some of them take it on their own responsibility to tell the patient he is to declare off, and in fact actually make him sign the declaration-off form. They have too much power.

38,216. Do you think that they are given any power of criticising the doctor's opinion? Have you heard of cases where they have taken off bandages to see whether a woman had varicose veins, for instance?—I have never heard of anything of that sort. I have really comparatively few cases but considering the great



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number of people I have had on my list—about 1,200 or more last year—there have been very few complaints from the approved societies. They have knocked very few off. They have made mistakes and the patients have grumbled about sick visitors.

38,217. What is your view about your patients doing housework while on the sick fund?—That is a sore point with approved societies. It is hard work for a woman to sit and do nothing. Some societies have grumbled because a woman was sitting in bed crocheting. It is hard for a woman to sit doing nothing, and if she reads all day and is an invalid, she will get eye trouble.

38,218. Would you think it a reasonable thing, that you, as her doctor, should lay down what she should or should not do, or should it be left to the societies' rules?—I should say one ought to be allowed in the case of women to say, "do light housework, such as dusting."

38,219. But do not do the family wash?—Certainly not. That is hard work.

38,220. You draw a hard and fast line between light and heavy work?—Yes.

38,221. At present, do you think the rules of the societies, so far as you know, are unreasonably administered, or reasonably?—I think they are unreasonably administered in a good many cases.

38,222. You say in your outline that in only one case you had given a certificate for uncomplicated pregnancy. Can you tell us rather more about your practice in such cases. You say that this woman was incapable of work, but you had not given her a certificate?—No. She was eight months pregnant, and I said in the ordinary way that she ought to be off work. The management of the mill ought to have sent her home. They usually do. As soon as a woman is obviously pregnant the management send her home. In this case it did not happen, so she asked me for a certificate. I said, "I do not think you are entitled to it."

38,223. Why did you not think she was entitled to it?—Because pregnancy is not sickness, it is a natural thing.

38,224. Whether she was incapable of work or not?—Yes. It is not sickness. She was incapable of work owing to her condition.

38,225. In what sense was she incapable of work if she was not fit? I do not quite understand your distinction between sickness and bodily incapacity?—I do not call pregnancy sickness, unless there is some complication.

38,226. What do you mean by "except accompanied by a complication"?—Some disease—some malformation, for instance, varicose veins or dropsy.

38,227. You would not consider that any of the normal symptoms at any point reached a complication—that it is a question rather of degree than of kind?—If you get vomiting that may reach a complication so as to make it sickness, but the ordinary morning sickness of pregnancy certainly is a natural thing that is not what you can call ill-health.

38,228. Do you think it is quite a simple thing, especially in the last month, to distinguish between what you would call pregnancy which is not sickness, but merely bodily incapacity, and pregnancy which is sickness?—Certainly there may be a difficulty, but at the same time I do not think that a woman is fit to work in any case in a factory, and to stand 12 hours a day, who is over seven months pregnant.

38,229. Would your position be that you would wish her, on general grounds, to have sickness benefit at that time, but that under your reading of the Insurance Act you think that she is not entitled to it?—I do not think she is entitled to it.

38,230. Do you think it is as important on other grounds that she should have it as a woman who has got a complication? Do you think it is equally important that she should be able to stay away from work, and that it is likely that her working up to the last moment will lead to illness afterwards?—I do not think so, because I find that those women who work hardest do the best as a rule. The woman who sits in an arm chair very often has a difficult labour.

38,231. But in those cases in which you say she is really incapable of work, you do not want her to go on working, do you?—Certainly not. I think the mill management ought to stop that. They do in most mills. They send the person home.

38,232. But is there not a danger that if she is sent home and is not qualified for sickness benefit she will be underfed and illness will be caused?—Not in our district at all.

38,233. You are speaking of Lancashire only?—I have had no experience of any other place amongst an industrial population.

38,234. You would not take that view if wages were much lower, would you?—No.

38,235. Because you consider food a very important element?—Most decidedly.

38,236. You say in your outline that the societies pay four weeks after confinement. Could you give us any idea in what sort of proportion of the cases women receive sickness benefit for more than four weeks?—I have only had two cases.

38,237. Have you been pressed by the women to put them on the funds for more than four weeks in cases where they did not intend to go back to the mill?—No.

38,238. (*Dr. Smith Whitaker.*) In your memorandum you say that all certificates should be signed by the patient's panel doctor, or, in his absence from home, or illness, by his duly-appointed deputy. Is that because you have experience of some difficulty with doctors from a rule of that kind not being observed?—Yes. I have heard of patients going to another doctor to get a certificate signed.

38,239. That is to say, they have been under the care of the panel doctor?—Yes, and he has refused to sign the certificate, and they have gone to another man, and by telling him a different tale, they have got one. They found that the first tale they told did not come off, and they go and tell another, and manage to persuade another doctor that they really are ill.

38,240. You feel that it would be a greater protection for the societies?—Very great. The Society looks very suspiciously at a certificate which is not signed by the patient's panel doctor, I have been told.

38,241. Or, of course, if it were a patient who has made his own arrangements, by the doctor with whom he had made arrangements?—That is a different thing.

38,242. You think the society should have a security that they knew that one particular doctor was responsible, and they could fix the responsibility there?—That is the idea.

38,243. You spoke of requests that you had had for dating a certificate at a date other than that on which you had seen the patient. Have you more than one case of the kind?—Yes.

38,244. Can you give illustrations of the kind of requests which have been made to you?—There is a case of a girl whom I saw at the beginning of November. I gave her an initial certificate, but she never came again. A month afterwards the agent brought me four certificates, and asked me to sign them, and said the girl had been off a whole month. I looked up my record, and said, "I have only seen her once, and she got a certificate on that date." He said: "She has been off a month, and I want four certificates." I said: "I cannot give you them." He said: "I never got your initial certificate until a fortnight after, as 'I only go to the house once a fortnight.' It was in the country. I said: 'I cannot help that. You must instruct your people to send the initial certificate to you.' He did not get the initial certificate at all. He seemed very disappointed. I suppose he had promised these people that he would get them. I told the patient next time I saw her that she must see me more regularly, if she was off work and claiming sickness benefit.

38,245. Have you any other cases?—Once, at holiday time, an agent came and left word, "Would I kindly sign a certificate for the week following so as to save him trouble. He would take the two that day, and pay on one for the current week and one for the week following."



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38,246. Have you any other?—There were a good many at the beginning—I have forgotten the details—where agents wanted certificates dated a day or two before, from the beginning of an illness.

38,247. On the question of housework for women, I gathered that in the suggestion that the matter should be put in your hands, you were looking at it from the health point of view, as to what work it was desirable that a woman should do in the interest of her recovery. Do you recognise that societies have had to look at the matter from another point of view?—Certainly.

38,248. And to lay down rules to make it rather unpleasant to be on sickness benefit?—That is an old rule of the societies, it is well known. As they say in Lancashire: if you are on the club, you are not allowed to put the kettle on the fire. In a good many cases where I have thought women have been fit for work, I have said: "You will stop off work at the mill, but you can do your housework," and I do not give them a certificate. They cannot ask for one then.

38,249. You told them it was better for their health that they should not work in the mill, but they could do housework. Did you mean any kind of housework?—Light housework.

38,250. And that disqualifies them?—Yes.

38,251. You do not regard these people as incapable of work?—No. It disqualifies them from getting sickness benefit.

38,252. Do you not think that to leave it to the doctor is rather setting aside that principle of the societies?—Certainly, but it is this way: if a woman has to do absolutely nothing but walk about the streets, if she is not actually confined to bed, or sit in the house with her hands in front of her, she gets miserable.

38,253. You feel that the injury in that respect outweighs any advantage the society would get?—Certainly. There ought to be no objection to a woman doing fancy work or something which will pass the time, knitting or something of that kind, or even light dusting.

38,254. You say in your outline that in a few cases it is not advisable to state on the certificate the nature of the illness. I understood you to say, however, that you had not had any case of the kind?—I have not, up to the present, but I can imagine cases.

38,255. What kind of cases have you in mind. You mention an early case of uterine cancer. Why would you not put on the certificate the name of the disease?—If a thing is incurable, the longer it is kept from the patient the wiser.

38,256. Do you not think that many people would feel that they had a right to know the truth?—They may think so. But I have come across one or two cases where it has been a very serious matter for the patient.

38,257. You have had actual experience?—Yes, where the patient has just died straight out of hand within a few days of being told. She might have lived in considerable comfort for some months.

38,258. Taking that view, these are cases where you think it prejudicial to the patient's health?—Yes, that is the only objection I have.

38,259. You confined it to those cases where the patient's health would be injured?—That is so.

38,260. What do you think should be done from the point of view of the society? You see that there are all these 23,000 odd societies and branches dealing with anywhere from 16,000 to 20,000 doctors and not knowing the individual doctors. There must be some definiteness in the documents which pass between them. What are you to put on the certificate?—The actual thing that is keeping the patient off work and not the cause of it.

38,261. Take uterine cancer?—It will probably be hæmorrhage.

38,262. Would you put uterine hæmorrhage?—Yes.

38,263. Another case has been put to us of suggested difficulty, namely, that of persons suffering from venereal diseases. Have you any difficulty about stating the exact nature of the complaint there?—No, we must

draw a distinction. Of course, for primary symptoms of syphilis a person would not get a certificate at all. I should tell him he was not entitled to benefit, and if he demanded a certificate I should state what he suffered from. I have only once been asked for a certificate, and that was a man with late secondary symptoms.

38,264. Why did you advise him not to claim a certificate?—I told him he was not entitled to sickness benefit.

38,265. Why is he not entitled to sickness benefit?—Because it arises from misconduct.

38,266. Because you believed the rules of the society would preclude him from getting the benefit?—Yes.

38,267. Suppose it were a married woman?—I have never come across a case yet where it is a question of a sick certificate at any rate. Of course, those cases are very rare where a sick certificate will ever be asked for or be needed. It is very rarely that a person suffering from these complaints has to stop off work.

38,268. What about *sequelæ* of gonorrhœa, for example?—I get very little of it. I have not had much experience of these things. I do not get three cases of gonorrhœa a year.

38,269. Suppose you had a case of arthritis, which was due to that cause?—There, of course, you come to rather a difficult thing. I think I should have to put arthritis.

38,270. Gonorrhœal arthritis?—If I were certain it was gonorrhœal I would, certainly.

38,271. Supposing it was a case of tertiary disease, such as gumma?—I would put gumma.

38,272. And leave the society to settle it?—Yes.

38,273. Would you do that in the case of a married woman?—Yes, if she were suffering from gumma, I would certainly have to do so.

38,274. On the question of the kind of case with which you are dealing and the improvement of health, you mentioned in your oral evidence the falling off in the number of cases of pneumonia. I think in your written evidence you mention another example. You have been able to get under earlier treatment cases of abdominal trouble?—Yes.

38,275. And to that extent there is a difference in your experience of practice now?—Yes, I have noticed the fewer cases of pneumonia we have had.

38,276. But there are also the cases of abdominal trouble?—Yes, I have had a great many abdominal cases.

38,277. Does that mean that people in the old days, when they were expecting to have to pay, would not consult you in the case of a slight abdominal pain?—They delayed very often.

38,278. Now you are getting them at an earlier stage?—I get them pretty early.

38,279. If it is suggested that the work of a panel doctor is of a very trivial character, you would point to cases of that kind to show that it is none the less important?—If any man cares to come and do my work or help me for a few weeks, he will soon see it is not all trivial work. I have had as many as three abdominal cases in bed at once, operations for perforations.

38,280. You have been attending them and have had some surgeon to operate?—Yes, I have administered the anæsthetic and attended them afterwards.

38,281. Who pays the surgeon's fee?—I pay it as a rule, and the patient gives it to me afterwards. I pay the surgeon before he goes home, and the patient gives it to me. I have never lost a fee yet, and I have paid dozens.

38,282. Supposing you had a patient who could not afford to pay the fee, you would have to send him to Manchester?—I have not had one yet. I get the money within a month as a rule. It comes from somewhere. There is a great deal of money in Haslingden.

38,283. Turning to the other side of the matter, you would say that if it were proved that the proportion of difficult cases in a panel doctor's practice was relatively small, it might be taken as evidence, not of the unimportance, but of the value of his work—



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that he is getting the cases at such an early stage that he is able to prevent serious troubles from developing?—Yes.

38,284. Are you convinced that that is happening?—Yes, I am getting fewer chronic abdominal troubles now than I used to do. I do not say that is the Insurance Act, because it has been going on for some time. Surgery has advanced so much. When I get an abdominal case, if it will not yield to treatment, I suggest an operation.

38,285. And you would suggest an operation now sooner than used to be done?—Yes, in an acute case we operate in the first twenty-four hours.

38,286. And the only effect of the Insurance Act is that you get them earlier?—Yes, and I get their consent to have an operation done at home without taking them twenty miles by road to the hospital.

38,287. (*Chairman.*) Where does the surgeon come from?—Manchester.

38,288. Do you mind telling me what the average fee is?—Fifteen guineas.

38,289. Do you mind going back again to the pregnancy cases, and see if I understand your point of view? People are entitled to sickness benefit when rendered incapable by some specific disease or mental or bodily disablement. You know that?—Yes.

38,290. You say that pregnancy is not a specific disease, and is not a mental disablement?—No.

38,291. Why do you say it is not a bodily disablement?—It is a bodily disablement.

38,292. Then why do you say that they are not entitled to sickness benefit?—If I put "pregnancy" only, the majority of the societies would not pay.

38,293. You take the view that the societies not paying, women are not entitled to sickness benefit when suffering from what is called pregnancy only?—That is it.

38,294. When does something which was pregnancy only pass into some other stage? Is that a question impossible to answer?—Pregnancy only ceases to be pregnancy on the birth of the child.

38,295. Take your woman who was eight months gone. You said that she was incapable of work?—Yes.

38,296. What did you mean by that?—That she was not able to work and stand for 10½ hours a day.

38,297. Physically?—Physically owing to the weight of the fetus.

38,298. How long had she been like that?—She had been working the day before, and she found that she could not keep it up. She felt that she could not go on any longer.

38,299. What was the difference between her and the woman in the third month or thereabouts who found that she could not go to her work for weakness or debility?—There must be something else in a woman in the third month.

38,300. What else?—Some complication.

38,301. What is a complication? Is it a symptom?—Some disease with it or some symptom which was exaggerated.

38,302. That is a symptom. I was trying to get behind to what was actually happening. That is a mere symptom, and you cannot call a mere symptom a complication?—It is a condition. It may be a complication. I have known a woman die from vomiting in pregnancy.

38,303. I know, but you have known a woman die in labour and with no complication at all?—There would be some complication if she died.

38,304. She might die because she was not strong enough to go through it?—There must be a complication.

38,305. There must be a cause, but there is a cause for everything?—There must be a cause for the death. A normal woman will not die from labour. If she dies, it stands to reason she is an abnormal woman.

38,306. That is one way of putting it, but we might put it like this: whatever it is that makes her ill during these months, there must be some cause?—Yes.

38,307. And, if it makes her so ill in the early months that she really cannot go to her work, it must

be some cause besides the normal operation of pregnancy. That is what you say?—Yes, in the early months, besides the normal pregnancy.

38,308. Besides the normal process of the growth of the child?—That is only when the growth of the child becomes big and the weight of the child becomes great and the woman feels it a burden.

38,309. Surely nobody is going to say the precise moment at which the weight becomes so great that she cannot stand. It cannot be fixed?—Certainly not.

38,310. So that it is a mere accident whether it is in the sixth or eighth month?—Yes, a woman might go right through pregnancy and not suffer.

38,311. Let us come to the cases which suffer at some time. There is a cause for it, of course, but whether it happens at the sixth, seventh, or eighth month is what we call an accident?—Yes.

38,312. Do you call it a complication if it happens in the earlier months, before the eighth month?—That is in the later months. One would naturally expect in a good proportion of cases that she would be unable in the seventh, eighth, and ninth month to stand and do her normal day's work.

38,313. Supposing it comes a little bit earlier than you find it in the average case, do you call that a complication or not?—I have not come across a case where the woman has just complained of the weight only. There is something else, varicose veins or something.

38,314. "Normal" really means "average" from this point of view—the average sort of woman? In order to form an average there are people who fall on one side of the line, and people who fall on the other?—Those that fall on either side are more or less abnormal.

38,315–6. Everybody is abnormal?—That is so.

38,317. In the case of any pregnant woman do you say that there must be some complication merely by reason of the fact that you find a deviation from what you call normality? If you knew everything about her, you would know that she was a little bit different from her next door neighbour?—I have not noticed it.

38,318. No two women are precisely alike?—Not exactly.

38,319. What I want to know is at what period, at what stage, in the deviation from the type do you say that there is complication. Leave out varicose veins for the moment. That is a physical business to a great extent. With regard to the uterine business, what I want to know is where you definitely say these things are diseases and where they are merely variations in degree but not in kind?—I should say that they are variations from the normal.

38,320. They are variations from the normal?—Not due to any structural disease.

38,321. And you could not say at what moment those manifestations pass from something that is so near normality as not to be distinguished from it to something which is quite abnormal?—That is impossible. You have got to judge every case on its merits as you see it. You do not know the precise moment when she ceases to be fit.

38,322. There are women who fall on this side of the line and women who fall on that, and there is a great number who are on the border line in which you feel considerable doubt?—Yes.

38,323. Is not the word "complication" the wrong word to use? You do not really mean a complication, but an excessive deviation from the type?—I suppose so.

38,324. Is not that all you mean?—By a complication, I really mean a complication; that is some disease.

38,325. What do you mean by a complication?—Some disease.

38,326. Do you really mean that?—For instance, placenta prævia, where there is hæmorrhage.

38,327. I suppose physically the growing child may lie in such a place, the place being to a great extent determined by accident, as to cause greater inconvenience than normal?—Yes.

38,328. And that may result in such pressure on various organs as to produce something or other which



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is a symptom of a disease?—Of course, it is possible. The majority of cases of complications of pregnancy are discovered at the time of labour.

38,329. Not till then?—No.

38,330. Is not that sufficient answer to my question?—That is my experience. I know nothing about them before the time of labour.

38,331. May I put it like this: supposing the view is that women who are suffering from pregnancy plus complication and are incapable, ought to receive sickness benefit and that women who are suffering, if

The witness withdrew.

Dr. B. A. RICHMOND (*Bermondsey*) examined.

38,335. (*Chairman.*) Are you a doctor of medicine and a medical practitioner practising in *Bermondsey*?—Yes.

38,336. And you are on the panel of the London Insurance Committee for the borough of *Bermondsey*?—Yes, and the adjoining boroughs of *Camberwell*, *Deptford*, and *Southwark*.

38,337. You are in partnership, I think, with four other medical gentlemen?—Yes.

38,338. Could you tell me how many people you have on your list?—We have approximately 7,200 insured persons among the five.

38,339. Are they in any way allocated to any one of you?—They were accepted in the rush practically by the whole firm. There was a desire on the part of insured persons to choose a particular doctor, but it was absolutely impossible for them to get access to the particular doctor on the night on which they had their cards, because they came in such a rush that all the partners were employed in signing, and what we did was to put an individual's name on, and the firm's stamp beneath. When they want treatment they come and choose the particular doctor they want, but so far we have not been able to separate the lists, and to allocate certain insured persons to each member of the firm. The only division is that we have two surgeries. Three of the partners work at one surgery, where the insured list is approximately something between 3,500 and 4,000, and the other two partners work at the other surgery, where the balance of the number, something between 3,000 and 3,500, are seen. That is only approximately, because we find very often people transfer themselves from one surgery to the other.

38,340. Could you tell me how many men there are, and how many women?—I am afraid that I have not gone into figures of that kind. We have not been able to separate them in that way. It is only just a rough impression I have got, but I should think about one-third of them are women.

38,341. Have you got any idea how many of them you have seen?—Last year at the surgery at which I sit we saw over 2,500, and we had a list then rather under 3,000. That is for the whole of the 1913 medical year. We reckoned, as near as we could get the figure, that we had seen quite 85 per cent. at our surgery. I asked my partners about it at the other end, and they said they thought their percentage was rather higher, nearer 90 per cent.; that is, judging from the number of record cards that have been made out at each surgery.

38,342. Have you any idea how many of that percentage get certificates?—On that point I said that I thought about 1 in 10 would be given a certificate. I find that that is borne out by taking certain periods. For instance, between March 15th and May 6th of this year I find that at our surgery we issued 130 certificates, and saw in that time about 1,260 cases.

38,343. You do not mean different cases, but 1,260 visits or attendances?—I mean cases in the medical sense. During that period there are people who may have had two attendances for two illnesses. I have got 420 I know for certain who presented themselves for the first time, and approximately 800 people who have cards already, and have come for a new illness during that time.

38,344. When you give that number of certificates, you do not mean all the certificates given to people,

I may use the expression—it is not a scientific one—from pregnancy without complication ought not to receive it; that is an impossible test to apply?—Yes.

38,332. Because you cannot find out until afterwards. Take the *placenta prævia* case. That really means —?—It is not quite a normal position.

38,333. To what is that due?—I should not like to say; accident, I suppose.

38,334. It is impossible to determine the period at which you can say the thing is physiological and the period at which it is pathological?—I suppose so.

but initial certificates?—I mean initial certificates, which bring them into sickness benefit.

38,345. Have you any idea in your own mind, taking the proportion of men to women as being two to one, what is the proportion of certificates? Do you think it is about the same?—I am trying to think whether I have any basis to go upon. I really have not, because I have not had time to get out figures of that kind. I think it would be very much in the same proportion. I do not think that there are more women certified in proportion to their number than men.

38,346. What are these people for the most part?—I suppose the bulk of them are waterside labourers. They may be casual men or regular men, but the majority of them are casuals. I think that the majority of the men are waterside labourers. There are a certain number of dock labourers, stevedores, and lightermen. Then, of course, we have a few men who work on the roads. They are not in factories like biscuit factories. There are not many men employed there. There are a few better class skilled workers amongst them, but not many.

38,347. What are the women?—They are chiefly in the jam factories, the tin factories, and the biscuit factories. Some of them who are a rather lower grade still are rag sorters and wood choppers.

38,348. What do they make in a week, do you think?—Their wages vary. The rag sorters, I suppose, would only get from 5s. to 7s. 6d. per week. The women at the biscuit works vary, but I think the average rate is about 10s. or 12s.

38,349. Are they married or single, or mixed up together?—They are mixed up together. The married women, I think, almost entirely work in the jam and pickle factories, and the single women are girls who work in the biscuit works and the tin factories.

38,350. Is there any reason for that distinction, or is it just an accident?—No, except that the married women have the facility of getting jobs at both the jam and pickle factories. There is more of the casual labour there. It is a kind of reserve market for these people when the husband comes on bad time.

38,351. It is naturally more casual in itself?—Yes, naturally more casual in itself.

38,352. Is that because the fruit comes forward seasonally?—Yes, it is a seasonal trade.

38,353. Generally speaking, so far as both men and women are concerned, they are not the best paid?—Oh, no.

38,354–5. Perhaps you would put it the other way about, and say that they are the worst paid?—I should think quite the worst. The casual man's actual income is smaller, averaging out the work he does.

38,356. Unless he is one of the A men or something of that kind?—Yes, it is so difficult to find out. There is a kind of work called "casual" at which really the men are constantly employed, the best type of men, if they are at all capable.

38,357. You have got the regular workmen of the Port of London Authority, who are really in work all the time?—Yes. They, of course, are not directly employed by the Port of London Authority. The Port of London Authority contracts with certain foremen, and the men work in gangs. Those men have regular employment.

38,358. Generally speaking, you say that your people are about as low down as they could be?—I think so.



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38,359. Badly housed, too?—Very badly housed indeed.

38,360. They are not a fair sample of the working population of the country at all?—Oh, no.

38,361. Are they steady people?—The waterside labourer and the casual man is not a very steady person.

38,362. He drinks?—Pretty freely.

38,363. What about the women?—I think they are fairly steady. The women who get employment in these factories are very steady, and not given to drink to the same extent as the men. The woman who drinks is the waster who will not work. She is the married woman at home who is not looking after her home.

38,364. What do you say, looking at it all round? Do you think that unjustifiable claims are being made?—I have no evidence of unjustifiable claims being made, but so many of these people have not been treated at all before, because, when they have really wanted medical attention, they have had to go to the Poor Law, because their illness meant that they were not only out of work, but that it was impossible for them to provide for their family. They had no reserve at all to fall back upon. Their illness, of necessity, compelled them to go to the Poor Law. Now that they can avoid the Poor Law, they do, of course, and go to the doctor. We get a considerable proportion of these men now to attend.

38,365. They are people of rather weak moral fibre?—Yes.

38,366. Who are apt to make a claim if they can?—If they can, they will, certainly. They are people with very naive ideas of what the function of the doctor, for instance, is.

38,367. What do you mean?—I mean that they will come in and say, "I think I will go on the panel." They come in for the purpose of getting on the panel. There is no question as to whether you are to examine them or to have any say in the matter.

38,368. When they say "the panel," they mean the fund?—Yes, they mean the fund.

38,369. What do you say?—I say, "I suppose you are ill." They answer, "Well, I cannot work." "Do you feel ill? Why cannot you work?" And so on. You have to investigate. They are very much surprised, and they say, "Do you want to examine me?" They are practically astonished.

38,370. Do you examine them?—One has to, in order to defend oneself. You may, if you do not get on the right side of them and get round them in the right way, have very awkward customers to deal with. They can stir up trouble with the agent, and so on.

38,371. Is the general attitude of the people who come to the surgery that they come in order that you may put them on the fund?—Yes, a certain class. I am speaking now of the worst type, the casual men.

38,372. How large a proportion are they of them all?—I should say quite one-half.

38,373. What is your general impression?—My general impression is that about half the people who come are people of that type.

38,374. People who are trying to get a bit?—Yes.

38,375. Are they very persistent?—It so much depends upon the way in which you treat them. If you bring it home to them that there is another point of view, they very easily cave in over it.

38,376. Do you stand out against them?—Oh, yes, unless one finds a definite reason.

38,377. Of course, if they are ill, I know you do not?—The question is such a difficult one. You have got all these people of low vitality, people of a bad type, badly housed, and under-nourished. You have men who have been exposed a good deal, and they say that they have got a kind of chronic lung condition.

38,378. They say they have got it, or they have got it?—They have got it actually. That man, when it suits him, or when he has the chance of making a bit, does his work, but, if there is no work about, he immediately comes to the doctor to get on the panel.

38,379. Is he a fitting recipient for sickness benefit?—No. It is very difficult to draw the line, because

some of those men can do a certain class of work, but they cannot do very hard work.

38,380. Stevedoring and waterside labouring, while it lasts, is very hard, lifting heavy weights?—Yes, very arduous work.

38,381. You mean to say that they are using the thing as a sort of unemployment benefit?—Yes, they are trying to do that.

38,382. Does it give you a great deal of trouble?—Yes, unless you are pretty firm, and unless you take a pretty strict line. With regard to the fact that they can, under their bad conditions, do a certain amount of work, the difficulty is that sometimes you feel impressed with the fact that the man is of low vitality. He is a poor subject to start with. You really marvel how he can do any work. The fact is, if you investigate it, that these people do hard work for about three or four days in succession, and then their employment is such that they can knock off for a day or two days, and in that time they can recoup and then start again. They have to unload a ship in three days, and the job perhaps pays them 5*l*. They do not dream of doing another stroke of work for a week after that.

38,383. And in between the jobs they come and ask for the sickness certificate?—They come for treatment. I do not say that they always come for sickness benefit. Those are the sort of people who may come and try it on.

38,384. Does it end in any row at all?—Do you mean actually throwing them out of the surgery?

38,385. Yes?—I have had to persuade a man that I should have to get some help if he did not retire. One has to be pretty firm.

38,386. You use the word persuasion with such an unusual connotation that I am not quite sure what you mean?—It is very difficult to do all you would like to do when you have such a crowd of people waiting outside.

38,387. However, you do get rid of them?—Yes.

38,388. What about the women?—The question I raised before about the vitality of the person is much more pronounced in the case of the women, and it is much more difficult to say what is the normal state of a particular person. If a particular person's normal state is really one of illness, it is extremely difficult when they come to you to say, "You are not different from what you were before." You may not know what their normal condition was.

38,389. What should you say is the matter with these people mostly?—The chief thing is bad nourishment, the poor kind of food they get, and bad housing. They suffer from anæmia.

38,390. What is the thing you generally write on the certificate when they come and get sickness benefit?—The bulk of the certificates are given for a kind of influenza cold. During the last month or so one has given a certificate for that as much as anything. Of course, with regard to the women, it is dyspepsia, ulceration of the stomach, of course, varicose veins, and things of that sort. Again, a certain percentage of them get rheumatism. We have a lot of rheumatism in our area.

38,391. Genuine?—Yes, genuine, true rheumatism.

38,392. Do you get much deliberate fraud?—I cannot say that we do. I have only had two or three cases where I have been convinced, in my own mind, that they actually intended that.

38,393. Your general attitude towards the whole thing is that if people are not sufficiently ill to be unable to work, they ought not to get sickness benefit? Is that it?—Yes.

38,394. And you recognise a sort of duty in preventing them doing it. This is your attitude of mind?—Quite. One has always had to do that sort of work. It is very little different now from what it was under the old system.

38,395. You were doing club practice before?—Yes, a lot of contract practice.

38,396. What clubs were you surgeon to?—To a dividing society in connection with our Settlement there, which is rather a large society, and I was one of the local men for the Hearts of Oak and for several of the smaller local clubs.



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38,397. You did not act for any of the big affiliated orders?—Not any of the big orders.

38,398. Have you got the same people that you had before?—Very much the same.

38,399. I do not mean the same kind of people, but actually the same people?—Quite the same people.

38,400. And a lot more, too?—And a lot more. A lot more who, under former circumstances, would never have been admitted into the societies at all.

38,401. Do you see the society officials at all?—Yes.

38,402. Do they call on you?—I have had two or three call on me about certificates given.

38,403. What do they come to you about the certificates for?—One man came in connection with a man who was on sickness benefit. He had never been able to find him at home. He said to me: "Do you not think this man is staying on too long?" I said, "I do not think so; he has got very bad bronchitis." He said: "Do you know he is never indoors?" He "never stays indoors, and never looks after himself?" "Do you not order him to bed?" He came to inquire what I had instructed the man to do, and he said "Clearly, he is not carrying out your orders." I said: "Very well, I shall see him about it, and I shall refuse a certificate." He said: "I do not want you to do that. I think I can deal with him myself under the rules of the society."

38,404. That was all very reasonable?—Oh, quite. I have had one or two cases in which men have come and spoken to me.

38,405. Only one or two?—Yes, quite a small number.

38,406. You are a member of the panel committee, are you not?—Yes.

38,407. Is there a local panel committee too?—We have a local association. The men on the panel in the neighbourhood meet together.

38,408. Have you on those committees had any dealings with the society people?—Not in the local association.

38,409. On the general committee?—On the general committee we have.

38,410. Who has communicated with you there?—We have had no direct dealings with them. We have only had letters referred to us from the insurance committee. We have had no direct communications.

38,411. You know that there is a great deal of grumbling on the part of some of the societies with regard to the doctors, and there is a certain amount of grumbling on the part of some of the doctors with regard to the societies?—Yes.

38,412. Take the first point. Does the grumbling of the societies with regard to the doctors come your way at all?—I hear of it, of course, in connection with the London Insurance Committee.

38,413. Are you on the insurance committee?—Yes. And I am on the medical service sub-committee.

38,414. Those are cases that come very much to a head?—Yes.

38,415. You realise that there is this grumbling?—Yes; but I do not hear of it as a grumble against any doctor in our neighbourhood. I heard quite indirectly a grumble about one particular doctor.

38,416. What sort of grumble was it?—The doctor was accused of giving a certificate—I do not know whether it is true—for lassitude. I could hardly believe it.

38,417. Believe what?—That the doctor was guilty of this.

38,418. Why could you not believe it?—Because I have got a better opinion of the men I meet occasionally.

38,419. That being the case, there being a certain undercurrent of dissatisfaction on their part, have you addressed your minds at all to thinking how to deal with it?—We have talked the matter over in the local association, whether we could not come to some understanding and lay down some rules with regard to certification, but the difficulty is to lay down rules.

38,420. Is [the difficulty to make them, or to get them obeyed?—I think the difficulty is to make them to start with.

38,421. What is the difficulty?—I think that the men are very willing to be loyal to each other, but you cannot deal with these cases except under rules. The responsibility is with the doctor. It is up to the doctor to play the game. A general rule like that you can instil into these people.

38,422. It depends upon what the game is. I will suggest one or two rules to you. Supposing the doctors, as a whole, were to come to the conclusion that they would assist societies by answering letters or granting interviews in cases where the societies sought information. What do you think about that? It is a very vague kind of rule?—An excellent thing, but I should have thought it unnecessary.

38,423. We have been told that there is the most vehement determination not to answer any letters at all. What do you think of that?—I think that it is reprehensible.

38,424. It cannot go on, can it?—No, we would encourage any method of putting it down.

38,425. I will suggest another rule. What should be stated on the certificate should be the plain simple truth. What do you think of that?—I think that it ought to be insisted on.

38,426. What do you think of this? That an endeavour should be made as far as possible to put on the certificate, apart from the question of truth, what is the real substantial illness from which the patient is suffering?—I do not know. It surprises me that it is necessary to point out to a man what his duty is.

38,427. Supposing you found that an enormous proportion of all the certificates given were certificates for debility, what would you say? I am not suggesting for a moment that there may not be cases in which you are driven to debility, but supposing you found an enormous proportion, say 20 per cent.?—I think that an effort ought to be made to find out the cause of the debility, and I think that the society ought to have the benefit of the information.

38,428. Do you not think that it points not only to a certain economy of statement, but also a certain laxity in mind, and possibly a certain laxity in examination? Would you think that a fair inference to draw?—I do, if the majority of the certificates —

38,429. I did not say the majority. I said a very large proportion. The actual case I put to you was 20 per cent., not in London. What do you think of that?—I think that it wants investigation. I am surprised to hear it.

38,430. The general effect of your evidence is that you find a great deal more sickness than you expected, and especially among women?—There is a great deal more than one expected. I was wondering whether one ought not to qualify that, because one lives in a neighbourhood amongst the very poor classes, and one is not surprised at a good deal of sickness. So that I do not know that it is quite true to say a great deal more than was expected.

38,431. A great deal more than anybody else expected?—I think so. I do not think that we realised what the effect of the Act would be in bringing to our knowledge the sickness that exists.

38,432. That is more true of women than of men?—Yes. I think so.

38,433. A great deal more?—Yes, a great deal more.

38,434. Is your experience enough to enable you to say that, in spite of the fact that you find a great deal of drain due to perfectly natural causes, there is a great deal of nibbling and trying to take advantage?—Yes.

38,435. Do you think that that is a great deal more prevalent with women than with men? I should have thought that your casual men would have been worse than the women?—I think they are. There is, perhaps, with women of the very lowest employment, where their sickness benefit nearly approximates to their wages, an effort in that way, but the casual men are much the greatest sinners.

31,436. (Mr. Davies.) You say in your outline of evidence that some persons display a reluctance to put



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themselves under discipline. What kind of insured person do you refer to?—The type of man in respect of whom, for instance, the official had to come and see me. I mean the men who do not think it necessary to follow out one's instructions as to keeping indoors and nursing themselves up, and taking certain food and so on.

38,437. The discipline to which you referred was the discipline imposed by the doctor?—Yes.

38,438. You are not referring to the discipline imposed by the society's rules?—No, I hardly know what the rules of the society are.

38,439. You were a medical practitioner for the old friendly societies?—Yes, but I did not know their rules in detail.

38,440. But they would submit a copy of their rules to you before they took you on as their medical adviser?—I do not remember that I have had a copy of their rules.

38,441. You did not know the duties you were supposed to perform?—Oh, yes; but you were talking about the discipline of the members of the society.

38,442. There are rules that a person in receipt of benefit should be indoors at certain hours?—Yes, he would have to observe certain hours.

38,443. Is not that one of the things you are complaining about, that the discipline of being indoors between certain hours has been violated?—Yes, that is one thing. But the difficulty is that the insured persons will not carry out the doctor's instructions. It is very difficult to get them to realise the advantage of following out the doctor's advice.

38,444. Then your main complaint is that it is the doctor's advice they do not carry out?—Yes.

38,445. And, supposing you find cases of that sort, does not the Act give you the right to refuse to give continuation certificates?—Certainly.

38,446. Do you not do that, or complain to the society at all?—I have knocked them off benefit. I do not know that I have ever complained to the society, but I have refused to certify.

38,447. In cases of that sort, would it not be advisable to communicate with the society?—Yes, perhaps it would.

38,448. Would not that be one of the means of setting up a feeling of confidence between the society and the medical man?—Yes.

38,449. Under the new conditions, if a doctor sends a man or woman on the club and the society decides that it will be as well to make further inquiries of the doctor, and does so, would not that produce better working?—I quite agree. I cannot give you any great number of cases, because I have only had a few of them to deal with. The subject has been such that I have not thought it worth while to communicate with the society. I have had two or three cases in which the agent of the society has come to me, and I have been very glad indeed to give him information.

38,450. Does that mean the doctors are holding themselves aloof from the societies and letting them find out everything for themselves, and that they have no concern with the societies at all?—I do not think it means that. The doctors in our part have been almost too busy to think about that particular point. I think they would be glad to help the society.

38,451. It would not be said that there was a sort of feeling that they had enough of the societies in the past, and now that they are supposed to be free of the societies they intend to be free, and to have no communication with them whatever?—I have no evidence of that in our neighbourhood. Our relationship with the officials of the societies has been just the same as before.

38,452. You do recognise that you have some responsibility to the society, then?—Most certainly I do—of course.

38,453. The responsibility is not to the insurance committee alone or to the insured person?—Certainly. I am one of those who are keen on the system being a success, and my responsibility is to the system, and to all the parties concerned.

38,454. If that is your feeling, will you say whether it would not be advisable, in the cases you have

mentioned here, that the societies should be informed that such a man was not carrying out the conditions of sickness benefit?—I do think that, because that leads to another question I should like to mention, the question of the use and employment of referees.

38,455. You say that there should be some provision whereby an insured person should be prevented from drawing sickness benefit above a certain amount, namely, his ordinary wages. Have you given that subject very serious thought before pronouncing that opinion?—I do not know whether the question was ever thought about, but I know it has always been a difficulty. Before the passing of the Act a man might very easily be in benefit in three or four societies; in fact, you often heard and now hear the charge made against a man: "Of course he is sick, he is drawing 'more sick than he does when he is well.'" That is what I mean to imply, that if the amount he can actually command in sickness benefit is anywhere approximating to his wages, there is an incentive for a certain class of man to try all he can to remain on the funds.

38,456. Do you think that there is over-insurance in your area?—I think that there is a distinct tendency to it there.

38,457. Have you any cases you can cite?—I know from the fact that one gives so many certificates. You know the case where you are putting a man on sickness benefit and giving him a continuation certificate, and he asks you for two or three more.

38,458. Do you have many cases of that sort?—Quite a number.

38,459. So that you fear there is a tendency for people to go sick by reason of over-insurance?—I think that that is true only of certain classes of persons. I think that only the person who is sponging is going to get as much out of it as he can.

38,460. What is the proportion?—I cannot give it, because I have not the figures.

38,461. Would you agree that in many of those cases the people have insured to this extent because in case of sickness they have larger requirements than their ordinary wages would meet? Had they to depend on the same amount of money, they could not get the necessities to get them well. A man says: "If I am well I can do with a piece of 'bread and cheese, but if I am ill, I must have some 'thing more expensive'?"—That may be so in the better classes of the population. But my experience in our area is that when a man is ill, he is not as well off, he is not provident enough to think of those things and to provide for the extra expense that he must be under in case of sickness. The way he does provide for it is to borrow money.

38,462. If a man joins three or four clubs, his intent surely is not to exploit them all, but rather because he knows when he is ill that he will require more, and by joining them will get more?—That is a higher standard. I cannot say that that is not so in the great majority of cases. There is a class of case, however, but it is very difficult to describe it; one meets it, but I do not know in what proportion those cases are, because I have not worked out the figures.

38,463. May I ask why employers sometimes refuse to have men back at work before a certain date?—That is a distinct difficulty. A man is fit to work, it may be, in the middle of the week when you see him. He asks you plainly: "Cannot you let me keep on 'till the end of the week?'" You say, "Why? I 'want you to go to work to-morrow.'" He says, "Well, I went to see my employer yesterday, and 'he told me I need not come in till next week.'"

38,464. What do you do, declare them off?—Yes. Of course it depends very much upon the case, because there are some cases where the dividing line between sickness and the convalescence stage and the fully healthy stage is very difficult to mark. If it is a question of a day or two, you may give him the benefit of the doubt.

38,465. In such cases as that, how many would you declare off at once, and how many would you leave to the end of the week?—Half and half, I should say. It depends entirely upon the nature of the illness, because



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after a severe illness you can give a man two or three days extra with distinct benefit to him.

38,466. It would be accepted generally that in questions of doubt like that the medical man gives the insured person the benefit of the doubt, and does not study the society at all?—That is my impression—that one would certainly give the man the benefit of the doubt. But not in a case where it is obvious the man could work, and is using this as an excuse for getting two or three extra days' sickness benefit. If a man comes to me and says: "My employer has not got a 'job for me,' my instinct says at once, 'That for a tale!'" It is not my business, and I cannot keep him on the funds. That is the impression that it has on the doctor as far as my experience goes. But if it is a question, "When will you start work?" and the man says: "Our week starts on a Friday"—all these employments have their own peculiar term—"or a Saturday," he may have an extra day or two, especially if he has had a long and severe illness like pneumonia. I think the man would get the benefit of the doubt in such a case as that.

38,467. Yes, but I was trying to find out the general practice?—It is very difficult to say what is the general practice. Doctors have resented very much this sort of interference on the part of the employer, which is comparatively common.

38,468. Could you give us any idea of how many persons are declared off in any part of the week other than a Friday or a Saturday, as required by the society?—The great preponderance of them are at the end of the week, but Thursday is the day in some societies. In that case Wednesday is the last day of the sickness benefit week, and they commence a new week on the Thursday.

38,469. And the action of a society paying on a Tuesday controls the practice of the doctors as to what day they declare people off?—Yes, to some extent.

38,470. The practice in some of the societies is to close their sick pay week on Friday or on Saturday, and if a person wants to get that week he will ask you for a note for Friday or Saturday, whichever it may be?—Yes.

38,471. If that person was well enough on the Tuesday to go to work, but said to you, "Our week is 'up on Thursday, and I will go to work on Friday, if 'you give me a note,' would you declare him off for the Thursday or the Friday?—Certainly not. My practice is to judge by the case, by the kind of illness for which a man has been on sickness benefit. I have people who come and say they are going on the panel, and are surprised that the doctor has a say in the matter. They come and say: "The agent says you 'must date that certificate so-and-so'; no self-respecting doctor is going to date the certificate for that particular date because the agent has sent such a message to him through the insured person.

38,472. You do not do that; you say that no self-respecting doctor would do it?—No self-respecting doctor would do it.

38,473. But the contention is that some doctors do it?—Yes, I know.

38,474. You said a moment ago that you would like to say a word about referees. I see in your outline of evidence that you say: "There is great difficulty in 'certain cases and the opinion of a consultant or 'referee would be invaluable.'" What do you mean by that; would you cut the position in two, that is to say, into a consultant and a referee, or would you combine the two in one person, who should act as a referee and consultant?—The question of referees is a big one. Personally I think the consultant is the man you want. The referee is the man the societies want, and the consultant is the man the doctors want.

38,475. And you would, therefore, have two separate people?—No, I think the consultant could do both.

38,476. And you believe that the appointment of a referee is necessary to help both parties?—I think a referee would be most valuable in order to help both parties.

38,477. That is to say, to help the doctors and to help the societies?—Yes, to help both.

38,478. And how about the individual, the insured person?—If you have a consultant, it is of direct benefit to the individual, because he is getting a specialist opinion.

38,479. Would you allow the three parties to have access to the referee—the doctor, the society and the insured person?—Yes.

38,480. That is what you wanted to say about referees, is it?—You were asking me a question as to what a doctor ought to do with regard to informing the officials of a society about the conduct of insured persons with regard to the rules. We have had an extraordinary experience of the system of medical referees set up in London; that is, that the societies did not communicate at all with the doctor concerned. They sent a case off to the referee simply on some office decision entirely. I mean, it was a question of a man being on the funds for a certain time, and immediately they sent him to the referee to know whether he was totally incapacitated and so on—the usual questions.

38,481. Where a person is referred to a referee you want the doctor attending him at the time to have notice of it?—Not notice only. I think that it would be so much wiser and more economical for the society first of all to ask a doctor why the patient was receiving so many certificates, or why he has been on the funds for so long a time.

38,482. What is it you require in regard to the referee?—I have had sent, in my own experience, four cases to the referee. Two of the cases had declared off and been back at work for a month before they were sent to the referee. One was a case of a person waiting for hospital treatment, and the other case had died. All of those were cases where, if the official had sent me any communication, I could have given him information which would have rendered it absolutely unnecessary for those cases to be sent to the referee. They were perfectly plain and straightforward cases. There was no co-operation between the two parties, and the result was exactly what I call —

38,483. I see what you mean. What do you mean by the statement that sick visitors are inclined to be too officious and have been known to take upon themselves the functions of medical men?—I have a case in mind of an insured person who had a wounded leg. I dressed the wound at the surgery, and sent the case home, and the sick visitor had gone to see her and said she was not satisfied with the certificate; she went upstairs to see the patient, and the patient informed me that the visitor took off the bandage, and looked at the wound herself.

38,484. Have you had many cases of that kind?—I am quoting one I have known of myself, and I have heard of three or four more.

38,485. No one would agree with that sort of thing. But you could not base a general charge upon one or two cases of that description?—I should not do so. But I do not know to what extent it is prevalent.

38,486. To base your statement that sick visitors are inclined to be too officious on one or two cases of that description is hardly fair to the great system of sickness visiting throughout the length and breadth of the land, is it?—Perhaps it is a little drastic; but from two concrete cases of which one knows in a certain limited and restricted area, one wonders how far the practice may not grow, if it is not prevalent already.

38,487. But I suppose you attach importance to sickness visiting?—Every importance. I know of one case where a society tried to bring home to the doctor a case of loose certification, and it was entirely a question of the sick visitor not knowing where the patient was. The patient was actually employed at another factory altogether, and the doctor was charged with cheating the society.

38,488. I take it you had experience of sickness visiting under the old system?—Yes.

38,489. Did you consider that adequate or inadequate?—I think it was very good, and it seemed to be adequate for the purpose. The chief difficulty, in my experience, was in regard to married women who were members of societies and were at home, because they did not lie up, and the sick visitor very often had to do a good deal more visiting than he need have done,



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in order to make sure that they were not doing their household work.

38,490. That visiting was done after hours of work, and at such times as that?—Yes.

38,491. Did you consider that efficient?—I do not know that it was after hours altogether. The official of the society was generally a person who had the day to spare, and he visited at any hour.

38,492. Do you think the system of sickness visiting which obtained in connection with the old friendly societies is efficient under the new conditions, which we have under State insurance?—No, I do not think so.

38,493. Would it be better if the whole of the societies in an area would agree to combine for the purpose, and appoint a whole-time official, or a number of them, and that the official or officials should have some special knowledge for the purpose, and should report to one central authority?—Yes, I think so. At the present time it depends on the size and resources of a society, very largely, whether they can support a proper sick visitor.

38,494. You would have men and women specifically employed for that purpose, who would report without fear or favour, because they did not belong to any particular society. Do you think that that would be a much better plan?—A great improvement, of course.

38,495. (*Miss Macarthur.*) On the first page of your outline you say that there are cases in which persons entitled to receive sickness benefit are not receiving it?—Yes.

38,496. Could you give us some particulars of those cases, and of the reasons why they are not receiving benefit?—The cases I mention are cases of chronic disease; those are the cases that societies look askance at.

38,497. You mean these people are insured persons?—Yes.

38,498. But the societies refuse to pay benefit?—Well, they make it as difficult as possible.

38,499. Do you mean that you have certified such cases as incapable of work, and that they have not received benefit?—I have had some cases of that kind, and the officials of the society have afterwards dealt with them themselves.

38,500. In what way do you mean?—I had a case the other day of a woman who was suffering from a form of heart disease. She could do a certain amount of work. She got a slight cold, and in consequence her heart was very much worse immediately, and she was distinctly ill. I put the woman on sickness benefit. She came to me—she was not so ill that she could not come to the surgery—I think for a certain period, and was on the funds for about a fortnight. Then she disappeared altogether. She turned up at a later period (it might have been a month later), and I looked up the record card, and said to her, “How is it you have not been since such and such a date?” “Oh,” she said, “I was told I could not come.” I said: “Who told you that?” and she said, “The agent.” I said, “You were on benefit—I gave you a certificate.” She said, “Yes, but the agent said if I did not come ‘off,’ he would send me to the referee”; and he also told her that the doctor was a consenting party to the arrangement, whatever that might have meant. I came to the conclusion that the agent was trying a bit of bluff, and I said to the woman: “You ought to have come to me at once when that happened,” “because I am the person to judge whether you are fit ‘to go to work or not.’” I did not consider her fit to go to work, and I put her on the funds again there and then. She went on, as a result of that, without any interference on the part of the agent afterwards.

38,501. You think that in some of the chronic cases people are knocked off the funds?—I have distinct evidence of that.

38,502. With regard to the attitude of the employers, have you had any cases of people coming to you and wishing to go on the funds, stating that their employers have sent them?—Yes, I have had several cases where men have come with definite messages from their employers to say that they were not fit for work and were to have a certificate.

38,503. Have you any reason to think that when work is slack, or when for any reason an employer wishes to dispense with the services of an employee for any period, he sends him to get a certificate?—Occasionally such cases come to one. It is not a very prevalent thing, but one has the feeling that the employer considers that he has a right to do this because of his contribution to the insurance funds.

38,504. In your outline of evidence you give a definition of “incapable of work.” You say that “incapable of work” is generally taken to mean inability to work without physical injury being caused thereby?—Yes.

38,505. Have you applied that definition invariably?—So far as I can, yes.

38,506. Do you find that the societies are inclined to accept that definition?—I have never discussed it with society officials, and I really do not know. As I say, they have not questioned my cases of certification very much, except in regard to these chronic cases.

38,507. With regard to referees, I see that you are of opinion that medical men should have access to referees appointed by the Commissioners?—Yes.

38,508. What do you think should be the functions of such referees?—I would like them, in the first place, to be more in the position of consultants, so that they could assist in the diagnosis of doubtful cases. There are often cases of difficulty in certification which require a referee. From the point of view of the societies, those cases very often are cases which are very difficult to diagnose, and those are the cases where it would be materially helpful to the doctor to have access to the consultant. It would also materially help the patient, because it would open up a new suggestion altogether with regard to treatment. It would also get rid of a great deal of sickness benefit, because the improved treatment would lead to quicker recovery.

38,509. You do not mean that these doctors would all be specialists in any particular disease or branch of medical practice?—I do not want the specialist so much as the man who is doing consultant work.

38,510. You mean the general consultant?—Yes, the general consultant. You must have in your system, if you are going to set up a consulting system, men specially qualified in special diseases; just as in general practice when a general physician wants surgical help at the present time he goes to the general surgeon, and *vice versa*.

38,511. In your idea, the panel doctor might call in this assistance in diagnosis, have the second opinion, and then those two doctors might want another opinion?—I do not know that that would be necessary.

38,512. Where do you intend the specialist to come in?—I think, in the first place, you must have your staff of consultants of a certain class, and the man who is calling in a consultant knows which to send for. I think it is absurd to have a system of referees such as was set up in London, where a referee was appointed for a certain area.

38,513. Do you think it is equally absurd to say that their sole function should be to decide whether a person was or was not incapable of work?—I think that that is trying and unnecessary work, because so much of it is surely work which the consultant could do. As I say, practically your decision as to whether a man is incapable of work depends upon the correctness of your diagnosis. There is, of course, the factor, which is a very difficult one to compute, of the individual health of the patient; I mean the normal standard of that patient's health.

38,514. Doctors have said to me: “Yes, we do not mind the referee giving a second opinion, but we do not want him to be a consultant.” Can you throw any light on that remark, from your point of view?—Perhaps that depends on the kind of man appointed. It so often happens when the referee is appointed by the society as a kind of detective, that he is a man man of inferior qualification to the man whose case he is going to referee; at any rate, he is not of a superior standing in the profession. It also often happens when a patient in a poor neighbourhood says that he wants another opinion, he goes so far as to tell you plainly that he wants a superior opinion, and then he



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mentions to you the name of the man he wants—who is, perhaps, your rival on the other side of the road; it is natural for you to say that you have no confidence in the person having any better chance of diagnosis than you yourself. When such referees have been appointed, doctors say: "Very well, you can give your opinion to the society, but we do not want to consult you."

38,515. You make a great point that the referees should be men of high standing and qualification?—It is absolutely useless to have any referees unless you have the very best; you are throwing money away by having men of an inferior standard.

38,516. What salary do you think such a man should have?—I do not think he ought to have less than 1,000*l.* a year. Because I do not think you would get the best men unless you gave that salary.

38,517. And for an inferior man as a referee you have no use?—Not the slightest. I heard the other day of the case of a man who was sent down from one of the Midland towns, and was given 50 cases to referee upon at half-a-crown a case.

38,518. There are, at present, referees acting under the Insurance Act whom you would class as inferior men?—Certainly.

38,519. Referring to a passage in your outline, where you speak of venereal disease, what do you put on the certificate in such cases? Do you put a covering symptom, or something of that sort, on the certificate?—It happens sometimes that one has to communicate privately with the agent of the society. I have had several cases where a symptom was put down on the certificate, but it was pretty obvious from the symptom that there was a possibility of it being a venereal case. In that case I communicated with him. In some cases I communicate directly with him, and in other cases he comes to me. The difficulty there is the difficulty of early detection. I mean in the first place that you have no absolute primary evidence of the origin of the complaint. You have no primary symptom or sign that you can swear to, and the man denies history. Therefore, you have to temporise by giving a certificate in which a symptom, or the particular complaint he complains of, is put on the certificate, and you communicate privately with the agent of the society.

38,520. Is that the whole of your reluctance—the uncertainty of diagnosis?—Primarily. I do not often meet with cases where the man would allow me to put the disease on the certificate. In cases of actual venereal disease I should not give a certificate, and the man would not ask for it.

38,521. How about the cases of women?—I have not had very much experience of that. It is very much the same as I have said about the men; it is a matter we have to clear up as soon as we can, and then acquaint the society official privately.

38,522. You, at any rate, are quite alive to the fact that where such diseases are caused by personal misconduct, the society has power to refuse benefit?—Certainly, and I often feel, in giving a certificate, that I must cover that certificate with a communication to the official of the society, perhaps giving him simply a suspicion, which I will endeavour to clear up as soon as I possibly can, and then acquaint him of the actual facts.

38,523. But is not there some rule of medical etiquette which makes it difficult to do that?—Of course, there is the question as to whether the patient has an action against you. But what we say is that what the man does with the certificate has nothing to do with us.

38,524. You said you had direct communication with the society; I meant is there not a matter of medical etiquette in regard to that, because many doctors have told us that they will not give information on these points to societies?—Personally, I have not experienced that difficulty at all. I think it is best for the doctor to work with the society in that way.

38,525. With regard to pregnancy, you say that you only give certificates for pregnancy when it is complicated by conditions causing incapability?—Yes.

38,526. Have you any standard of incapability?—It is very difficult to frame a standard, and it also depends upon the nature of the complication. The nature of the work is also an important factor. I mean that there are women who will go on working up to within a day or two, and doing hard work, lifting great heavy pots of pickles and jam about.

38,527. Within a day or two of their confinement?—Yes, within a day or two of their confinement, and have done it for years.

38,528. Without injury to themselves?—I should not like to say that. One feels it cannot do them much good, and yet there is no direct evidence of injury. Then there is the sort of person who is a much worse type than that; say a mother who has got all her housework to do, and is going to work simply because the husband is out of work, and she is keeping the house going. That woman is very exhausted before reaching the seventh month, and is then absolutely incapable of work.

38,529. So that, in your opinion, every case must be judged on its merits?—Absolutely. Take varicose veins. There is a certain amount of varicosity that women absolutely do not notice and are not affected by at all, but there is another degree of varicosity in which the pain is so great that they cannot stand for more than half an hour at a time; they are obliged to go and sit down and put their feet up. Those people cannot work at any occupation involving standing.

38,530. You say that even breathlessness may cause incapacity?—Yes.

38,531. You would call that a complication then, would you not?—Certainly.

38,532. Do you think that it is desirable that officials of societies should investigate cases of pregnancy in order to determine whether or not a woman is really incapable?—No, I think that that ought to be left entirely to the doctor.

38,533. All through your evidence you have taken the line that you prefer to work with the societies, and to consult them, and so on?—Yes.

38,534. But you would be inclined to make an exception of those special conditions?—I think we might still work with the societies, but it might be left, surely, to the doctor to decide whether a person is incapacitated owing to pregnancy. As I say, there are certain classes of women whose pregnancy has no effect upon them, and they go to work almost to the last day.

38,535. Would you go so far as to say that it was quite impossible for any lay person to tell whether or not a pregnant woman was incapable of work?—That is rather a large order; I should not like to say that, quite. But still I do think that it ought to be left to the doctor; it ought certainly to be after consultation with the doctor that a decision was come to.

38,536. Do you agree that on this question of incapacity during pregnancy, it would be absurd not to allow any discretion to the official of the society?—Certainly.

38,537. You said that you thought the question of incapacity ought to be left to the doctor in respect of pregnancy?—Yes, because you cannot lay down any hard and fast line. The only way, I imagine, an official can act is by some rule framed by the society, in which the society says they will pay up to a certain date, or beyond it, and will allow a certain time.

38,538. If, for instance, the societies say: "We will not recognise dyspepsia, bronchitis, toothache, "gum-boil, and a number of other things," if a woman is in a pregnant condition at the time; that is what I mean by exercising discretion, by ruling out certain minor complaints which they think are used as a cover for the pregnant condition, or are the result of it?—I see what you mean. I still think that there ought not to be a rule of that kind laid down by societies. It is much better for each individual case to be dealt with in co-operation with the doctor.

38,539. Do you think that it would be possible, if medical men gave serious consideration to it, to devise some guiding principle in giving a certificate in those cases to secure something approaching uniformity of



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treatment?—Yes, I do, because it is a question of the type of woman you are dealing with, and not of her employment.

38,540. When you say that you refuse to give certificates for mere pregnancy, does that mean that you refuse to give certificates in the case of an employer excluding her from work by reason of her condition when she is capable of work?—Yes. It is very rough on the insured person, but still she is capable of work, according to any definition.

38,541. As a medical man, you would welcome other provision for them, but you do not consider that it should be part of the insurance benefit?—Quite so.

38,542. You give eight cases of women workers in jam and tin-box factories working from 7 a.m. to 7 p.m., each having five children or more to care for after factory hours. You say none of these women was really fit for work for months before confinement or for months afterwards. Does that mean that you would give them a certificate before confinement and afterwards?—I think that one could honestly say that they were incapable of work. Because, as I have pointed out, these women have already done heavy work at home, they are badly nourished, and their health has suffered from the hard nature of their lives.

38,543. You say a good deal in your outline about the difficulty of securing proper institutional treatment for women suffering from diseases peculiar to women?—Yes.

38,544. And also as to inability to procure certain necessary appliances?—Yes.

38,545. Do you think those two cases probably have a considerable effect on the sickness claims?—As far as our neighbourhood goes, they have a considerable effect. One of the cases I referred to, which were sent to a medical referee because the insured persons had been on the funds so long, was a case where the woman had to wait two months before she could get into a hospital for an operation, which proved absolutely successful and sent her back to work within a week of her coming out of hospital. She was waiting two months to go in, and the whole of that time might have been saved, and her sickness benefit proportionately reduced.

38,546. Have you found any special difficulty with regard to the teeth?—I cannot say that I have found any special difficulty. We can get cases dealt with, because that does not involve their going into the hospital. It is the cases wanting to go into hospital that trouble us.

38,547. You said a lot of your women in Bermondsey suffer from gastric troubles and dyspeptic troubles generally?—Yes.

38,548. Have not those troubles generally some relation to defective teeth?—Yes. But in our neighbourhood they have as much relation to the kind of food the people take, and the amount of tea they drink.

38,549. Are you quite satisfied with the provision for dental treatment in Bermondsey?—I do not know. We are fortunate in being close to a big hospital with a dental department, and I have not heard of any difficulties in getting treatment.

38,550. What about getting false teeth?—That is a difficulty, except that the Surgical Aid Society, and several other societies of that sort, help. The Charity Organisation Society do very good work in that way, in giving them grants towards getting teeth.

38,551. Speaking generally, you think if you had proper institutional facilities, and were able to procure proper treatment generally and proper appliances, you would see a great lessening in the number of certificates granted in Bermondsey?—I am quite sure we should.

38,552. (*Miss Ivens.*) Are the maternity cases in Bermondsey treated by midwives or doctors?—For a time we had a number of midwives who came into the neighbourhood. The Salvation Army supplied quite a number of good ones, but as far as I know now we have in the parish only three of the old-fashioned midwives, who are licensed by the Midwives Board, of course. We had half-a-dozen of these other nurses,

but, unfortunately, they have not kept them going, so that just recently there has been a shortage of midwives. We are very sorry to see it, so far as doctors are concerned, because the Act has thrown a good deal heavier burden on the doctor, and many doctors find midwifery a great burden.

38,553. You find that they are not getting adequate nursing, quite apart from the treatment they obtain from the doctor?—Quite so. It is very difficult to give them adequate nursing, because we have generally a very poor type of person looking after them.

38,554. So you would really consider that a good many claims are made owing to that lack of efficient treatment?—I think so.

38,555. You would welcome some treatment by which the women could be supplied with midwives, and the services of the doctor, as is done in some places by Victoria nurses?—Yes, we have the Victoria nurses, but they cannot do midwifery work at all. We really want fully-trained certified midwives, who could do a good deal of the routine midwifery work.

38,556. (*Dr. Lauriston Shaw.*) You say that in your neighbourhood a very large number of women support the family?—Yes.

38,557. It is not so bad as it used to be when you and I worked in those districts, or do you think it is rather more so?—The unemployment during the last three or four years has been a little less than previously, but not so much less, because we have always a certain class of casual persons who are always irregularly employed.

38,558. But in past years the women of Bermondsey have done a great deal in that way?—Yes.

38,559. And it is responsible for a great deal of the chronic illness in that area now?—Particularly in the case of strikes. We have had two big strikes in recent years, and at that time, almost invariably when the strike pay failed, the women had to turn out and keep the homes together. There is plenty of work that married women can do in Bermondsey at the jam and pickle factories.

38,560. It must often have happened in such cases that a woman has been unable to lie up, because it would mean that the rest of the family would starve?—Yes, and would have to apply for Poor Law relief.

38,561. In regard to over-insurance, a good many of the men are insured in several societies?—Yes.

38,562. Whatever may have been their intention in insuring, finding themselves insured for a greater amount of money than their wages come to, there is a distinct temptation to them to go on the funds?—Yes.

38,563. Would you subscribe to the view that when a man who is earning 30s. a week is sick he requires twice as much income to support himself?—No, I should not think so.

38,564. As a matter of fact, a man who is sick, if he has his doctor provided for him free, has not a large amount of extra expense?—No. The little so-called luxuries which would be ordered during illness would not be very costly, or need not, at any rate, be costly, and his ordinary food, of course, would be twice as costly as his sick diet—at least, I suppose so.

38,565. Would you say that your chief difficulty in deciding whether a man is or is not capable of work is where a man with a functional disorder makes a great deal of his aches and pains, and makes it difficult to discover what is the matter with him; and he is likely to make it still more difficult if he is over-insured, is he not?—Yes, still more difficult, and those are the people one finds it difficult to get off the funds, when once they are on.

38,566. In regard to the question of a referee and consultant, you feel that if a man is a referee only to decide the question of incapacity for work, he would become rather out of touch with his strictly professional work?—I do. One sees that in the type of man who does insurance company work now. I am constantly having to consult with men who, I was going to say, are obsessed with the idea of incapability for work, and they never seem to take a broad view of the case, which one is obliged to do in general practice.



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38,567. If we placed upon these referees the additional duty of assisting the medical practitioner in some way in getting his patient well again, and not only looking at it from the point of view of the approved society, do you think that their outlook on their work would be broadened?—Decidedly.

38,568. Do you think it is possible that we might secure that without making the referee actually a consultant? You have told us, I think, that you find some difficulty in securing for some of your patients institutional treatment?—Yes.

38,569. Do you think the person who might be appointed as referee might also be appointed to co-ordinate the institutional relief and specialist services in a neighbourhood, so that when he and the doctor met in consultation, they might put their heads together, to see how a particular patient might be secured the institutional help which is available in that neighbourhood?—Yes, and be a sort of stepping stone to the hospital, especially if the consultant or referee was, as I imagine he would be, one of the junior staff at a hospital.

38,570. I am a little bit troubled in my own mind with regard to the proposal that the referees should themselves be consultants. Is it not true that the choice of a consultant depends very much upon the special features of the particular case?—Yes.

38,571. And if we had whole-time men acting as referees and consultants, the choice of a consultant for an insured person would, as a matter of fact, be less than the choice open to uninsured persons in your neighbourhood?—Yes. If the referee is a whole-time man, of course, he cannot very well be a consultant.

38,572. In order that a man might be the sort of consultant to whom you would like to send any patient in your neighbourhood, he must really be dealing day by day with that special sort of work on which he is to be consulted, or be attached to some institution like a hospital?—Yes.

38,573. So that if we can get the referee as a whole-time man, and keep up his interest in some way by being a go-between between the panel practitioner and the institutional treatment, that might meet your difficulty?—Yes, it would.

38,574. Has it occurred to you at all that the fact of a referee having to give a very important decision on the matter of incapacity to work, which deals with a large economic question, might give rise to some suspicion in the minds of an approved society, if that referee were also acting day by day as a consultant for the panel practitioners?—Yes, I see what you mean.

38,575. Is that an objection?—I quite see your point, that there would be many advantages in a referee being independent. That is a distinct objection, that it would be to his interest to keep the patient on.

38,576. We will say, however certain we might be that the man chosen to be a referee and consultant would not do so, there might be suspicion in the minds of the officials of approved societies that in order to ingratiate himself with his general practitioner colleague he would back him up and declare that a patient was incapable of work, even though the approved society thought he was capable?—I would like the consultant and referee to be absolutely independent. He should not depend for his income upon the favours of a certain practitioner.

38,577. You are quite sure it would be better that the referee should be a whole-time man, if possible?—Yes, and independent at that.

38,578. If people attached to hospitals are not in private practice, that would solve the difficulty, but the time for that is not yet come. A man attached to a hospital has always to make money in private practice?—Quite so.

38,579. But you are clear in your own mind that the referee would be valuable to the doctor and to the insured person?—Yes.

38,580. You have an idea that some insured persons are not receiving the sickness benefit they might receive?—That is so.

38,581. They have not, so to speak, a friend to help them against the greater strength of the official in the society?—Yes. I had the most extraordinary

experience the other day of a patient who was referred to me by an official of a society as a sort of semi-referee. The doctor had said his illness was due to drink, and the man had been a teetotaler for years. The doctor had mistaken some nervous symptoms the man had for signs of drink.

38,582. An honest mistake of that kind might be made, and the insured person, not being very intelligent, and not knowing what his rights and privileges were, might be prevented from receiving the benefit to which he was entitled?—It was a clear case in which a referee would put a man on again, and I did so.

38,583. But from that point of view you are anxious that the insured person should, under certain restrictions, be able to apply to the referee, even though refused benefit by the doctor, and though that refusal was backed up by the society?—Yes.

38,584. And some independent whole-time referee would be the person most likely to do that satisfactorily?—Certainly.

38,585. (Dr. Fulton.) To continue the subject of medical referees, do you really think that there is any strong ground for the objection to a consultant being a part-time referee because he would not be independent of the practitioners on the panel?—It is a very difficult question. I think so much depends on the kind of man you appoint. If you appoint really first class men, I do not think that there is any question in it, but if you do not appoint first class men, it may be a man has a certain amount of competition with you as regards his practice, and it would be distinctly to his interests to do what the general practitioner wanted him to do.

38,586. If you had a case about which you were genuinely doubtful whether the patient was capable or incapable of work, and you sent that case to a referee, and he decided that the person was incapable of work, would it leave a sore rankling in your mind?—Not the slightest.

38,587. Would you be rather pleased?—I should be very pleased indeed. There is the point, of course, where you do not agree with the medical referee, and where the disagreement is imposing a hardship on the patient. Take this case. A patient was suffering from diabetes. He had been in receipt of sickness benefit for a considerable time, and had been sent, without any consultation with the doctor or any communication from the society to the doctor, to the referee direct from the society's office. The referee certified the person as fit for work. On ringing him up to know why, the doctor discovered that the referee did not know that the patient was suffering from diabetes; he had never made an examination of the urine. But, that information being given by the doctor to the referee, the patient was immediately put on sickness benefit again.

38,588. Which points to the absolute necessity of consultation between the panel doctor and the referee before a decision is come to concerning a patient, and also to the appointment of first-rate men?—Yes, if you appointed first-rate men, they would be absolutely above suspicion of that kind.

38,589. It would be very difficult to get a supply of first-rate men as whole-time referees except at very large salaries?—Yes, very difficult indeed.

38,590. You think, taking the country as a whole, that it would be possible to get a fair supply of men doing consultant work who are willing to take part-time referee appointments?—I should have thought so. It would be a distinct advantage, apart altogether from the salary. It would enlarge the scope of their work, and so on.

38,591. As a panel practitioner you would have no confidence in any referee whom you did not consider to be a better man than yourself professionally, or at least as good?—Certainly, a better man professionally or at least as good—if possible, better. You want a man with more recent and more extensive knowledge, because he comes into contact with a picked set of cases, like a hospital man. We do not see a number of each particular class of cases. Our cases are more or less random. His cases are chosen for him, he sees the particular disease in its worst form and has



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the advantage of fresher knowledge of that particular sort of case.

38,592. There are very few consultants in the country who are not engaged in private practice?—So I understand.

38,593. Does the same thing extend to the metropolis?—Yes.

38,594. Can you understand a man in panel practice saying that he has never, in any case which comes to him, any difficulty at all in deciding whether the person is fit for work?—I cannot understand it.

38,595. Can you understand a man saying that he is in as good a position as any other medical man to make a diagnosis or to decide whether a person is fit or not to work?—No, I do not think I can, quite.

38,596. You yourself have experienced honest difficulty in deciding in your own mind whether a person is or is not fit?—Yes, certainly. I have had a difference of opinion with my partners, whose opinion I value very much, about certain cases. It is extraordinarily difficult to decide sometimes.

38,597. And your difficulty is not one of pleasing the patient or not pleasing him, but of satisfying your own mind, so as to do justice to the patient and the society?—The idea of pleasing the patient is absurd from my point of view, because what object could you have in pleasing the patient in the sense that you are simply giving him something he is asking for? The question of pleasing the patient or of doing what he wants, also contains the question of doing justice to the patient. I look at that entirely from the point of view whether the patient is going to suffer from my putting him back at work, whether it is fair to the proper restoration of health, and whether one ought not to give him an extra period in which to recoup.

38,598. And you have sometimes some qualms of conscience as to whether you are doing your patient an injustice by telling him that he is now fit for work?—I think I have in many cases.

38,599. Do you think there is any truth at all in this charge that men are giving certificates simply to build up a large practice?—I am afraid I do, because I have had one or two experiences in which that conclusion was a very natural one to make.

38,600. Do you think that it is widespread?—I do not think it is widespread. As far as my own experience goes, it is confined entirely to two or three men, and I do not think it has arisen since the Act either, because I know in the case of one man of an experience I had as a school manager in which the whole matter was discussed as to the question of certification, before one of the attendance committees. The same reputation was given to the man some 10 years ago as is now given him, and that man has not the biggest practice in the neighbourhood, although he has a big one.

38,601. His reputation did not secure him the greatest practice, then?—No.

38,602. At what period of the year was the greatest rush for the doctors' panels?—At the very beginning.

38,603. Before there was any knowledge that the doctor would be easy or not?—Absolutely. Out of the total number of patients we have, I should think we signed on in the first month over 1,000, and, perhaps, nearly a couple of thousand. The first few weeks in which the red cards were brought to us we had to have all the members of the firm signing and stamping cards. The patient came in and said: "Put Dr. A.'s name on that," and it was Dr. B. who gave the card, and Dr. B. signed his name for the firm. Dr. A. was busy at the time. There was a tremendous rush.

38,604. So that really the big rush was over before people knew whether a doctor was easy in giving certificates or not?—I think the big rush was during the first two months.

38,605. And, therefore, the statement must be discounted that it must have been done for the purpose of building up a big practice?—Yes, certainly.

38,606. You say in your outline of evidence that "incapable of work" is generally taken to mean "inability to work without physical injury being

"caused thereby." Would you not say "or risk"?—Certainly.

38,607. You have said a good deal about the certification of venereal disease, and pointed out that in the early stages as a rule you are not asked for sick certificates?—That is so.

38,608. Although in many cases it is better for the man or woman to lie up?—Yes.

38,609. Do you think that it would be better if sick pay were given in cases of venereal disease throughout?—On the whole I do, because the man would get better quicker, and he would be restored to his work quicker. He can get much better treatment if he lies up, and, if the treatment was given while he was in bed, it would give it a much better chance and the recovery would be quicker.

38,610. There is no use in making him go to bed unless he has something to live on?—Unless he has, he cannot go to bed.

38,611. From the point of view of health the State should arrange to pay sickness benefit in cases of venereal disease?—I think it would be a distinct advantage.

38,612. Have you any difficulty in cases of the later symptoms of venereal disease in saying whether you are justified in giving a certificate or not?—Very great difficulty, especially with regard to the very late symptoms which have arisen 20 or 30 years after the original lesion.

38,613. You would have no difficulty in refusing a certificate to a man coming with a fresh attack of venereal disease?—No. The man is told frankly, "You cannot go on the funds because it is your own fault." If a doctor says distinctly, "You cannot go on the funds," there is no argument about it.

38,614. In the case of women, you are not consulted so early?—And not so often, because we do not see many cases.

38,615. There are so many cases which are not treated at all?—Yes, not treated at all.

38,616. Very often the first thing you get to treat is pelvic inflammation of some sort which necessitates rest in bed?—Yes, it necessitates rest in bed and probably an operation.

38,617. And even on a bacteriological examination you will not find clear evidence of venereal infection in some of these cases?—We have to depend on clinical evidence and the history of the case.

38,618. You have very great difficulty in stating the disease in the case of a young girl living at home; I mean difficulty in stating it in plain terms?—Yes, as to whether it is venereal or not.

38,619. And you are not always certain of it?—It is very difficult to tell.

38,620. You do find employers and forewomen sending employees home who are not well enough to work?—Yes.

38,621. Is that because they cannot do the work properly?—I do not know whether that is so. All we get is the statement from the insured person that his or her employer says, "You look ill," or "We do not think you are well enough to do the work," and then they come to us.

38,622. Is it in any way connected with the speeding up of machinery in these days? If they are not up to concert pitch, they cannot do their work properly?—I am afraid that is so.

38,623. When you find a girl who is not very well sent home from work, you have a difficulty in refusing a certificate of incapacity?—A very great difficulty.

38,624. If you find a diseased condition, and the employer says that the girl is unable to work, it seems to complete the cycle of the Act?—You cannot eliminate that. The girl is possibly anæmic or nervous because she works amongst machinery, and, although obviously rather unwell, she was not willing to go off work.

38,625. You had a good deal of experience before the Act came in of contract work?—Yes, a fair amount.

38,626. And you were accustomed to issue certificates for your contract patients before the Act came in?—Yes.



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38,627. Does your practice in giving certificates differ in any way from your practice before the Act?—No, not the slightest.

38,628. You are not more easy than you were before?—No; but I think the difficulties are greater, because one has to deal with cases which never came to one under the friendly society *régime*.

38,629. You have a high percentage of your panel patients coming to your surgery. You say not more than one-tenth of your patients are seen at their own homes?—Yes.

38,630. Is that characteristic of practice in the east end of London, and has it always been so?—Yes, they will not send for you to come to their homes because they will come to the surgery with a high temperature, when they should have been indoors.

38,631. Have you practised in other parts of the country?—I practised once at Lee for a short period. There there was a great deal more visiting to be done.

38,632. You would find a marked difference in the country where a third of the people have to be seen in their own homes?—Yes.

38,633. Do you think that there should be restrictions on the liberty of persons who are on the sick funds?—Yes, I think that there ought to be a certain amount of restriction. I think that discipline is certainly part of treatment.

38,634. In the pre-Insurance Act days did you find patients who were on the funds complain of restrictions, and, consequently, more anxious to go off?—I do not know that I noticed any particular difference. One has heard complaints; and the reason given by a patient who asked you to put him off was because he wanted to go out two or three nights hence, and would not be allowed to do so unless he went off the funds.

38,635. It was a factor in getting people off the funds, was it not?—Yes.

38,636. Do you think that there should be fairly strict restrictions on women on the funds?—Yes, I think they certainly ought to be visited more thoroughly in their own homes to see that they are obeying the rules.

38,637. Do you believe in them doing any housework while they are ill?—It depends so much on the illness. If they are able to do their housework, they are very often not ill enough to be on the funds.

38,638. (Dr. Smith Whitaker.) In answer to the Chairman you spoke of influenzal cold as a frequent cause of incapacity amongst your patients. In what sense would you say that they were incapacitated by that disorder? Do you mean a large number of them could not physically stand up to their work, or that they would fall down if they tried to go to it?—I do not think they are as bad as that, quite. But they could not possibly do their work without a certain amount of headache and temperature.

38,639. Have you suffered from an influenzal cold?—Yes.

38,640. Have you sometimes gone on working when you have had a temperature?—I have had to do my round with a temperature of 104, but I do not want anybody else to do it.

38,641. That is an extreme case; but you would not say that the mere existence of a headache incapacitated a person from working?—No.

38,642. Perhaps if they had a high temperature you might feel that that incapacitated them. Do you mean that it makes them unfit to do their work?—They cannot do their work, and remaining at work is only perpetuating the trouble. You are only increasing the length of the sickness.

38,643. To take your own case, and to take the case of the majority of us, surely most people go on with their work when they have a cold, do they not?—Yes.

38,644. It may lengthen the duration of the cold a little?—Yes.

38,645. But does the mere fact of lengthening the duration of the cold make them incapable of working, and are they incapacitated from work within any proper interpretation of the term?—The mere fact of lengthening their illness, certainly not.

38,646. It may be something more. Why do you say a man with a temperature is incapable of work?—

Because in fever you have certain definite effects on the body which ———

38,647. Plenty of people do their work with fever on them and get through it all right, do they not?—But they are foolish to do it.

38,648. You mean they are running a risk?—Certainly.

38,649. Is it the risk you have in mind in speaking of incapacity?—I mean if they go to work they are running the risk of complications arising; they are running risks of injury to organs. Take, for instance, the influenzal cold. It does not follow always that the influenza bacillus causes a temperature, and yet one is absolutely sure that the bacillus has a very toxic effect on the heart. If you take a man with this cold on him and send him to work, he may do permanent damage to his heart during the attack.

38,650. There is a certain amount of risk, of course?—Certainly.

38,651. Would you say that every person who came to you with any symptom of an influenzal cold was incapacitated from work?—Certainly not.

38,652. Then you would have to measure the degree of the risk?—Yes, and the amount of the cold. I think I can distinguish between influenza and ordinary catarrh.

38,653. Would you say that every case of influenza incapacitated, and that every case of catarrh, which is not influenza, would not incapacitate?—I do not think that you can draw a hard-and-fast line like that.

38,654. Then you cannot make your distinction. You still have it that some cases of influenza are incapacitating, and some are not incapacitating, and that some cases of catarrh are incapacitating and some are not incapacitating?—Yes, if you put it in that way. If it is a question simply of local manifestations, when you have an ordinary cold with purely local signs and symptoms, the question of a man exposing himself and going to work is simply a question of preventing the local condition extending, and one would not put a man like that on the funds, because there is not any reason for doing it.

38,655. If you could be quite certain that his catarrh was not influenza, you would not have any scruple about telling him to go to work?—No.

38,656. And you would not think that there was any risk of bronchitis developing, or that what you thought was a simple case of pharyngeal catarrh would turn out later to be pneumonia?—I do not think so.

38,657. If you found doctors certifying people as incapable of working on diagnoses such as chill, cold, or catarrh, would you say that either they must have been lax in their examination of the case, or lax in their certification?—I certainly think so.

38,658. If you found that 20, 30 or 40 per cent. of the certificates given by a doctor in a certain period were for chills, colds or catarrh, would you say that that was material for a serious inquiry?—Certainly.

38,659. I am speaking, of course, only of initial certificates?—Quite so.

38,660. Do you think the first time that he sees a man a doctor can diagnose with such confidence that he could not at any time say he was incapacitated from work, and also be unable to put on the certificate anything more than chill, cold or catarrh?—I do not know that I can say that, because I think the great difficulty of the whole thing is that we are asked to make a diagnosis right off the first time we see a patient. No person having any experience of medical practice would expect such a thing.

38,661. Then perhaps you would like to qualify the judgment passed on those doctors, seeing they are initially certifying?—You gave me three conditions, chills, colds and catarrh.

38,662. Doctors write one or the other of those complaints on certificates?—The reason I gave you my answer was that they are not conditions which would indicate the onset of any acute illness. He might have said rigor, which is a very different thing, because the patient would have a temperature, and pyrexia is a very common thing to put on a certificate.

38,663. Then it is rather a question of nomenclature? You do not say the patient was not inca-



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pacitated on this occasion, but you want to give some other description of the condition?—I do not think that his condition is sufficiently described.

38,664. Bearing in mind that this is the first time the doctor has seen the man and that he is giving an initial certificate?—I do not think what he puts on the certificate is sufficient, because it does not indicate that there is even any likelihood of incapacity.

38,665. You do not think that there is any likelihood of the doctor being able to say the first time he sees the man that he is incapable of work and, at the same time, to have no more knowledge of his condition than that he has a chill, or a cold, or catarrh?—When I gave my answer about the diagnosis at first, I said I thought you got very near to whether the man is actually ill enough to be incapacitated. The diagnostic difficulty is rather as to the nature of the illness. I mean that I can conceive that the doctor indicated by the word "chill" what another man would call pyrexia or rigor; but it is an unfortunate word to use, to my mind.

38,666. Would your view of the propriety of declaring a man incapable of work, though you were only able to say that he was suffering from a chill, a cold or rigor, be affected at all by the nature of his employment? Supposing he was a man whose employment exposed him very much to the weather, for instance?—You would have to take that into account if he was a sailor, for instance.

38,667. At any rate your definition of incapacity would be not only inability to stand up to work, but the risk of definite injury to health from going to work?—Yes.

38,668. In the case you mentioned of a patient being advised not to obey your orders, I understood you to say that you told the secretary or agent of the society that you would be prepared to refuse any further certificates?—Yes.

38,669. But was the patient incapacitated at that time, do you think? I was not quite clear as to why you said you would refuse certificates?—I do not think one can say that I would not co-operate with the agent in the question of obeying the rules, because I would have this justification, in that the man had not obeyed my advice and, therefore, was not doing his part in getting well.

38,670. But, assuming you had no evidence that the man had become fit for work, why would you feel justified in refusing a certificate?—Simply on the ground that the member is not obeying instructions.

38,671. Under the rules of the society, penalties can be inflicted, and also under the rules of the insurance committee?—Yes.

38,672. But how does that affect your duty as regards giving the man a certificate?—I do not know; it is rather difficult. I think the man probably would be brought to book by such a proceeding, and would be given a certificate then.

38,673. You feel, if the man insisted that he really was unfit to work, you would be obliged to give a certificate?—I should be obliged to give a certificate, but really I think one would be justified in using it as a means of enforcing discipline.

38,674. I think it was in answer to Miss Macarthur that you spoke of giving information privately to the society. It was on the question of naming something on the certificate, where you had some difficulty of diagnosis?—Yes.

38,675. Did you mean that you would put something on the certificate that you gave to the patient, and give some other information independently to the society?—No; I meant this. A patient comes to you with a certain condition which is of venereal origin. You have no evidence at the time, nor can you satisfy yourself—and the man absolutely denies it—that it is of venereal origin. But you suspect it. You put his condition down on the certificate.

38,676. What do you put down on the certificate?—The condition that the man complains of.

38,677. Supposing it was urethritis, for example?—You would put that down. But I was not thinking of such an obvious thing as that; I was thinking of orchitis.

38,678. You put that on the certificate, and simply that?—Nothing else.

38,679. Then what does the society do?—In most cases the society official comes round and makes inquiry as to whether it is of venereal origin or not.

38,680. One of the officials makes that inquiry?—Yes, that is my experience of the societies I have dealt with. Then you get information from him about the particular man, and you inform him that you are going to make certain investigations, it may be a bacteriological examination, or you may be seeing the man again, because there might then be signs which had not been present before.

38,681. To follow it further, supposing you carry out these investigations?—Then you will inform the society and refuse the certificate the next time the man comes to you.

38,682. But I do not understand the purpose of informing the society. You refuse the certificate; you tell the man the next time you see him what is the true nature of the condition from which he is suffering?—Yes.

38,683. Is not that sufficient?—Certainly. But I was thinking of a case where the agent or official of the society had applied to you for information.

38,684. That was the difficulty I felt as to what extent you feel justified. I quite understand you telling the patient that you must give the society full information to the best of your ability, and give them all the information in your possession?—Yes.

38,685. But I could not understand on what ground you could give the information to the society without informing the patient, or giving any information which was not communicated to the patient?—I have always done it.

38,686. Some doctors have raised questions of professional confidence?—I know. I have not had any difficulty on that score, because, I suppose, communications like that with the society's official are more or less confidential.

38,687. We have had various views and definitions of the obligation of professional confidence?—It has never occurred as a practical difficulty to me.

38,688. On the question of giving the name of the disease on the certificate, I gather it is these cases of venereal disease that have occasioned such difficulty as you have experienced?—Yes.

38,689. Was that only through uncertainty of diagnosis?—I think so.

38,690. But would not that be a difficulty you might have with any certificate. There must be a great many other conditions with regard to venereal disease?—There is the uncertainty of diagnosis.

38,691. And the difficulty of nomenclature arising from that uncertainty of diagnosis?—Yes.

38,692. I do not see why there should be any difficulty, because you could put the words "venereal disease" on the certificate?—You are not supposed to be giving a certificate because it is caused by the man's own misconduct.

38,693. When you say you are not supposed to be giving a certificate, you mean that the man is not entitled to any benefit, and, therefore, there is no object in giving it?—There is no object in giving it.

38,694. But if you do, you must state the facts?—Yes, the facts as they are known to you.

38,695. Some doctors have put to us the difficulty of giving a name to the disease in certain cases where they think that it would be detrimental to the patient's health for the patient himself to know the facts. Some cases of cancer and heart disease were given as illustrations. Have you anything to say on those difficulties?—I have not experienced any difficulty, because those are generally cases of severe illness where the patient is not dealing with the matter and does not get the certificate personally. The certificate is handed to you. You hand it to the mother, or sister, or somebody who is looking after the patient. It does not necessarily follow that the patient knows anything about his real condition.

38,696. Then the difficulty is got over because you do not have to put the certificate in the patient's own hands?—That is so. But where the patient is the



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only person coming to the surgery for the certificate, then it has to be put into his hands. Then I think that is got over by using a technical name, for instance, carcinoma, because they do not know that that is cancer.

38,697. That can only last till they find out what carcinoma means?—Quite so.

38,698. In your outline of evidence, "Certification," you say: "This can only take place in case of continuation certificates, and then is rare unless the certificate is presented by a relative." Does that mean that in some cases of continuation certificates you would give a certificate for a person you had not recently examined?—I refer to the question of a certified person who has not recently been examined. That can only occur in a case of well-defined illness where you are not visiting, perhaps, very often, or the patient is not coming very often to your surgery, and where there may possibly have been a week or more elapse since the last examination. I mean, it is only where there is no doubt about the particular illness, and you know from your own knowledge that the patient is in bed and incapable of work. Those are the only possible occasions where certificates can be given without examination being made recently.

38,699. What do you know in such a case? You saw the patient a week or a fortnight since, and he was then suffering from some illness of long duration likely to incapacitate him for a long time, and from that and such information as you receive from other people, you have every reason to believe the patient is still alive and still in bed?—Yes.

38,700. And on the strength of that, what kind of certificate would you give?—I would always alter the phraseology. It depends on the form of the certificate given to me, but if the usual form is given to me, the words "I have this day examined" I make a point of striking out. I have to deal with certificates that are brought to me from patients I have sent to hospital and who are, I know, in the institution. A certificate has not been obtained in the hospital, and one is brought to me. I say simply: "So-and-so is in hospital suffering from so-and-so, and is, therefore, incapable of work." In the case I refer to I have said the patient is suffering from a certain complaint, and is incapable of work, and I have struck out the words: "I have this day examined."

38,701. You realise that for all these societies which deal with a large number of members there are advantages in being as precise in your statements as possible?—Yes.

38,702. Do you not think that it might be better in such a case to say: "I hereby certify that I have seen so-and-so on such a day"—naming the last day you saw him—"and he was incapable of work"; in other words, to certify the state in which you actually found him on the occasion when you had examined him, and only purport to do that. Do you not think it is safer?—It is safer, certainly.

38,703. When you say: "The dating of certificates leads to confusion and want of elasticity on the part of societies who require certificates signed at certain dates, not those on which the patient is examined," what do you mean? Could you give us an example?—Yes. A patient comes to me on certain days of the week, it may be Monday, Wednesday and Friday. The certificate is required to entitle him to sick pay on a certain day, it may be Thursday, and it may be Saturday. The society require that the doctor shall have seen the patient on the day on which he signs that certificate; they will not accept the certificate which has on it the date on which he actually saw the patient. That necessitates an additional or two additional visits of the patient to the surgery to get the certificate filled up. It leads to overcrowding, because people come and hand in the form and say, "I want you to sign this, doctor, because the agent says it must be signed to-day."

38,704. You would not feel justified in giving a certificate, supposing the society wanted the certificate signed on Friday, if you happened to see the man on Thursday or Saturday or on other days, and dating it for the Friday?—It depends upon the circumstances. I think there are some cases where there is no question

about the illness, when you could give your certificate on the Thursday and date it for the Friday; or you might give it on Saturday and date it Friday. One does not do it as a rule, but it is a question of the convenience of the society, who lay down that hard-and-fast rule.

38,705. But do the society know you are doing that? When they get the certificate bearing date of Friday, do they realise that it may or may not mean seeing the patient or signing on Friday?—Yes, because they complain about it, and we say they allow no discretion on the part of the doctor at all.

38,706. I am afraid I am not quite clear. What do they complain of?—They complain that the certificate is not dated with the date on which you actually saw the patient.

38,707. Are they not entitled to complain of that?—Not in every case, I think.

38,708. It is difficult to realise how societies dealing with a large number of doctors are going to form any conclusions on these certificates when, if a certificate bears the date of the 1st May, shall we say, it may mean, as regards the actual fact, that the patient was seen at any time between the 29th April and the 3rd May. That is what appears to me?—You have misunderstood my point. The patient is coming to you, and is ill enough to be on sickness benefit. That sickness is lasting a certain time. During the period of sickness, certificates are required by agents, and they require them on a certain day of the week, and a certain date, therefore, must be on those certificates.

38,709. Why do you say a certain date must be on the certificates?—I mean the date must be according to the rule made either by the society or by the agent.

38,710. What power has an agent to make a rule on the matter of your certification?—The extraordinary thing is that they penalise the insured persons by docking them of a certain amount of their sick pay if the date on the certificate does not correspond with the exact end of their week, when they want it dated. I have had numbers of examples of that kind, and the point is whether you are to refuse, and have constant friction with the societies, to put that particular date on, or whether you put on the certificate the date on which you are actually seeing the patient. It is not so simple as it would seem. When you say, of course, that you cannot possibly certify on your certificate what is going to happen to-morrow because, as one of the agents said, the man might die in the meantime, that is true; but what I contend is that from the circumstances of the case the doctor knows that the sickness benefit is not going to close on that particular date; it is going on for another week, or going on for another fortnight, or going on for another month. What difficulty is there, and why should it be raised if the man has been seen during the week on Monday, Wednesday and Friday? It may be the certificate is brought on a Friday and the insured person says the agent must have the certificate dated on the Saturday.

38,711. I think that you are on the question of what is desirable, are you not?—Yes.

38,712. Does it occur to you that the better thing might be if the society had the exact facts in view of the position? Supposing you see the patient on the Friday, and do not give the certificate till Saturday, is it not possible for you to date the certificate for the Saturday, and say, "I saw this patient on Friday"?—So much depends on the form you are using. There again, the question of the words, "I have this day examined," comes in. If I am giving a certificate of that kind I invariably strike out the words, "I have this day examined."

38,713. What do you say on the certificate?—"I certify that this person is suffering from so-and-so, and is unable to continue his employment," and if the date on the certificate is the end of the week, as the society requires it to be—

38,714. Then you feel it is immaterial?—I think so. The same thing occurs in visiting. If the certificate is not brought to me on the day on which the patient came, because he had not got it from his society on that date, it is perhaps brought to me by a relative. The messenger brings that form to the surgery, and then, if I sign that certificate, supposing



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I sign it "that I have this day examined," and date it on the last occasion on which I saw the patient, the patient comes with the complaint that he has been docked two or three days' sick pay, because the date on the certificate does not correspond with the end of the financial week they pay sickness benefit on.

38,715. You feel, I take it, that there is very considerable risk—the two positions seem to me to be separable—in giving a certificate on Wednesday and dating it Thursday or Friday, because the patient might not be alive on the Friday?—The doctor is taking a risk, certainly. It depends on the particular case. What I think the friendly societies must realise is this, and the much better plan would be that the doctor should not take any notice whatever of messages sent by the agents saying that if the form is not furnished the doctor must give a certificate. In that case I should simply give a certificate, "I have examined so-and-so" on such-and-such a date and found him incapable "of work."

38,716. And let the societies adjust their arrangements?—Yes. But in the meantime you are going to have a good deal of friction, and patients will suffer from it.

38,717. Could not the doctors come to a conclusion amongst themselves that they would not allow themselves to be driven into such subterfuges?—I do not look upon it as a subterfuge. It has happened so many times.

38,718. Does it not give a good deal of foundation for the complaints of the societies that the dates on certificates are unreliable, and that doctors seem to give themselves an unlimited dispensing power as regards the literal accuracy of the statements on certificates?—I have heard of that charge.

38,719. The difficulty I feel is in appreciating why the profession should give grounds for accusations of that kind when it seems comparatively simple to deal with the position firmly?—It is not so simple. It is the practical difficulty that is just the point. If you are going to maintain that position (which I should be glad to see) you are going to have endless difficulties with regard to administration, because it means that the patient must attend or be attended on that particular day, and on those particular days you are going to be absolutely crowded out, and will not be able to deal with your patients. It seems to me to be much better to let the thing go naturally, allow the patient to go to the doctor on the day he wants to, and the certificate to be dated for that day.

38,720. Supposing you found out that doctors in some places had faced the difficulty boldly, and told the societies plainly that they were going to date the certificates on the days when they saw the patients, and that when the societies saw their firm front they accommodated themselves to the position, what then?—I am very glad to hear it, and will use it as an argument for a readjustment in the metropolis.

38,721. You think the certificate should be given on the exact date on which the doctor sees the patient?—Yes. What I want to convey to the Committee is that at present there is this chaotic condition because of the inelasticity, and because of the arbitrary way in which the rules of the societies are insisted upon in certain cases. That is the reason why I am taking that point.

38,722. In your outline of evidence you say: "Certificates are given for pregnancy, only if complicated by conditions causing incapability." What do you mean by "complicated" there? Do you mean something arising from the pregnancy, or something independent of it?—I really mean something arising from the pregnancy. It does sometimes happen that there are associated conditions, and it is very difficult to know whether they incapacitate.

38,723. Does that mean anything more than that certificates are given for pregnancy, only if it is accompanied by incapability?—No.

38,724. It means, if a woman is pregnant and is incapable of work, you certify, or that if you do not certify her, it is, because she is not incapacitated?—Yes.

38,725. That would be natural?—Quite.

38,726. And it creates no distinction between pregnancy and any other condition?—Quite so.

38,727. In answer to the question as to the use by the practitioners of the services of specialists, you say: "The use of specialist services and institutional treatment is a very urgent need." Does that mean that practitioners do not avail themselves of such facilities as exist, or do you mean that the requisite facilities do not exist?—I do not think that they are quite requisite; the facilities do exist, and men use them considerably.

38,728. Do you mean that such facilities as exist are not adequate to the needs of the insured?—I mean inadequate.

38,729. Shall we distinguish institutional treatment and specialist services? The special case you mention is: "There is especially a very marked deficiency in the supply of beds for women." But, leaving out all questions of actual accommodation in institutions, do you find any difficulty in London in obtaining such specialist advice as you require? Supposing you have a case on which you need specialist opinion, have you any difficulty in getting that opinion?—Yes, because if you want a specialist's opinion, to bring him to the house of the patient would incur an expense on the insured person, which the insured person is not prepared to meet.

38,730. In what way?—You cannot get the specialists down without paying them.

38,731. You mean in cases which would need the specialist coming to the patient's house?—Yes. Where patients can go to hospital, as I have said before, they have been very well treated indeed, and the hospital people have been very good in dealing with cases. But one feels that one does not want to send too many cases to them. I think I should send a good many more, if there were greater facilities.

38,732. What kind of facilities have you in mind? Is it not the understanding with the hospitals that the staffs of the out-patient departments will give consultant advice to any general practitioner who needs it, whether the patient be an insured person or not?—Yes, but I do not think that there is sufficient hospital accommodation in the areas to supply the need of the insured persons alone.

38,733. I mean as regards the out-patient department, not the in-patient department?—As regards the out-patient department, look at the time people have to wait. We have one big hospital for Bermondsey, it is true, and we are more fortunate than other people, but we find difficulties in that there is delay and difficulty in getting advice.

38,734. The out-patient departments are less crowded than they were?—Yes.

38,735. A great many cases which were treated for trivial complaints at the hospitals are now treated by panel doctors?—Yes.

38,736. But still you think, even giving the greatest weight to that fact, that the waiting constitutes a serious difficulty?—Yes, I think we should get patients more readily to go to hospital, if there were more facilities.

38,737. You think we want more institutions at which specialists attend?—Yes. But there is this point, that although the big hospitals provide specialist departments they only use those departments for their own cases. I am not allowed to send a case direct to the X-ray department, for instance. I must send it to the surgeon, and he may refer it to the X-ray department, or he may not, and the object for which I send that case to the hospital is defeated. I want facilities so that the panel practitioner can say, "I want a special bacteriological examination," or "I want a special vaccine made," and I want him to be able to send it direct to the bacteriologist, and get it done. Whereas at the present time all I can do is to refer it to the physician and, without offending the physician, give him a sort of suggestion as to what I want. More institutions, better adapted to the needs of the service, are wanted.

38,738-9. On the question of referees and consultants I was not sure whether, in answer to Dr. Shaw, you modified at all the answer you gave to Miss Macarthur.



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I understood you to say, in answer to her, that in your judgment it was desirable that if a person were employed as a referee, the same person should be in a position, when desired, to give advice also, not only as to a patient's fitness for work, but generally as to diagnosis and as to the kind of treatment to be adopted to restore that patient to health?—Yes.

38,740. It was quite clear that it should be the same person who was referee and consultant?—I did not see any difficulty then as to why they should not be the same person, but I can see, after what Dr. Shaw asked me, difficulty with regard to getting the right kind of person to give his whole time to the work. I can quite see that the man connected with the hospital must necessarily be a part-time man and have a practice of his own, and he would probably be a better type and more available for the work. But I do not see any inherent reason why the man called in as consultant should not give the advice which is necessarily required from a referee.

38,741. If I call attention to the difficulties you will not think I am advocating the opposite. First you say, a whole-time consultant could not have a position on the staff of a hospital. Why could he not have that position if that were part of the terms of his appointment?—I do not think I said he could not. I thought you said that he must be a part-time man in order to practise privately.

38,742. You said he must be a part-time man?—You would not get the right man for the post unless he were able to do consulting practice. Putting it in another way, the man who is on the staff of a hospital would necessarily be in general consulting practice.

38,743. Why?—What can he live on if he is not?

38,744. If he has a salary as a whole-time referee and consultant, cannot he live on that?—Yes, if the salary is adequate.

38,745. Do you think all persons on the staffs of hospitals are now receiving incomes higher than the salary you suggest?—No, but they ultimately hope to, and only the very junior ones are not.

38,746. Going to another branch of the subject, what kind of qualification would you desire specially in a referee, and what kind of professional experience?—I do not know. It seems to me a man who is doing consultant work in a hospital would have all the qualifications necessary for refereeing.

38,747. We have had it put to us by many medical witnesses that that is not the kind of experience which is most valuable for a referee. Let me take one of the cases you took, in which you would want assistance. That is in the case of many of these people who are run down, as to whom it would be very difficult to point to any definite organic disease. And the difficulty of the question is whether they can go on with their work without serious injury?—Yes.

38,747a. Do you think the experience of an ordinary consulting physician qualifies him to give a better opinion on that point than that of a general practitioner of wide experience, who has seen a great deal of the lives of these industrial people, their homes and their conditions of work?—I do not know. I do not think the general practitioner has such special qualifications for it, because the consultant is bound, in his diagnosis and treatment of cases to have regard to the occupation, and, therefore, it is possible that he has studied occupational diseases more than the general practitioner has.

38,748. Let me put to you the argument which has been put to us, that the question whether a person in a given state of health can safely go on doing a certain kind of work, is best decided by a practitioner who has seen people in a similar condition, not only at rest, but also at work, that the general practitioner follows the life history of his patient, and sees him both at rest and at work, while the consulting physician has not such opportunities of close observation of people's daily life?—The general practitioner certainly knows their daily life, but I do not think that he ever goes into the factory and sees these people at work.

38,749. But he sees them from time to time when they are at work?—I do not think there is much in it, myself.

38,750. Then you would definitely prefer for your referee a person whose experience has been that of a consulting physician or surgeon, rather than that of a general practitioner?—I think so, yes.

38,751. Another point which is put against the physician and the surgeon is that their work is specialised. You do not want to have to select the cases going to a referee. The doctors or approved societies must be able to send all their cases to the referee?—Yes.

38,752. But if you have a consulting physician, by the nature of his training he is not supposed to know anything about surgical cases, and the consulting surgeon in the same way is not supposed to know much about medical cases. Do you attach any weight to this?—Yes, I think you would have to have regard to the kind of cases which are likely to be referred. You would have to have amongst your referees consultants of each class—surgeons, physicians or oculists.

38,753. Take the position of an approved society having a case they wanted to send to a referee. How would they decide which to send it to?—By consultation with the man in charge of the case.

38,754. They would go to the doctor first and say, "We want another opinion on this case," and he would choose the person to whom the case should go?—I do not know that he would necessarily choose the person. There would only be a certain number to choose from. But he could indicate whether it was a surgical case or a medical or an obstetrical case, as the case might be. I do think that it would be a good thing to have a consultation between the officer of the society and the doctor before a case is sent to a referee.

38,755. The referees you would select would all be consultants, would they?—Yes.

38,756. They would all be what we may call specialists?—Yes.

38,757. And you would send the case to one or other of these men according to its nature?—Yes.

38,758. And you think they should all be part-time men?—I can see an advantage in that in getting a better class of men. If you can give an adequate salary, I think a whole-time man is to be preferred as being more independent.

38,759. With you it is only a question of salary?—I think so.

38,760. If you could give an adequate salary, then the people you appoint would be whole-time men, whose previous experience had been that of consulting surgeons, or physicians, or oculists, or in other branches of that kind?—I do not think you could appoint as a referee an oculist or fine it down to specialists of that kind, although you might want them and get a special opinion in special cases. I do not think, for instance, that they would have enough work.

38,761. You would have two kinds of referees available, general referees who would be consulting physicians or surgeons?—Yes.

38,762. And behind them, for employment in special and uncommon cases, you would call in the oculist or whatever other specialist was needed?—Yes, you would have to have a different way of remunerating those people, and deal with them specially by a special fee per case.

38,763. There are some other plans put to us for dealing with that. One is that you might have general practitioners employed part-time, but not refereeing in the districts in which they were ordinarily in practice. You might, for example, take a man from the extreme north of London to act as referee in the far south, and a man from one end of a county to act at the other end. Do you think that that would be of any use?—I do not think that it would be of much use. Of course, it might depend entirely upon the man you appointed; if you got a good man, it might answer the purpose. But then, again, it is not easy for the man to attend to practice at one end of the metropolis, and then go and referee in another part.

38,764. Another proposal has been put forward that the panel practitioners of a district should constitute a medical board serving by rota, three serving at one time. You have seen those proposals, I think?—I have not considered them very closely.



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[Continued.]

38,765. Do you think that that would be of any advantage?—I think there is something to be said for it, because there is sure to be some good men in the area, and it is a very good thing for men to have that kind of work to do. But I think the disadvantages outweigh the advantages.

38,766. (Chairman.) What did you mean exactly, in answering Miss Macarthur, by talking about a discretion being removed from societies, or their not having any discretion left?—What discretion?

38,767. That is exactly what I want to know. In the case of pregnant women?—I do not think the societies ought to have to settle what is a purely medical matter.

38,768. What is it which is a purely medical matter?—The question of incapability owing to pregnancy or the complications thereof.

38,769. Is that a purely medical matter more than the case of incapacity from any other case?—No.

38,770. You were not making a distinction of that?—No.

38,771. Throughout the whole thing you think the societies ought not to have discretion to settle the question of whether anybody was incapacitated or not?—I think that is the function of the doctor.

38,772. To settle that?—Do you mean that the final word should be with the doctor?

38,773. Yes?—Well, I can quite conceive of cases where there must be co-operation, and the two opinions must be blended, perhaps.

38,774. You do not make any distinction between pregnant women and anybody else?—No.

38,775. Let me put it like this. Is there anything special in pregnancy cases to distinguish them from any other cases?—Only this, that pregnancy is not a disease.

38,776. But it renders people incapable, does it not?—There is that point, that pregnancy practically renders a person incapable owing to complications, because there are certain complications in connection with it.

38,777. I know that, but what does it come to, because I do not quite understand? You know that you could not leave it to the doctors, uncontrolled, in ordinary cases of incapacity to declare people to be capable or incapable; surely you are not going to contend that the doctor is to be the sole judge, uncontrolled, are you?—I always understood it was entirely on the doctor's certificate.

38,778. The doctor's certificate is evidence, is it not?—Yes.

38,779. Is it anything more than that?—That is rather new light to my mind.

38,780. You say yourself that there is a colleague of yours in South London who has not the largest practice, but a very large practice, through his habit of giving certificates to people who are not entitled to them?—Yes.

38,781. Do you mean to tell me, if that is possible in an individual, that the profession is to be made the uncontrolled judge of capacity or incapacity?—No.

38,782. That being the case, on the pregnancy point I want to know whether you think there is any special feature in the case of a pregnant woman which differentiates her case from that of any ordinarily incapacitated woman, who is not pregnant, or any incapacitated man? You accepted the proposition that the discretion of the society (whatever that may mean) should be excluded in the case of pregnant women. What discretion has the society, do you know?—They can question the certificate, and have the right to refuse to accept it.

38,783. The function of the society is to decide on the best evidence they can get, is it not?—Yes.

38,784. If the matter is proved to the satisfaction of reasonable people, they have to act on it, have they not? That is all the discretion they have, is it not?—Yes.

38,785. There is no true discretion in the ordinary sense, is there?—I see what you mean.

38,786. If you have a discretion you have a choice, and, in your own mind, as a reasonable being, you choose one thing or the other thing. The society is

not in that position at all, is it? They have to decide as reasonable men just as the doctor has to, have they not?—Yes.

38,787. The societies have assumed a discretion to say that they will not pay for so-and-so, but will pay for something else, but it is only an arbitrary proceeding on their part, is it not?—Yes.

38,788. If they said they would not pay for colds, that was nonsense, was it not?—Yes.

38,789. What they said was that they would require overwhelming evidence that a person who was certified as suffering from a cold was unable to work?—Yes.

38,790. Supposing it is found possible, do you think it would be desirable that you should take out a part, at any rate, of the period of pregnancy, and say, in respect of that part, "we will not ask whether the woman is incapacitated or not. If pregnancy is admitted, we will pay." Then the society would have no discretion. They would pay on a certificate of pregnancy. They would have to be satisfied that the woman was actually pregnant?—Yes.

38,791. Would it be a desirable thing to take out the last month of pregnancy?—The difficulty obviously would be about fixing the time. One would like to exclude the whole period, but, short of that, probably you would be doing a good deal, though I do not say much, if you took out the last month.

38,792. If you did that, having regard to your experience, do you think that you would be, in fact, adding anything to the weight of the finance of the Act? Do you not think that they are all being paid for the last month now, practically speaking?—Probably, but I know of instances where people work right up to the last minute, but the great majority are being paid for the last month.

38,793. If the parliamentary grant took the whole of that automatic month, the effect would be to relieve the funds of the society, not cent. per cent., but still of a very heavy relative expenditure, would it not?—Yes.

38,794. And at the same time it would relieve the societies and the doctors of a rather delicate and difficult business. They would not have to inquire further than pregnancy, and that would, to some extent, would it not, meet those arguments which were put forward, which were very sound and reasoned arguments, that it is an awkward and unpleasant thing to have to argue whether a woman who is eight months gone with a child is or is not capable. It would be to that extent better?—Yes.

38,795. Supposing during the rest of the period the criterion were to be, "Is the woman pregnant and incapable." Drop all these fine distinctions as to whether incapable from some complications. Do you think those added refinements really assist at present? If you find a woman in the fifth month incapable, do you not say to yourself, the normal woman is not incapable at the fifth month, therefore this woman is not normal?—No, there are always special circumstances.

38,796. And they are so fine. They are matters for argument?—Yes.

38,797. When a medical man finds a woman, five months gone with child, incapable, he says to himself, "Here is a complication," does he not?—He tries to back up his certificate.

38,798. I did not quite mean that. I meant human knowledge being so limited?—He is justifying it unto himself, quite honestly.

38,799. Knowing so little of the course of what does happen in gestation, you are arguing *a priori* all the time, and you say "incapacity—complication." Is not that what it comes to?—Yes, perhaps so.

38,800. Is it not so?—Judging entirely from my own experience, and referring to the cases in one's mind, it is very difficult not to find some condition which you could honestly call a complication.

38,801. I mean that you know very little. You find a woman in a state in which you know she is incapacitated. You have learnt all your life that pregnancy was, as you tell us, a natural condition—a normal condition—and you say, "This woman is abnormal, therefore there must be a complication"?—Yes. But I do not necessarily imply a complication. I am satisfied in my own mind that she is incapable.



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[Continued.]

38,802. And with a complication?—I may certify it simply as pregnancy uncomplicated. I have done that.

38,803. In talking to Dr. Whitaker a few moments ago, and in talking throughout to us, have you remembered sufficiently the case I tried to put to you earlier in the afternoon of the weaker brethren? I mean that laws were made to restrain those who, if there were not laws, would do wrong, and not to restrain those who would do right anyhow. Do you not think looseness of statement is a dreadful trap for your friend who builds up a large practice with improper certificates?—I quite agree, but one was putting forward there the exact facts as they occur in a somewhat difficult

position. It may be wrong to adjust oneself to the position.

38,804. Are not adjustments to a difficult position really casuistry of one sort or another, and directly you get into casuistry is that not inviting people who have not so high a standard to go a little further?—After all you have to go back to the personality of the individual. In the hands of the majority of men I do not think there is any danger.

38,805. No. But it is not the majority we are thinking of at all. When one is dealing with evils of this kind, it is never the majority of men we are thinking of?—No.

The witness withdrew.

## FIFTY-FIFTH DAY.

Wednesday, 13th May, 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*)

Dr. T. M. CARTER.  
Mr. WALTER DAVIES.  
Miss M. H. FRANCES IVENS.  
Miss MARY MACARTHUR.  
Mr. WILLIAM MOSSES.  
Dr. LAURISTON SHAW.

Mr. A. C. THOMPSON.  
Mr. A. H. WARREN.  
Mr. A. W. WATSON.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.

Mr. ALEXANDER GRAY (*Secretary*).

Miss MARION PHILLIPS, D.Sc. (*General Secretary of the Women's Labour League*), examined.

38,806. (*Chairman.*) Are you the general secretary of the Women's Labour League?—Yes.

38,807. Tell us what that is?—It is an organisation of working-class women, something over 6,000 strong. Though it is definitely political, it is largely occupied in educational work, and it takes a great interest in administrative work especially, and in training women for administrative work. It has among its members a very large number of insured women, and many of those who are not insured have children and husbands who are insured. It has about 72 members on the insurance committees, so that it has a great deal of knowledge of the working of the Insurance Act.

38,808. It is not itself an organisation which is immediately connected with the working of the Act?—It is not an approved society.

38,809. And you come to tell us about what you have seen of the Act from your experience in connection with this League, because there are many of your people in it, who have experience of its effects?—Yes.

38,810. What class of people have you in the League who are insured? Are they of all kinds?—Yes, they are of all kinds. The great majority of them are married working women not working for wages, but there is a rather large number of women who are working themselves who are unmarried, and some who are working who are married. Among those who are insured themselves there are many who are clerks and teachers. I would not say a very large proportion of the whole, but there are some. We have also at least one panel doctor, and a few wives of panel doctors, and a few other doctors.

38,811. You include all kinds of women who work?—Absolutely.

38,812. Right down to the lowest plane?—Yes. We have branches extending from the North of Scotland right through England and Wales, so that I should think that we have some small number in every industry, and a great many in Lancashire in the cotton industry.

38,813. Do you look after them when they fall ill?—No, we have no benefit society of any kind. Our

interest in the Insurance Act is that we are concerned for persons who are getting insured benefits and persons who administer the Act.

38,814. Do they write to you about it?—Yes, we have a constant system of giving advice to insured persons since the Act came into force; and since this question of excessive sickness arose, we have made a great many inquiries among them, and it has been discussed a great deal by them.

38,815. Discussed at lodge meetings?—Yes, at branch meetings, and we have had information from those branch meetings as to the views and opinions of members.

38,816. What is the result that all that has left on your mind?—I think that it should be first stated that they do not agree that there is any extent of malingering amongst women. Some of them say that they have heard that there are cases, but no one has been able to point to any case of her own knowledge in which there has been any malingering by women, although many of them are able to point to exact cases in which there has been malingering among men. I do not know whether that is mere sex bias, but that is so. The existence of excessive sickness is, however, undoubted.

38,817. What do you mean by excessive?—Sickness beyond what you might expect among normal people. There is sickness so heavy that one must look for some particular cause for it, and they think that there is more sickness than they would have expected, and did expect, when the Insurance Act came into force.

38,818. Is that all over the country or in particular areas?—There are a few areas where we have branches where there are very few insured women, but, wherever there is a large number of insured women, that has been the opinion.

38,819. They had the opportunity before the Act came into operation, just as they have now, of seeing what one another were doing, and they would see when they were sick. I wonder why they are surprised at the extent of sickness which exists at present?—I think that that will be made clear by certain things which come later in my evidence. They think,



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[Continued.]

however, that there are a great many cases in which there is an appearance of malingering; that is, the sickness is unexpectedly large, and therefore people are apt to be put down as malingering, and also where it is claimed that women are taking an unfair advantage of the Insurance Act to be sick—that is, they are relying on the sickness benefit, and therefore being sick longer than they would in former times.

38,820. You say that that is taking an unfair advantage?—That is what is said to be an unfair advantage. I have, for instance, information from Portsmouth, where there is a low paid corset industry. There is a lot of sickness noticeable now among the girls who work at the corset factories, especially the young girls from 16 upwards. The reason for that appears to be that a very large number of these girls are anæmic, and when they go to the doctors now, the doctors, realising that the only cure for anæmia is fresh air and rest, put them off work; those girls, the best of them, earn low wages.

38,821. What do they earn?—The factories vary a great deal. A large number of them are under 10s., and some of them are quite as low as 6s. To get any fresh air they must be away from work, for they work during long hours. In fact, in that industry, it is a very common habit, although it is illegal, to take work home at night. The only way of curing those who are working in such conditions is to put them off work, so that they may get fresh air. There is a very frequent complaint that those girls do not stop at home in the evenings when, by the rules of their society, they should do so. They are very young girls, and if they are going to get fresh air, they want it in the evenings as well as in the day time; in fact, they prefer it in the evenings, because they get companionship; that is a very natural thing. It also makes it very difficult for the mothers of these girls to see that they keep the rules of the society. They have a definite disease, which, in the opinion of the doctor, requires fresh air, but because it is difficult to keep them in at night time, there is apparent malingering.

38,822. There is a suggestion that they do not go out to seek fresh air so much as to go to the picture palaces, where the air is not so fresh?—That is not the general experience and opinion of all mothers. Then there is the case of the woman who is off wage-earning work, but is working still in her own home. One member says: "It is a very difficult problem to deal with mothers who are so used to waiting on the rest of the family that they do it unconsciously. If a woman can get out of bed at all, she must be doing something, but if the Commissioners say she must not do anything while she is on the funds of the society, that is another question, and it seems to me that if people are forced to recognise this, it will place women in a different position." The working woman is a woman who has been so used to serving other people that even when she is ill, she will go on doing it, and it is recognised in her family as a natural thing. The women naturally object to staying at home and sitting in a dirty house while on sickness benefit; they will do a little housework through the day, and they prefer that to just sitting there and seeing things dirty around them. But many of them are complained of by the sick visitors for doing so. Then we have the further fact that many cases of apparent malingering are due simply to the low state of health which has always been borne previously as best it may. Under the Insurance Act many women who are suffering thus, have gone to the doctor and have been placed on sickness benefit. Debility is a very hard thing to define, but it is a very real thing to suffer from. As one mill worker writes to us: "A reason there is so much sickness among women is that so many are never well." It is in this sense that they have never been well, because we do have a considerable number of patients of this kind. Doctors now have the chance of getting that altered, and apparently they are taking advantage of the chance. Women who go with those vague illnesses of debility and never feeling well do get put on sickness benefit. Then there is the kind of woman who is said to go on the sick list in order that she may stay at home and

do housework and draw sick pay. Among these women there may be some who are actually malingering, but a great number usually do both wage-earning work and housework; in such cases the rest from wage-earning work is of benefit to their health, but as they have nobody else to do their house work, and have only 7s. 6d. per week, there is practically no alternative but to do it themselves. A shirt-maker, for example, while in work, rose early so as to get the house arranged before she started her shirt-making. When her insurance doctor certified her as unfit for work, she gave up her shirt-making and did her housework a bit at a time throughout the day. She was not malingering, but she had great trouble in convincing the sick visitor that she was not. These are some of the people who appear to be malingering when they certainly are not. Then there are the classes of women who are suffering from long illnesses; those we think are the real crux of the whole matter. Long hours in hot workrooms and bad feeding may not often produce serious illness at the time with young people, but they weaken them, and these conditions lead to the large number of weakly women with bad digestions who swell the lists at a later age, and especially the number who suffer from illness during pregnancy. Undeveloped, ill-nourished, and overworked girls, who have practically no outdoor exercise, will always be likely to suffer from sickness during pregnancy in later years. A further difficulty is that their wages are further reduced by the Insurance Act, because these young girls pay the full contribution, and do not even get the abatement. These facts are causes of prolonged sickness among those women who have had that sort of life during their younger days and during the years of child-bearing, and who have had exceedingly little care and continuous overwork. It appears to us that we get a great deal more sickness among these women in districts where there is a low wage and casual labour and a poorer state of health altogether, and therefore they get more into a condition which is one of constant illness, so that they are always suffering from backache or illness in some way or other, and usually have frightful digestions and very bad teeth. Usually in the case of these women over 40 years of age, when they come to talk about their illnesses, you can trace them back to some time of child-birth, when they had to get up too early, or had an especially bad pregnancy. Among the home workers this is especially the case, because there is a large number of women who do shirt-making or sewing at home. They start their work almost as soon as the child is born, and getting up and going about the house makes them permanently incapacitated. Then there are the special trades that seem to have a peculiarly high rate of sickness for women, though they are not low paid, such as the weaving trade.

38,823. Why do you say that it has an especially high rate of sickness for women?—My information from two or three centres shows an appallingly large amount of sickness since the Act came into force, much larger than was expected.

38,824. Among women?—Yes. One centre especially high is Bury.

38,825. Were those weavers who caused this high rate?—I have not got full figures as to all the trades, but that is such a centralised one, and the society is very strong in that place, so that it seems to be quite clear that it is a bad trade for sickness; many of the mill-workers especially, mothers, say that the girls do suffer a lot from overwork, heat, and the strain. So we have been inclined to think from the evidence of our members in those districts that it is a really bad trade in that respect. Long hours, hot rooms, and a great deal of noise, and the strain of keeping a number of looms going, seem to have a specially bad effect on the workers there.

38,826. You do mean weavers rather than card-room operators?—No, I mean the whole trade. I am sorry that I used the word weaver; I meant the whole lot.

38,827. There is a great distinction between the two classes of women?—We have not had evidence of that distinction, but I do not pretend to an exact



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[Continued.]

technical knowledge of it; I was just taking the evidence as it came to me.

38,828. There is a great distinction in the rate of wages, for example?—Yes, but we found that well-paid weavers seem to have just the same experience, as far as we could see. It is not the question of wages there, it is the question of bad conditions. We do not think that sickness has increased at all, but we think that it has become more noticeable. When a weaver was away before, nobody considered it; but now that she is in receipt of sickness benefit people notice it. We are also of opinion that the Insurance Act has had a certain effect in prolonging the time which people stay away from work; it has given the opportunity of convalescence, an opportunity which women workers have never had before. They have now the possibility of getting well before they return to work. It has given the possibility, of which doctors, I think, have taken a great deal of advantage, of getting the patients fresh air. You cannot get fresh air for anybody who needs it, unless that person stops work. I do not know of any trade, except field work, in which women are hardly ever employed, in which you can get fresh air. They get this opportunity under the Insurance Act, and that has been specially important with regard to young people. There is further the fact that these people are getting very low wages, and there is no inducement to them if they are ill, seedy, and miserable to go back to work, if they are in a thoroughly low state of health. Their wages are very low and there is absolutely no reason why they should go back until they feel thoroughly well. When it is a case of chronic lack of strength, it is very difficult to say whether they should go back or not. The doctor is put in a very difficult position in deciding whether there is actual disability or not. We feel that there is real difficulty here for the doctors to decide what disability means. We think that they ought to go on the principle of regarding as disability cases in which work causes obvious pain. There is further the fact that people will be ill, and go on being ill, as long as they are unable to get proper dental attention, attention for their eyes, massage, and sufficient surgical appliances. There are lots of cases where women are ill, sometimes even they may be actually getting sickness benefit for weeks, when if they could get their teeth attended to they would be cured very quickly, because digestive ailments are largely due to bad teeth. The same thing is true with regard to eyes. People requiring glasses suffer from headaches and nervous troubles which can only be remedied by proper attention to the eyes. With regard to ailments of the limbs and muscular ailments, the same thing is true in reference to massage. You might cure by massage in a short time illnesses which might take months to treat by any other method, or which might perhaps never be properly cured. Of course, if you are unable to get through your sickness benefit that special treatment which they require, they will go on for a long time drawing the sickness benefit and remaining in ill-health. We are suffering from the dregs of ill-health which is due to the old practice of going back to work, before the people were really well. We asked our members whether they knew of cases in which this had happened. Out of 60 cases in which women had been sick for some weeks on the society's books, 41 said that on previous occasions they knew that they had gone back to work before they should have done so. That was in the old days, before they had any sickness benefit at all. They had been ill, and been off work for a little while, and they had gone back knowing that they were really unfit to do so. As illustrating the evil effects of that, I may refer to a woman who was suffering from general weakness, but was constantly struggling on. She is now on the sick list for the first time, but she has had 13 children and has lost 12 of them from consumption. Two cases report that their present long illnesses were the direct result of too speedy a return to work, and in one case the agent of the approved society admitted that the woman returned to work before she was really able.

38,829. Since the Act came into operation?—Yes, she had been worried into returning; but though the

Insurance Act has increased the ability to stay away from work and get thoroughly well, there is still the evil effect of the fear of losing wages. Sickness benefit does not yet fully compensate for that, and in three cases those who sent in returns say that they went back to work before they felt well, and before the doctors thought they were well, and before they got their certificates, because others were dependent on their earnings, and they could not afford to lose their wages. One case of gastric catarrh was obliged to work unless completely disabled, and she only earns 11s. a week at her best, working from 6 a.m. to 10.30 p.m., and she has five children to bring up and a husband only in casual work. We also had it pointed out to us that some cases to-day of tuberculosis can be traced back to their beginnings in this fear of loss of wages, and the Insurance Act with its 7s. 6d. benefit will not prevent it happening still. Indeed, many are afraid of being recommended for sanatorium benefit because of the loss of wages and the difficulty which they will have afterwards in getting work. It is not a good reference to go to an employer and say that you have been in a sanatorium for consumption. The very people most likely to prove good patients, those who have had a fair wage and sufficient food, are just the ones who find it most difficult to live on the amount which the sickness benefit gives them. People who have not been earning more than 7s. 6d. are usually in such a poor condition that we cannot do very much for them. Those might be willing enough to go. People who have been earning good wages will feel the loss of those wages on their standard of life more severely. They also feel that the sickness benefit does not do sufficient in securing them a good convalescence. You get a bread and butter diet, and in crowded districts, with the lack of fresh air, convalescence is bound to be a very lengthy affair. If the patient has no other resources than that of the sickness benefit he cannot get nourishing food, and we have evidence from such districts as Bermondsey of how exceedingly difficult it is to get people really well after they have been ill, because they cannot get satisfactory food, and they cannot afford to get out of Bermondsey so as to get away from the poor, crowded districts. We have been told by a member who is closely associated with a servants' insurance society that there is not very much sickness benefit applied for among servants, and that their trade appears to compare very favourably with such employment as that of charwomen, and looking into the matter from her evidence, and the evidence of many of our members who have experience of it, it appears to us that the domestic servants have probably as much sickness, but that they are less often on sickness benefit, not because they have any better level of health, but because of the conditions of their employment. While a girl is living in the house she has to be very acutely ill before she becomes unable to do the light jobs of housework, and therefore comparatively few of them cease work altogether and come on the sick list, and the mistresses prefer that; they do not want them to be absolutely ill, they would sooner have them just going about and doing a little, and not receiving disability allowance.

38,830. Are you talking about all classes of servants, or some particular class?—No, just servants generally.

38,831. You have no knowledge of any special class?—No; that is general. Mistresses prefer, as far as I can discover, not to have the servants living in the house and doing absolutely nothing; they like them to go about and do light jobs, but when they live away from their work and have got to go out to it, it is useless to go if you can only do light jobs, for the work which they get is heavier, and there is therefore an apparently heavier sickness rate among those people. I come now to the difficulty of judging incapacity to work and the inability to do work. This is a very real difficulty. We sympathise very deeply with the doctors who have to judge it. Our experience is that a doctor in giving a certificate cannot avoid taking into consideration the kind of work which the sick person does, and this works rather unfairly when people talk about malingering. Women doing light



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[Continued.]

housework for wages will not be unable to continue if they are living in the house unless their sickness is serious, while a woman doing ironing or washing should be able to get a certificate for much less serious trouble. We do not think it just to refuse a certificate so long as the patient is unable, without harm to her health, to follow her ordinary occupation. Because a woman, however, is unable to sit with her hands before her all day long, she is not necessarily drawing her sickness benefit without just cause. Some of our members who have had daughters at home ill have spoken to us of the difficulty of keeping them occupied and their minds off their own illnesses; yet the girls have been totally unfit to follow their own employment. It is a really important thing to find some amusement or occupation for many of these cases, and it is a much more difficult thing to do in a working-class home than in a middle-class home. You can help the convalescent much more easily if there is some money to spend on these things; in the case of persons suffering from anæmia, nervous debility, and diseases of that kind, one of the most important things is to keep them amused. If you cannot afford to buy books and so on, then a girl who is just doing light jobs with her mother, chatting in the kitchen, and so on, is much better off than a girl who is forced to do absolutely nothing lest the sick visitor may come along and say that she is evidently able to work, and ought to be back again. We feel that the ways of dealing with people who are supposed to be ill too long and not to be still unfit to return at once do not always pay in the end, because if they return to work before they are thoroughly well, you will presently have a much longer illness to deal with. That brings me to what seems to me a very important question, that of the second doctor's opinion. A great many people are told to go to a medical referee, and some of them prefer to go back to work, and it is often taken that that shows that they were really able to go back to work and ought to have done so. We do not believe that that is so. A great many of them are far too nervous to go and see the second doctor under the suspicion that they have been pretending illness. They do not go to the doctor as to a sympathetic person trying to find out what is the matter, but regard him as somebody who is trying to detect whether they are really ill or not.

38,832. Not trying to detect, but to judge their case?—I am describing the effect produced in the minds of the people who are asked to go to them. They feel frightened about it, and many of them go back before they are well; so it is not fair to take those lists of people who sign off rather than go to a referee as being malingerers. I feel very strongly that medical referees should be people who would judge the whole of the case, and not merely give a report as to disability or ability. You want those people who will give an opinion on the whole conditions of the case. I have had myself a great deal of experience of this as a borough councillor, because we have constantly people on the sick list about whom we get reports from a medical referee, and you have to be exceedingly careful on those reports to make sure that they are the reports of a consultant, and not merely those of somebody who is taking on the duties of a detective. We want a second opinion, and not merely a detection of a pretence; we think that there is a very heavy sickness rate among women; we feel that a great deal of it is preventable, and that a great deal of it is transitory. Our opinion is that this is the best opportunity that women who work have had to get medical attendance and sickness benefit. The men have belonged to clubs in pretty large numbers, but very few women have ever belonged to clubs, which gave them sickness benefit and free doctoring. Naturally, as this is the first opportunity, a great many old complaints are being dealt with. Probably after a few years there will be far less sickness among women. They are making up their arrears, but there will always be a great deal unless we remove some further causes. There is, for example, greater need of care in adolescence. The insured person only begins to be insured

at 16, and there are the years between this time and when he leaves school during which he cannot get free medical supervision. There is also the difficulty that very young people in this country work very long hours, often in very unhealthy conditions of heat, and so on, and get no sort of outdoor exercise or physical training, while their wages are very low, and the Insurance Act takes the full amount from them, so that out of their low wages they have to pay more than older people do. Then comes the need for greater care of maternity. We believe that a vast amount of sickness might be prevented by having proper doctoring and nursing care at the time of childbirth, and we think that that should be done without increasing the cost to the individual. Women need in general more food, more rest, and more outdoor air. They are nearly always at home, and even if they go out to work during the day, they have got to go home to do the housework. They need further specialised attention to which I have already referred, further means for securing complete convalescence, and they also need better care during the months before childbirth. We think that it is an exceedingly important thing that those illnesses due to pregnancy should be properly attended to, and should receive just as good care as other forms of sickness. That completes the evidence which I wished to bring before you.

38,833. (*Miss Ivens.*) I was very much impressed by what you have said about the need for pre-maternity care of women. It has been your experience that there is a great deal of illness during the months of pregnancy?—Yes, a great many women suffer from illness of that kind.

38,834. In your opinion, if that illness could be detected sufficiently early, these women would stand a much better chance of having good health afterwards?—Undoubtedly.

38,835. Do you think that they are also getting efficient treatment at confinement?—No, I do not think that the treatment at the time of confinement is at all good. They get practically no nursing care, which is a very important part.

38,836. Would the women you have told us about be chiefly under the care of midwives or doctors?—Some of both, but I think that the great tendency is to employ midwives because they are less expensive, and I do not think that that is to be desired.

38,837. You would approve of women having nursing attention and medical care as well?—Yes.

38,838. I was not quite sure of what you meant with reference to consultants and referees. Do you mean that the referee should also be a consultant?—Yes, somebody to whom you could apply as being a more highly skilled person than the ordinary practitioner, just as you do in cases in doubt in private work apply to a consultant, and get his opinion on the subject. I should say that such consultants should be general physician consultants, and not necessarily specialists in one particular thing.

38,839. But the diseases would not be all the same. You could not expect a referee to be a consultant in every branch. What you mean is rather a second opinion?—Yes, but I mean that when there is any doubt between the approved society and the patient and the doctor, any one of those people having the doubt, the person to whom the patient should be referred should be one qualified to give a second opinion from the medical point of view; that is a consultant.

38,840. But you would not expect that a referee, a person appointed to do nothing else but to referee, should be able to do that?—Then I should think that the referee was not a satisfactory person to be selected.

38,841. Would you not think it better if that referee were able to point out who was the suitable person who should be called in in each individual case? You would not expect in all cases to require exactly the same kind of specialist?—A referee might be a consultant physician who would be capable of dealing with all but a very restricted number of cases, and, if there were such cases, he would be able to refer them to a specialist.



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[Continued.]

38,842. He would not be able to deal with all cases?—I should say he would with the larger number of cases. He would not in the case of some very specialised complaint.

38,843. (*Mr. Warren.*) What does the Women's Labour League really represent?—It is an organisation which consists of branches.

38,844. Is it an approved society?—No. Its membership is something a little over 6,000. It consists of working women with a small number of professional and other middle-class women. It is definitely political in its objects, but is largely occupied in educational work and in administrative work and in training women for administrative work.

38,845. And it has branches all over the country?—Yes, in England, Scotland, and Wales.

38,846. It is not a benefit society in any sense?—No.

38,847. It pays no benefits at all?—No.

38,848. You referred to a fear on the part of many of these women that the loss of wages causes them to return to work before they probably, in your opinion, or in the opinion of the medical men, are quite fit. Is that so?—Yes.

38,849. Was National Insurance ever intended to compensate fully for wages?—I do not know, but that is hardly the point I meant to make on that. My point was that even before the Insurance Act a great many women neglected illnesses altogether, and that since the Insurance Act there were a great many who still neglected it, because even though they had the sickness benefit, it was not enough to compensate for any loss of wages, and they still struggled on in spite of its existence. I merely bring that forward as evidence on the other side against those who allege that there is a great deal of malingering among women. There is further the fact to be considered that a great many cannot afford to be cured now.

38,850. May we take it, therefore, that in respect of those women, if the Act is to be of real benefit, there must be a material increase in their allowance while sick?—There would have to be before these women would be able to get better, or such an increase in their wages at other times as to enable them easily to take a rest.

38,851. In respect of the very large number of low wage-earners—I think you have mentioned as low as 6s. per week—is the benefit of 7s. 6d. per week under the Act a temptation to them?—I think that if a woman felt very seedy and miserable, and disinclined to do anything, she would probably feel, "I am thoroughly ill and sick, and I will not try to go to work."

38,852. (*Mr. Mosses.*) Have you made special inquiries for the purpose of giving evidence here, or is it the casual conversation of members of your society of which you are giving us the benefit?—We have asked them to discuss the subject specially, and to give us their opinions.

38,853. In the branches?—Yes.

38,854. What you have said is an epitome of the replies which you have got?—Yes.

38,855. How many branches have you?—I think 110.

38,856. They would be very small ones then?—Some are small and some are fairly large.

38,857. 110 branches for 6,000 members does not give a large number for each branch?—We are a political organisation and we consider that a fairly large proportion of members.

38,858. Do you think that your branches are in a position to get reliable information with regard to the working of the Act?—Yes, because a very large number of them are in constant touch with the working of the Act, and a very large number of them are either insured themselves or their husbands are insured, and they are in constant touch with their neighbours and with all the surroundings of the people who are concerned with it.

38,859. Do you believe that there are many unreasonable sickness claims among women?—We cannot find any evidence of them. Our members sometimes say that they have heard people say so, but they have never found any themselves. I might mention, for

instance, that one member who was a delegate to a trades council in a large industrial centre asked the men there, many of them secretaries of approved societies, did they know any such cases, and they said, "No. We have got a good many cases among the men, but we have not any among the women." That is the type of thing that we have found. We have never been able to substantiate any case of real malingering.

38,860. You refer to the opinion as to the lack of sickness among domestic servants, and have expressed a very interesting opinion on that point. You would naturally think that the incidence of payments to domestic servants would be low?—In the particular society about which I am giving an opinion, it was low.

38,861. Do you mean to say for a society of domestic servants?—The evidence was given by one of our members a few months ago that their benefit claims were low.

38,862. That is a union of domestic servants?—No, an approved society of domestic servants.

38,863. How many members are there in that society?—Some thousands.

38,864. The evidence given here shows that domestic servants and laundresses are among the chief recipients of sickness benefit?—I know that it is very high among laundresses, but I did not understand that it was so high among domestic servants. My information was definitely to the contrary. That information may be incorrect, but it was given to me in figures, so I did not think of doubting it. I might say that that was exactly corroborated by some panel doctors who have a lot of domestic servants on their lists. There is a great reluctance on the part of mistresses to have a servant living in the house who is ill doing nothing, and there is a reluctance on the part of the servant to go away from the house.

38,865. I quite agree with everything you have said upon that point, but what about the servant who, having discharged her mistress, goes on the fund? Have you had any experience of cases of that kind?—No.

38,866. You know that they exist?—No.

38,867. Do you know that just before holidays the sickness of domestic servants goes up by leaps and bounds?—No, I do not, and so far as the doctors with whom I have acquaintance are concerned, they have not found it so. A few days ago a case came to my notice in which a servant who should have been in bed, because she had a rather bad attack of influenza, said, "I dare not go to bed because then my mistress will not have me in the house, and I have nowhere to go."

38,868. That is so, but of the cases of servants who have homes to go to and who discharge their mistresses, you have had no experience?—No.

38,869. Do you object to restrictions of any kind being imposed upon sick persons who can move about and to whom fresh air is very important?—No, I do not oppose restrictions being put on. I quite realise that you must have some form of restriction, but I think that the rules of societies might be a little more elastic than they are. You have to meet the fact that there is a big difficulty there. If you want people to move about and generally have rest and freedom from worry, your sick visitor has to accept that position and act accordingly.

38,870. Have you found that sick visitors or the approved societies have been unreasonable in the way of compelling their members to comply with the strict letter of the law?—Yes, I have found a good deal of it, and a great hatred and fear of the sick visitor as the person who holds all the power and is often very unreasonable. I might say that especially of the industrial insurance societies, about whom complaints have been made to us. We have had several mentioned to us where people are in daily fear of doing so much as washing up a cup in case the sick visitor should see them doing it.

38,871. Has that been in respect of a whole-time or professional sick visitor?—It think it has generally been whole-time, but certainly professional.



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[Continued.]

38,872. (*Mr. Thompson.*) Who are your branch secretaries? What type of people are they? Are they the workers themselves usually?—Yes, in nearly all cases. They are simply officers elected by the branches from the members.

38,873. Are they paid?—No.

38,874. They give their services voluntarily?—Yes.

38,875. How do you proceed to staff a branch? Is it part of your duties as organising secretary to go about the country and endeavour to do that, or is it done spontaneously?—We usually form branches at the request of the people in the district who want to have assistance in forming a branch, and they make all the arrangements for it. They usually have one of our organisers to speak to them about the work.

38,876. Have you reason to conclude that it is usually largely connected with political views that the branches are started? Is it started as a political organisation primarily?—Yes, it is a political organisation primarily.

38,877. The opinion, generally speaking, as I gather from your evidence, is that the Insurance Act has not done any particular kind of harm?—I do not quite understand what you mean.

38,878. I mean, on the whole, if it has not been beneficial, it has not been harmful?—Certainly. It has given women a good many opportunities, which they never had before, of getting cured.

38,879. You mentioned a case where perhaps it does do harm, cases of young girls who have very little interest in the Act, and who have to pay contributions which they can ill afford?—Yes, but that is one particular phase of the Act. It is not a question of her having little interest in it.

38,880. At present little financial interest?—What I meant was that those people who have already low wages have had their wages still further reduced in a greater proportion than the people over 21. I think the health of the younger people is always more important than that of older people, because you are building up the health of the nation.

38,881. The evidence rather seems to point to the opinion that the Insurance Act has only touched the fringe of the difficulty, particularly as it affects women?—Yes. It has not met all the difficulties, and it has shown a great many difficulties no one realised before.

38,882. And I gather that that is what you wish to have remedied. You would like the Insurance Act to be able to accomplish more. That is your point of view, rather than that the Act is at present administered unsatisfactorily?—That is a very wide general question. There are certain things in which I think more power is required. There are certain other matters which are not due to the Insurance Act, but require legislation of other kinds.

38,883. I was trying to see what conclusion we should be justified in drawing from your evidence generally, and I thought I was correct perhaps in suggesting that you did not come here with any main criticism, either on the Act itself or its administration, but rather that you would be much better pleased with it, if it did a great deal more?—Quite so.

38,884. In fact, the League think that the Commissioners and the approved societies may perhaps take courage, and not regard the sickness ratio with too much apprehension?—I do not know about that. Some societies have reason to regard the claim ratio with very great apprehension unless some steps are taken to increase the amount which they have to meet those claims. I think I would rather put it that we realise that the amount of sickness among women is very great, and special efforts must be made to meet it. The Insurance Act can do something towards that.

38,885. That, of course, you covered in the previous answer, by saying that it only touches the fringe of the difficulty, and that you would like to do more. You do tell us that the amount of sickness is to some extent transitory, and to some extent the efforts of the Act are likely to bring about a better condition

of things for the future?—Yes. I think it can bring about better things. You have got to make up leeway, but I think there will always be very heavy sickness claims among women so long as low wages are paid and poor conditions during youth are continued.

38,886. I think to the extent that the present conditions would be improved by the medical benefit, we should be justified in taking courage with regard to the claim ratio?—Yes, if efforts are made to prevent those causes.

38,887. May I take it that your organisation does not seek to effect any radical change in the Act itself?—I think the evidence which I have given covers the immediate efforts of our organisation with regard to this one question of excessive sickness. There are other matters of a wider nature into which I have not gone, which would certainly affect the Insurance Act.

38,888. It does not come forward with any suggestion for an alteration in the administration at the present time?—I do not know what you would call an alteration of administration. It is a little difficult to define it. We feel very strongly, for instance, that sickness benefit during pregnancy is a very important thing, and that, I should think, is an alteration in administration.

38,889. What alteration do you suggest with regard to that?—That sickness benefit should be given during pregnancy in the same way that it is given at other times. Pregnancy sicknesses should be treated on the same basis as other sicknesses. I should think that that was rather an important change in administration.

38,890. (*Miss Wilson.*) Do you find that there is a great demand for women doctors from what your members say?—Yes, I think there is, but there are a great many districts in which there is no woman doctor, and where people have been brought up without the knowledge of the fact that they could get one, so that they have not thought about it. In other districts, and especially in the case of young girls, they say that they would prefer a woman doctor.

38,891. Have you had complaints that they have had any difficulty in getting a woman doctor when they have wanted one?—No, I have heard a good many of our members say that they would like to have one, but I have never heard them say that they have had any difficulty in getting one. I think that they have treated it philosophically. If there is not one, they think they cannot have one. I have heard a good many mothers say that it is so difficult when they have to go to a man doctor with their daughters to explain things to a man.

38,892. I was asking you whether you had had any cases in which, where there was a woman doctor in the district, but not on the panel, your members have complained that they were not able to have a woman doctor?—No, I have not.

38,893. Have you had any suggestion that if there were women as referees there would be less objection to going to a referee?—Yes, I think I have, but I have only heard it said by people. I have never had it said to me as a definite complaint.

38,894. (*Chairman.*) Why do you think they want women doctors?—Because there are an enormous number of women suffering from diseases which they do not care to talk about to a man, and there are a very large number of women, even married women, who go for years without even saying what is the matter with them. They go to a man doctor and just tell him what they think fit, and nothing more, and they never will. The doctor is therefore at a complete disadvantage, because he does not really know what the condition of the woman is.

38,895. Is that what your members say to you, or is it general?—I have heard it from many people.

38,896. Is it universal in all classes of your members or is it peculiar to some?—I should not say that it was peculiar to any. I think you would find a good many of those people in all classes. Women with young daughters under 20 often feel very much the difficulty of sending them to a man doctor.

The witness withdrew.



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[Continued.]

Miss FLORENCE CRISP (*Secretary of the Norwich Court of the Ancient Order of Foresters*) examined.

38,897. (*Chairman.*) Are you the secretary of the Norwich Court of the Ancient Order of Foresters?—Yes.

38,898. Is that a court whose centre is in the town of Norwich?—Yes.

38,899. Does it comprise women only?—Yes.

38,900. How many women are there in it?—About 500 at the present time in the voluntary section.

38,901. And how many on the State side?—Just over 600. I returned 603 in January.

38,902. How many of the 500 on the voluntary side are also insured on the State side? Do you know generally?—About 380.

38,903. So you have got about 380 on the State side who are insured also on the voluntary side, and about 220 who are not? Is that right?—Yes.

38,904. Do you, besides being secretary, also do visiting?—No, I do not; I have sick visitors.

38,905. Do you personally do the paying?—Yes.

38,906. Do you pay it at your office?—I pay the sick visitors week by week, and they pay it to the people themselves.

38,907. How many sick visitors are there?—Four at the present time.

38,908. All women?—All women.

38,909. Are they paid?—We pay them quarterly in the State section, and yearly in the voluntary section.

38,910. What do they get quarterly?—15s. a quarter from the State section.

38,911. And what from the voluntary section?—From the voluntary 25s. a year.

38,912. What are these four women?—They are all in factories or workrooms in the city.

38,913. All insured people?—Yes.

38,914. In the lodge itself?—Yes, and they are both voluntary and State insured.

38,915. How long have they acted on the voluntary side?—Two of them have been in office between six and eight years and one is fresh since Christmas; the other one has taken office off and on. She has taken office one year and then dropped it, and then taken it up again.

38,916. How long has the voluntary side been in existence?—Since 1894.

38,917. Have you been secretary since the start?—No, between 12 and 13 years.

38,918. Do you give your whole time to the office?—No, I do not. I am a teacher by profession.

38,919. In Norwich?—Yes.

38,920. Then you do it in the evenings?—I give all my evenings at the present time to it.

38,921. What kind of a teacher are you?—An elementary school teacher.

38,922. Head mistress?—No, head assistant.

38,923. How long does it take you?—Every evening.

38,924. All the evening?—Since the State Insurance has come in, with help.

38,925. What sort of help?—I do all the figuring and all the book work and anything entailing figures, but I have a girl to do simple addressing and simple correspondence.

38,926. Is she whole-time or part-time?—No, in the evening, and partly day-time when I need her.

38,927. How often does the lodge meet?—Once a month.

38,928. Have you a committee of management besides?—Yes.

38,929. How many are there on that committee?—Eleven.

38,930. Are they all women?—All women.

38,931. Are they all insured people?—They are all insured people.

38,932. How often do they meet?—Monthly, and if there is any important business, at three days' notice.

38,933. Who is it who really controls the thing, you or they?—The management committee.

38,934. But still, from day to day, there are decisions to be taken on certain certificates?—I give that decision if it is clear to me, but if not, I put it before the management committee.

38,935. Supposing on the report of the sick visitor you are dissatisfied with the conduct of a particular member, what happens then?—That sick person is either visited by the sick visitor out of the routine time, or another member of the court is asked to give a surprise visit at any time.

38,936. You do not yourself take any action until something of that kind has been done?—No.

38,937. When the other member of the court has paid her visit and you are still dissatisfied, what do you then do?—We appeal to the doctor.

38,938. You yourself do?—I myself go, by the request of the management committee.

38,939. You go to the management committee first?—Yes.

38,940. If the sickness visitors are people working during the day, how is it they find time to visit? Do they only visit in the evening?—They visit in the evening, and if there is any necessity for day visiting, we have one of the four able to go during the day at any time.

38,941. Able when she is specially sent?—There are three of the visitors in business, but the fourth is not, and on the receipt of a post card or a letter, she will at my request visit any member about whom we are suspicious. She is at home all day, so she is free.

38,942. What are your members mostly?—Most of the members work in the boot factories of the city, or Colman's Mustard Factory, or do tailoring. That is the bulk of them.

38,943. What sort of wages do they make?—On an average about 8s. a week.

38,944. Are they mostly married, or single?—Mostly single.

38,945. Are any married?—A few.

38,946. On the State side?—Yes.

38,947. Can you tell us what has been the result of your experience in figures since the beginning?—I have got out figures of the complaints for the last four years in the voluntary section and for the first six months of the State section, with the corresponding six months of the voluntary section. I have taken the general complaints, and I have found that in 1910 the common complaints were debility, anæmia, anæmia and debility, dyspepsia, gastric ulcer. We had 12 debility, 12 anæmia, 4 anæmia and debility, 6 dyspepsia, 6 gastric ulcer, with a few minor complaints such as injury to foot, poisoned finger, sprained ankle, teeth extraction, but they were small instances. In 1911 we had about the same numbers—10 anæmia, 10 debility, 2 dyspepsia. The other complaints were just ones and twos. We had 4 anæmia and catarrh. Then in 1912 anæmia was more prevalent, and we had 18. There was an increase there. We had 9 cases of influenza, 13 of debility, and the other complaints were again in ones and twos. We had a few minor complaints of teeth extraction, abscesses in face, septic throat, and injury to thumb. In 1913 we had in the first six months in the voluntary section 28 cases of anæmia—that was an increase—and 24 cases of debility, which was another increase.

38,948. You had got a new lot of members, had you not?—Yes.

38,949. You are still talking of the voluntary section?—Yes. Those were for the first six months. We had 28 cases of anæmia and 24 of debility. In the State section we had 24 of anæmia and 26 of debility. It struck us that the cases in which girls were taking sick pay for anæmia and debility and dyspepsia and minor complaints had increased.

38,950. That is so obviously?—And then the smaller complaints had increased. We had a bigger percentage of smaller complaints.

38,951. Could you tell me what all that comes to in money? Could you tell me what you are paying out in sickness benefit per head per week?—I could not tell you that.

38,952. You draw through the district?—Yes, and the amount we had first sent to us was not enough for our sick pay.

38,953. What do you draw?—2d. per head.



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[Continued.]

38,954. What are you spending?—We are spending about 3d. per head.

38,955. On maternity and sickness?—Yes.

38,956. Has that been pretty steady all the way along?—Yes.

38,957. Has the district suggested to you that you ought not to be spending so much?—I think, from what I have gathered from all the societies, that it is about the same for the women. It did not seem to us from the beginning that enough had been allowed per head for the sickness among women.

38,958. Have you had a great many maternity cases?—No, I have paid four.

38,959. So that there is very little pre-maternity sickness in your society?—No.

38,960. I suppose some of your members may be married and take their maternity benefit from their husband's society?—There may be some of them who do. I have had one case which has come to my notice.

38,961. Have you had very many certificates of pregnancy?—No. I have paid four who were entitled to the benefit, but two others were not entitled because they had married and had ceased to be employed, and had given notice that they had ceased to be employed. They had therefore broken their contract as employed contributors, and they became H contributors.

38,962-3. I rather gather that you have four sick visitors, one whole-time, who go round, and that you rely a great deal on your sick visitors for controlling the operations of the Act? Just tell me what they do?—They visit once a week, always at the end of the week. They do not keep to any routine time, because most of the girls are free after twelve on Saturdays in the city. The woodwards are all free at that time, and they visit the people any time on Saturdays from 12 o'clock onwards.

38,964. Then may a sick person say to herself: "I am quite safe under ordinary circumstances until whatever time it is on the week day, and until 12 on Saturday, if I behave myself during that time?"—No, because our woodwards are very good. Most of them have bicycles, and they will even take the trouble of calling in dinner hours to see sick people of whom we are slightly suspicious; they will also call in the evening.

38,965. What is it that makes you suspicious?—I had this instance only a fortnight ago. One of my woodwards went into the house of a member who was stated to be suffering from asthma and bronchitis. There was apparently nobody else in the house and the woman had no children, and yet there was a room full of clean starching, linen freshly done up. Who did that?

38,966-7. That almost seems to require a Sherlock Holmes?—She did not ask, but the next day we received a calling-off certificate.

38,968. Are your people made suspicious by what they find or by what they see on the certificate, or by their previous knowledge of the members and their habits?—I think by their previous knowledge of sickness visiting and human nature.

38,969. Human nature at large, and not the women on whom they are calling?—Oh, no.

38,970. What are their conclusions with regard to human nature?—I am afraid some of them have got to be suspicious of everything; unless it can be positively proved otherwise, where sick visiting is concerned.

38,971. That seems a very sad end to your visitors?—Oh, no. Three of them are real broad-minded women, but we have proved by our constant sick visiting of former years that sick visiting is necessary.

38,972. I want you to tell me a little bit more why it is necessary, what they find, and how, in fact, it is done?—Our court rule is that no housework is allowed.

38,973. What does that mean?—No housework would mean no housework by the woman while on the sick fund.

38,974. What does housework mean?—No work in the house.

38,975. Supposing a woman is lying in the house alone and wants a cup of tea, is she to wait?—No, we should not consider that work.

38,976. Or getting up to put the kettle on?—Oh, no. But we should stop her from doing up the hearth.

38,977. Would you stop her washing up the teapot, when she had had her tea?—Oh, no.

38,978. Unless the doctor had forbidden her?—Unless we know that she was suffering from a complaint which her moving about would affect.

38,979. You would not object to a woman suffering from debility washing up the teapot?—No, but we should object to her brushing out her room.

38,980. Or making the bed?—Yes.

38,981. You draw the line between washing up the teapot and making the bed?—Yes. The making of the bed would perhaps lead to doing other work in the room. Several years ago I myself visited a member suffering from asthma. When I went to see this girl—it was during the day—she came into the room. She had a very dark dress on, and she was covered with fluff. That could only be gleaned in the bedroom, sweeping out a bedroom. I said, "What have you been doing?" She replied, "Nothing." I said, "Have you not been in your bedroom?" She answered, "No." I then said, "Just call the person with whom you are living." When she came I said, "Alice has been sweeping a bedroom," and she said directly, "I told you not to do it." I said, "I will tell you how I know. The pieces on your shoulders can only be gathered up by sweeping." You therefore see that one thing leads to another. That is housework.

38,982. You try to stop them doing housework, for what reasons?—In that instance the girl's brushing out a bedroom and causing dust was not beneficial to her complaint.

38,983. No, but is that the real reason?—If she is capable of doing that, she is capable of doing other work.

38,984. Is it not really because you think that it is necessary to have some deterrent so as not to make it too easy to go on sickness benefit?—Yes, certainly. At one time we used to let them do housework. Our rule read so, but we were forced to alter it through these cases coming under our notice. They did not know what light housework meant.

38,985. Do you think that it would be possible to have some sort of schedule setting out what might be done and what might not be done? You think that it would be unreasonable not to let the woman move the kettle?—I certainly should, or poke the fire.

38,986. Or putting a piece of coal on the fire?—Certainly.

38,987. When it comes to laying the fire, you say—?—I should consider that work.

38,988. What about looking after children?—Caring for children?

38,989. Dressing them, and that kind of thing?—Supposing a married woman is on the fund, we always see that there is someone in the house doing the housework.

38,990. You do not pay unless they have someone?—I cannot say that we have ever done that, because we have always made sure that there is someone doing the housework.

38,991. Do you call carrying children about housework?—No.

38,992. Washing them?—We have such a few members coming under that head that I am afraid I could not speak from experience.

38,993. Before the Insurance Act passed you had a doctor who was the doctor of the lodge?—Certainly.

38,994. Was there only one doctor?—Two, in partnership.

38,995. Did they look after everybody in the lodge?—No, it has always been optional for our members to have the medical man they liked.

38,996. And if they did not like the medical man you provided, what happened?—They would have their own doctor.

38,997. Then they did not pay for the lodge doctor?—No, they did not pay for our medical man.

38,998. How many out of the 500 did have your medical man?—We were about 400 strong before the State section started, and about 300 paid for our own medical man.



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38,999. The other 100 made their own arrangements?—Yes.

39,000. And you paid on the other doctors' certificates equally?—Yes.

39,001. Did you make the doctor write on the certificate the disease from which the patient was suffering?—Yes, the doctor filled in the name of the person, the address, the name of the disease, and the date.

39,002. Did he really fill in the name of the disease?—Yes. I will not say that I knew every technical name, because in many instances I had to hunt it up in a reference book, and I have asked the doctors whether it would not be better to put a plainer name on the certificates.

39,003-4. What did they say?—They gave rather silly answers, to my idea. One of them said, "Oh, it is not always advisable to let the girl know from what complaint she is suffering." I said "Your complaints all amount to the same thing. You find so many different names for the same complaint." He replied "It is better. It does not look as if so many in the court are suffering from the same thing." They were, however, all the same, dished up with a different name.

39,005. Had you any more difficulty in getting the name from the outside doctors than from your own doctor?—No. We supplied them, as with our own doctor, with printed forms, and they would just fill in the name of the disease and the date of issue. The other doctors in some cases either refused to give the members certificates, or the members would pay. If they did refuse, then we supplied the certificates.

39,006. Where did you get your certificates from? Was it from the old firm of private doctors?—Yes.

39,007. You do actually look at them to see the name of the disease written there?—Yes, in every case.

39,008. And if you think it is of a slight kind, you see the doctor?—Yes, if we thought it was a trivial complaint, then we interviewed the doctor.

39,009. You are quite sure that you did that before the passing of the Act?—Yes.

39,010. You do it now also?—Yes.

39,011. How many of your members go to that old firm with whom you were in contract before the Act came in?—I have not got the figures, but from my knowledge a majority of the new members since the State insurance joined those same doctors.

39,012. So that you are really getting certificates from the same people in large measure?—Yes, practically, but of course we get some certificates from other doctors, more than we used to get. In many cases the girls found it was advisable now to join the family doctor, so as to be on the same panel.

39,013. Do you find any difference in the old firm in what happens now?—I have had one or two interviews with our medical men, and I have pointed out to them that I did not think they were considering the interests of the court to the extent that they had previously done. They were surprised, and did not know how they could consider the interests of the court.

39,014. What do you mean?—They did not think that there was any need to take that into consideration. In former cases, if a girl was off with anæmia, she would perhaps remain off for three, four, or five weeks, when the doctors would consider she was well enough to go back to work, and that with a few bottles of medicine she would be quite all right. Now they keep them off seven or eight weeks.

39,015. Do they say why?—No, they did not think it was doing our court any harm for those extra weeks to be accumulating.

39,016. Even a doctor to some extent must know that the woman is being paid, and that somebody must be paying her?—Yes, but you see the majority of those members are taking out State pay and voluntary pay, and the two together in many cases make more than their weekly earnings.

39,017. I want to know whether you get the certificates from the doctors with the names of the diseases written on them more or less as before?—We have a case perhaps where the disease is put

down, and then after that perhaps you will have "Same as before."

39,018. What do you do when you get that?—We have asked to have the complaint put on the paper.

39,019. When you have any difficulty, do you go to the doctor?—Yes.

39,020. Do you get satisfaction?—I have been to no other doctor apart from our own court doctors.

39,021. Why?—The most of the members are with the court doctors, so we are sure to get cases wanting explanation from them. Perhaps then also you get one certificate from one doctor and another from another doctor.

39,022. With whom do you have the most trouble, the old court doctors or the new?—Of course there are so many little points cropping up with our own doctors, because they have so many members.

39,023. Sometimes when you get a certificate it makes you think that the woman is not really so ill?—Certainly.

39,024. What do you do then?—If we think the member is not so very ill, our sick visitors visit them more than once a week.

39,025. You send for the visitors to see that those suspicious cases are visited?—Yes; of course the certificate comes direct to me, and if I think that the person wants a little more looking after than an ordinary person, I point that out to the visitor when I see her on Friday nights.

39,026. Is that by reason of your knowledge of the members' character or on account of what you find on the certificate?—The two combined.

39,027. You know all the members personally?—I do not know them all. I know a large number, and in many cases I know their circumstances. I used to know them all.

39,028. Does the sick visitor go out as a friend or as a detective?—I think a combination of the two. Our sick visitors do not go out on purpose looking for—well, for malingering.

39,029. What do they go out for?—They go out, of course, in the first instance, to pay the girls, and to see that the girls are taking the money rightfully.

39,030. What do you mean by rightfully?—That they are taking it under right conditions, and that there is no malingering.

39,031. That is primarily what they go for?—Yes.

39,032. What else?—If the members did not go to pay the girls, I do not think that it would be in the interest of the court.

39,033. I am not complaining, but I am trying to find out what this sick visitor has in her head?—I am afraid I cannot enter into the mind of the sick visitor.

39,034. You were a sick visitor yourself, and you know what you were thinking about. Are they very unpopular?—No, though perhaps sometimes there is a difficulty as to manner. One of my visitors is a splendid worker, but she has sometimes an off-hand manner, and that does not quite satisfy some of the people.

39,035. What do they do then?—They come to see me, and generally when explanations are made, perhaps they find that they have taken the thing differently and have gone away quite satisfied.

39,036. Do you think they live in dread of the sick visitor?—Not the majority of them.

39,037. Any of them?—Some of the girls want looking up. The sick visitor in my opinion is decidedly wanted.

39,038. I wish you would tell us why. I am sure it is so, but we wish to get some further insight into the matter?—Suppose a girl is a dressmaker at home, if there was no sick visitor going around, and if that girl was not suffering from any bad complaint, and not really actually ill in bed, then in that case there is a temptation to the girl to sew a little bit.

39,039. You think the sick visitors are a support to their weaker brethren?—I think she would be doing work, any work that could be done in the house, and if no sick visiting is taking place, nobody would be the wiser, and the girl would be taking money under false pretences.

39,040. Do you think it would be ridiculous to say that all the female insured people were going about



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trying to get as much as they could?—No, certainly they are not.

39,041. As amongst other classes, there are no doubt some wicked people, but leaving them aside, what about the general average?—I think the general number are inclined to keep on the funds.

39,042. Are they inclined to do so because they have a sort of idea that they had better take care of themselves, or is it that they want to get the money?—They are getting the money, and not working.

39,043. But they are only getting 7s. 6d. or less?—7s. 6d. or more, because they take money from the voluntary society.

39,044. What do they get from there, another 7s. 6d.?—In some cases they are getting 6s. and in some 4s., and lesser amounts.

39,045. Some are getting 7s. or 8s., and are therefore drawing 15s.?—Yes.

39,046. Is there anything more you would like to say?—I think the doctor's certificate should be issued every week.

39,047. And should state upon it every week afresh the actual disease?—Yes.

39,048. Why do you think it should be done every week?—For girls who are convalescent, and who are suffering from debility and who are not laid up in bed, and who are able to get out and walk about, and in some cases they would never see the doctor a second time, if that certificate was not insisted upon each week. The question is asked them, "Have you seen the doctor this week?"

39,049. What about declaring-off?—There is a calling-off certificate sent to me in every case. I had one difficulty with a case in Canterbury, in which at first I could not obtain the calling-off certificate. I insisted, and eventually the doctor signed it.

39,050. A Canterbury doctor?—Yes.

39,051. Do you insist on the doctors who find those certificates being the doctors who have actually seen the women?—Yes.

39,052. You would not have taken a certificate declaring her off from a Norwich doctor?—No, we certainly should not.

39,053. About the first three days. When is it that you get the certificate, the first day or the fourth day?—That has varied. Now it is getting known that the doctor should be asked for the certificate at once, and that it should be sent to the secretary. It was not known at first.

39,054. Do you think that that has any tendency, I mean the getting of the certificate on the first day, to encourage the woman to go on sickness benefit, who might possibly otherwise be cured in the three days, and go back to work?—No, I do not think so. I have not found it so.

39,055. If they are well, they go back to work on the fourth day, and if not they do not?—Yes.

39,056. If you get the certificate on a Monday, your sick visitor would not see the member until later in the week, or do you take care that the member is visited within the three days?—The visitor goes as quickly as possible.

39,057. Do you think that that is within the first three days?—It varies. Directly I received it I used, in the old voluntary system, to send the sick visitor the certificate within 24 hours.

39,058. That is not so now?—Not in every case.

39,059. You have not got the time?—No.

39,060. It is very desirable, if somebody is going to be given a document which franks that person for a week's sickness, that the person should be visited at the earliest moment?—They are. The member is visited by the woodward after the receipt of the first certificate, and has to get the calling-on certificate from the member on the Saturday. She would not be paid until there was the second certificate.

39,061. You are quite sure of that?—Quite. She has been seen on the Saturday, and then given a certificate. We pay the woodwards on Friday night for distribution on Saturday.

39,062. If you had in your hands the previous Saturday certificate, do you mean that you would not give the woodward any money in respect of that?—

I should not know that the girl had got her certificate until the woodward went to the house, where she would see it.

39,063. The first certificate is a notice?—Yes, a notification for the secretary.

39,064. And the second certificate is given when the woodward visits the house?—Yes.

39,065. And if she does not get it, she does not pay?—Yes.

39,066. Have you had any appeals to the court?—No.

39,067. From the court to the committee of management?—No.

39,068. If you do, you have arbitration?—Yes.

39,069. Have any members written to the committee of management protesting against anything?—No, we have not had an arbitration since I have been in office.

39,070. (*Dr. Carter.*) I understood you to say as regards the weekly certificates, that you wish to have a certificate from the doctor every week?—Yes.

39,071. You also wish to have the name of the disease stated afresh every week?—It always has been done. It is usual for it to be done.

39,072. You do not like to get the "Same as before" on a certificate?—I do not say we refuse for one week. I had a case of a certificate signed for four weeks "As before." I thought in that particular case that in four weeks it was quite time for the complaint either to get much better, or that it might have developed into something else.

39,073. Do you remember what that particular complaint was?—Dyspepsia.

39,074. Do you think it is necessary that dyspepsia should lead to something else in four weeks?—Well, not in every case, but I find that there is more variation with dyspepsia and gastric catarrh and ulcer, and all those we get on certificates.

39,075. You know that the form of certificate which was approved by the Commissioners for continuation certificates definitely provided if there was no alteration in the original sickness on which a claim was first made, a form of words which mean practically "as before"?—Yes.

39,076. What is in your mind, in administering the sickness benefit, that would make you feel rather more suspicious with such a certificate?—I had a case in which a girl was ordered away by the doctor, who had signed the paper "as before," and to my knowledge the girl did not see the doctor during that time.

39,077. That introduces another question?—I do not care for the "As before."

39,078. If you had a certificate simply repeating the word dyspepsia, that would have satisfied you more than the words "As before"?—I think so.

39,079. May I take it that those words give you the impression that there is rather less carefulness taken in writing the words "As before," than in writing the word dyspepsia?—I think perhaps that the doctor had noted the complaint more.

39,080. Although he simply repeats the word he had used the previous week?—Yes.

39,081. With respect to your sickness visitors, do you give them any special instruction as to what attitude they are to adopt in visiting members, in reference to the doctors' orders to the members?—No. Suppose a member is ordered away, the sick visitor would be told to tell the member to obtain a permit from the doctor, and forward it to the secretary.

39,082. Generally speaking, would you warn the visitors against interference with the doctors' orders?—No; because our woodwards do not interfere with the doctors' orders.

39,083. Are you quite sure? If you take on a new person, of course, you take steps to satisfy yourselves as to their suitability; but in engaging new sick visitors, would you give any instructions or warnings as to what their action was to be with reference to the doctors' orders?—No, I should not.

39,084. You do not think it necessary?—No, I do not, because I do not think our woodwards, to my knowledge, ever interfere with the doctors' orders. When there is anything noted by them, they report it to me.



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39,085. Do you think it perfectly safe, letting loose a woman who had no knowledge in that respect upon one of your members, and who might suggest to the patient that some other plan of treatment should be adopted than that ordered by the doctor?—No, I do not think that there is any risk.

39,086. Have you ever heard of this being done?—No, I have not.

39,087. Or advising possibly that some other doctor than the one actually in attendance would be more desirable, from the court point of view?—If the woodward thinks that that might be advisable, she would tell me what she thinks, and then it would be put before the management committee.

39,088. I was not thinking of getting the opinion of a second doctor or sending the member to a referee, but rather suggesting some other neighbouring practitioner, some competing doctor in the neighbourhood, of whom perhaps you had more knowledge, and in whom perhaps you had more confidence. Would you warn your sick visitors that they must not advise that change of doctor?—I have never known it done, and so I have never advised the woodwards on such a subject. Where patients have been dissatisfied, perhaps the woodward has mentioned it to me, but we have never advised another doctor.

39,089. If, for instance, one of the members, having met with an injury, had surgical dressings applied, and if the sick visitor thought that that was going on for a considerably long time, would the visitor think it part of her duty to ask the patient to remove the dressing in order to see the wound, or whether there was any wound there at all?—If they thought it advisable.

39,090. They would practically use their powers of being able to withhold sickness benefit pay to make the patients undo the dressings to satisfy them that there was a particular injury or wound there?—To my knowledge, we have never had such a case of our suspicions being aroused. I am sure that we have found, from our knowledge, that the persons are much more ready to show their wounds than there has been any necessity to ask them to do.

39,091. You think, if there was a possible case in which they were wanting to prolong sickness benefit, that they would be so ready to show their wounds?—No, not in that case.

39,092. I may take it, it would not be impressed on the visitors, if they had suspicions of that sort, that they were on no account to remove the dressings, but were to obtain evidence in other ways than that?—No, they would not have general instructions.

39,093. Therefore you leave it to their discretion whether they do so or not?—Yes.

39,094. If it resulted in the stopping of sickness benefit, you feel the visitor would be justified in having done it?—Yes.

39,095. Without any communication with the doctor?—No, I think if such a thing occurred, that the doctor would be approached.

39,096. After the dressing had been removed?—Before or after; before I think. Suppose such a case did occur, and that our suspicions were aroused, we should approach the doctor, and ask him what that member was suffering from.

39,097. May I take it that a sick visitor having her suspicions aroused, would not, on the first occasion, say to the member, "let me see this wound, undo those dressings"?—I do not think so.

39,098. There would be no instruction that they should not do so?—No, they would use their own discretion.

39,099. Without the doctor being communicated with?—Yes.

39,100. Would your visitor be able to persuade the patient to sign off in her presence, without sending to the doctor?—No, we always take the signature from the doctor the day of calling-off. We have had cases in which the woodward has told us that the member wished to go back to work, and in which the doctor has not signed her off. The member wished to return to work on the Monday.

39,101. In a case of the sort of which I have been speaking, suppose the sick visitor had reason to think

that she had made a successful catch and had found some member who was receiving sickness benefit perfectly capable of work—take the case of discovering that a wound which was covered up did not really, when the bandages were removed, disclose that there was anything the matter, sufficient to keep the member away from work—in that case would the sick visitor say, "I have with me a calling-off certificate, you must sign it at once," and would she make her sign it then and there and say, "No more of this"?—We have not had an instance.

39,102. Would you think a sick visitor particularly efficient and smart if she did so?—Speaking from our experience, we always see that the girl goes to the doctor.

39,103. Quite so, it would be much better, in such a case as that, to say, "We are not satisfied with your taking the claim, and you must go at once to the doctor"?—Yes.

39,104. In actual experience, you would not say that the visitor would force the person off without seeing the doctor?—No.

39,105. (*Dr. Lauriston Shaw.*) There are, I think you told us, 380 of your members in both the State and voluntary branches, and those are in cases of illness receiving something more than 8s. or 9s. a week?—Yes.

39,106. The majority of them are earning only 8s. per week?—About four years ago, we issued a paper to the members of Court Norwich showing that the average at that time of our members was about 5s. per week.

39,107. Have you looked up your figures, to see whether those insured persons who are staying longer on sick pay than you expected are, on the whole, the people who are doubly insured?—Yes.

39,108. The people who are singly insured in the State or in your own section get back to work sooner than the people doubly insured?—Not in every case. We have had some rather unsatisfactory cases even amongst the State members.

39,109. If you say the average earnings of your members amount to 6s., even the members getting 7s. 6d., are actually getting more than their wages?—Yes. The wages are, I think 8s. now, because we have more older members in the court now than we had before. Our age has increased, so that they would be earning higher wages.

39,110. Do you think in the interests of the moral tone of your members that it would be better that they should not have more money when they are sick than when they are working? Do you think that there is rather a certain temptation?—It is certainly a temptation.

39,111. Is it a temptation that they ought not to be submitted to, or is it one of those temptations that it is better to have and to resist?—It is a temptation.

39,112. (*Mr. Wright.*) Your court has been valued?—Yes.

39,113. What was its position on valuation?—The last valuation was 21s. 8d.

39,114. It had a surplus?—Yes.

39,115. When was that?—1910.

39,116. Do you remember what the result of the previous valuation was?—The valuer has got that.

39,117. What I want to know is, whether it was in consequence of the valuation result that you became so careful in scrutinising medical certificates?—Yes, it was.

39,118. I may take it that the previous valuation revealed a deficiency?—It did not reveal a deficiency, but it revealed that the court sickness was more than normal.

39,119. Before you became an approved society, did you require your members to submit to a medical examination before admission?—Yes, every one.

39,120. And since that, what have you done?—Every member entering on the voluntary side and State combined, is still medically examined. But we have not made a point of that with the State insured only. But in any case, where we think it advisable, we have done so. There is a form which is placed before the management committee, and if there is any point on it



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that the committee do not care about, then the person is not allowed to enter the State section without medical examination.

39,121. You have been very careful about the members you have admitted even for State benefits?—We have.

39,122. It is rather an uncommon thing for a women's court to insist upon medical examination?—We are not insisting upon it in every State case.

39,123. I mean even before, under the voluntary system?—I do not think I know of any women's society that does not do so. All the courts for women amongst Foresters that I know have medical examination. It has always been so in any that I have come across, though I cannot say that there is no exception.

39,124. When you see a long Latin name on a medical certificate, why do you want to know the exact nature of the disease described?—Because that name is not conveying anything to me, and I like to know what our members are suffering from, and for what we are paying.

39,125. Why?—I have a personal interest as well as knowing what our funds are being paid for.

39,126. So that you can enter the correct disease in your books?—No, I do not enter the disease in the book, but I like to know for what we are paying.

39,127. As a matter of fact, do you ever question the doctor's certificate?—Yes.

39,128. What do you mean by questioning exactly?—We had a case of a certificate coming to me, and I knew that the girl was suffering from pregnancy, and that certificate did not convey anything to me, so I went down to the doctor and asked him what was the complaint the girl was suffering from, and whether it had anything to do with her other condition.

39,129. What was the result of that inquiry?—On the doctor's word he said that her present illness was not through pregnancy, and so we paid on the certificate.

39,130. What was upon the certificate?—It was a name that I was not familiar with, and I wanted to know if it was a complaint apart from the other.

39,131. As a matter of fact, when a member produces a medical certificate stating that she is suffering from some disease and incapable of doing any work, do you pay upon that certificate?—Yes.

39,132. With regard to the sick visitors, their duty is not to question the decision of the doctor in any way as to whether or not the person is ill, but rather to find out whether the person is keeping the rules of the court?—Certainly.

39,133. That is all they go for?—When the court was smaller and the visitors were going round to see the members, there was a friendly spirit on their part in visiting, because of the smaller numbers they came into contact with the people and of course, naturally took more interest in them.

39,134. Supposing you get a certificate stating that one of your members is suffering from debility, do you pay on that certificate?—Yes.

39,135. And supposing that certificate is continued for many weeks, would you continue paying?—Not after a reasonable time.

39,136. What would you call a reasonable time for a debility certificate?—Three or four weeks.

39,137. What would happen at the end of that time?—If we thought the member was really well enough to go back to work, the doctor would be asked to particularly examine and make a point of seeing that girl, and if she was well enough to send her back to work.

39,138. What would make your sick visitor think that she was well enough to go back to work? What sort of circumstance?—I think there they use their own discretion and general knowledge of each girl.

39,139. Supposing one of your sick visitors goes to a house and always finds the girl sitting in the house doing nothing, and that there is no evidence that the girl goes out or does any work, then the certificate would not be questioned, I take it?—No, it would not. We do not expect our members always to be in when they visit them.

39,140. But in during prohibited hours?—We expect them to be in during prohibited hours, and if it is found that they are not, they are warned.

39,141. So long as that girl appeared to the sick visitor to be debilitated, so long the sickness benefit would be paid?—Yes, if the visitor considers that the girl was really ill, suffering from debility.

39,142. You would never go to the doctor and say "What does this mean? What caused the debility?"—No. Sometimes the certificate would let you know that the debility was through dyspepsia.

39,143. I was talking about the case where there was nothing but debility on the certificate?—Within a reasonable time, three or four weeks, the doctor would be asked if that girl was not better.

39,144. Have you asked the panel doctor apart from your own doctors?—I have not asked any doctor apart from our own doctor.

39,145. Have you had certificates for debility from doctors apart from your own?—Yes.

39,146. You have never questioned any of them?—No. Perhaps in those cases the girls have not been beyond the usual time. We have never refused sick pay on a certificate signed debility. But we do question the length of time they are on the funds for that complaint.

39,147. How many married women members have you got?—About 40.

39,148. Have many of those drawn sickness benefit?—About eight.

39,149. A small proportion comparatively?—Yes.

39,150. Have you many class H members?—Six.

39,151. Have they drawn much sickness benefit?—No.

39,152. You spoke about different sections. As a matter of fact the Foresters is an approved society and there is no separate section for State insurance?—Decidedly not.

39,153. Have you found any cases in which your members drew sickness benefit from the State funds and refrained from claiming on the independent side?—No.

39,154. Automatically they would be paid from both, if they were insured in both?—Yes.

39,155. You do not require a separate claim in respect of each side?—Yes, we have two certificates. If only one is signed, another is asked for.

39,156. The suggestion is made to the member at once that she is entitled to both benefits?—For the first six months especially, in one or two cases where the members belonged to both sections they were only paid in the State section, or *vice versa*, because of their names being so much alike. But in those cases we have always been asked for the second payment, and the certificate has been furnished.

39,157. Have you adopted a scheme under section 72 of the Act allowing your members to reduce contributions and benefits?—Our members have reduced them by paying the new 1d. tables.

39,158. Was there any reduction in benefits?—The old payments ceased and the new ones started.

39,159. I do not quite follow. Your members had the option of reducing their contributions when National Insurance commenced?—Yes.

39,160. Were they all obliged to reduce?—No.

39,161. They could please themselves?—Yes.

39,162. If they reduced their contributions, their benefits were proportionately reduced?—Yes.

39,163. How many of them availed themselves of that option to reduce?—Very few.

39,164. Did you give the answer which you gave just now, that you find the doubled members draw the most benefit, after an examination of the facts, or is it what you think at the moment?—Oh no, by reason of the facts.

39,165. You are satisfied that the double members draw the most sickness benefit?—Yes.

39,166. That is those who are insured for full benefits on both sides?—Yes.

39,167. What attendance do you get at court meetings?—They vary according to the business. At ordinary meetings we get a very small attendance.

39,168. About four or five?—It requires more than that to have an open court.

39,169. How many?—Eight.



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39,170. Do you always get eight?—Yes, with one exception. We had one meeting where we could not put any business before the court.

39,171. What is your average attendance, over and above the eight officers?—About 15 to 20. At the summoned meetings in June and December, according to the business on the agenda we get 70 to 80.

39,172. You have been established 14 years?—Twenty years, since 1894.

39,173. You have a lot of members thoroughly conversant with the rules?—Yes.

39,174. Do the members on the State side go to court meetings?—No, they do not, and even to summoned meetings, they do not come.

39,175. Not even when they are summoned?—No, they do not come.

39,176. So that your work is being done by your independent members?—Yes, and by the committee of management that meets monthly.

39,177. How many cases of doubtful certificates have you had to refer to the committee,—any at all?—Yes, and they have been before court meeting too, and members have been asked to interview the doctors. In most cases I have been one of the two or three members asked to go and sometimes I have gone alone.

39,178. Do you have to make any return of the district as to the amount of sickness benefit you are paying?—We only make the registrar's return.

39,179. With regard to State sickness benefit, do you have to tell the district what sickness benefit you are paying?—No.

39,180. Then the court is absolutely self-governed?—Yes.

39,181. And in the majority of cases, it is governed by you as secretary?—In most cases, but where there is anything doubtful and where I cannot according to rules give a clear decision, I refer it to the management committee.

39,182. You have found very few doubtful cases?—Yes, taken on the whole.

39,183. (*Mr. Mosses.*) You have some 500 members; would you tell me how many of those came on sickness benefit last year?—133.

39,184. How many are there on at this moment?—About 16 to 18.

The witness withdrew.

Dr. J. MICHELL CLARKE (*nominated by the President of the Royal College of Physicians*) examined.

39,200. (*Chairman.*) Are you a doctor of medicine, LL.D., Bristol, Fellow of the Royal College of Physicians, member of the Royal College of Surgeons, physician to the Bristol General Hospital, pro-Vice-Chancellor and Professor of Medicine at the University of Bristol?—Yes.

39,201. You also represent the medical practitioners on the Bristol Insurance Committee?—Yes.

39,202. Appointed by the Commissioners?—Yes.

39,203. And you are in practice in Bristol as a consulting physician?—Yes.

39,204. Of course not on the list of doctors who have entered into arrangements with committees for dealing with insured persons?—No.

39,205. What you tell us to-day is derived partly from your general knowledge as a medical man, and partly from what you hear from those who are on the panel?—Quite so.

39,206. What do you say generally looking round the whole thing? Do you think more claims than are proper are being made and allowed?—The standard seems to be the difficulty in the first place. I do not know quite what standard is taken as to what is a justifiable claim or not.

39,207. Let us suggest that the standard is that which most societies are applying—the standard of unfitness for ordinary work?—I should think there are more claims than there were under the old club system.

39,208. What makes you think that?—That is what I have been told by men who formerly were in club practice, and are now working under the Insurance Act.

39,209. Do they represent to you that they are obliged to give certificates almost against their will

39,185. That is about the usual complement?—Just now it is less.

39,186. Are those 16 or 18 persons visited this week by one of the woodwards?—Except those I am paying away.

39,187. Dr. Shaw asked you a question with regard to insurance, and you stated you had made an inquiry into the wages received by your members, and that they were receiving 6s.?—We found that that was the average at the time.

39,188. You have, I daresay, a good many members earning fairly good wages?—Yes, the wages are better even now than they were four or five years ago, when that table was got out.

39,189. Broadly speaking, is sickness very prevalent amongst the higher or lower paid members?—I think it is general.

39,190. Do you find the tendency to declare off sickness at the end of a week so as to recommence work upon the first day of the next week?—I do. It is generally done so.

39,191. Have you taken any steps to remedy what is admittedly an evil?—No, I cannot say we have.

39,192. You quite believe that there is a big leakage owing to that circumstance?—Yes.

39,193. (*Miss Wilson.*) What is your practice with regard to pregnancy; do you pay on certificates for pregnancy only?—According to the state, but not for two weeks before and four weeks after.

39,194. In no case?—No.

39,195. I mean in the ordinary case of a woman employed contributor?—I have not had a case. I have had two cases of employed contributors, but no sick pay was paid, and no sick pay was claimed.

39,196. In reply to Mr. Wright, you said something about a certificate which had pregnancy on it, and something else?—That was not an employed contributor. That was an H contributor.

39,197. Have you had any cases of women who could not get into hospital for any operation, and were therefore longer on your funds?—No, we had several cases of operations and going into hospitals, but they have been in pretty promptly.

39,198. You had no difficulty of that sort?—No.

39,199. Any about dental cases?—No.

more than they were before?—No, I do not think that. I think the view taken is a more lenient one than under the clubs.

39,210. Why should a man who was giving certificates in 1912 to a club suddenly give certificates more freely in 1913, under the Act?—I cannot say why he should. I do not know that it is so to any great extent. I think there is a slight increase probably.

39,211. If there is any difference in the condition before and after the Act, it ought really to be a condition of greater stringency, because certainly the legal title in the Act if strictly adhered to is a tighter legal title than that under the old societies' rules. It is surprising that some people should now be more lenient. What do you think it means really?—I do not know unless the persons were more strictly looked after by club visitors under the old system than they are now.

39,212. What do you say now, about the general run of patients? Do you think that they are going willingly to panel doctors or not?—Yes, I should say so now.

39,213. Do you think there is any considerable number who are not?—It is difficult to say what the number would be. Of course a certain number of people are dissatisfied, and always would be, I suppose.

39,214. What is the general impression left on your mind?—I should say that they are fairly satisfied.

39,215. Do you see these insured people in consultation at all?—Sometimes: mostly when they are admitted as in-patients to the hospital.

39,216. Who sends them to the hospital?—I suppose the panel doctors. Of course as out-patients they all come up from the panel doctors. But if they are so ill that they require treatment in bed, or treatment which requires special apparatus they cannot get at home,



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what they have to do is to get a hospital note and they will be taken in.

39,217. Do you see out-patients at all?—I only see a certain number who are sent to me by doctors and people who have been in my wards. I do not see the ordinary hospital out-patients. Except casualty patients from accidents, we do not at present see any panel patients unless they come with a card from a doctor as out-patients. This does not apply to in-patients, because we suppose that as regards in-patients the circumstances will be different, and they will be requiring treatment they could not get at home.

39,218. Do the regulations limit the number you see to be quite sure that you are not bothered with cases which ought to be obtaining proper treatment from their ordinary medical men?—We do not wish to do work which is already provided for.

39,219. With regard to people who are sent with a note from their panel doctors, do you find that proper cases are being sent?—Yes, I should say so certainly.

39,220. What sort of note will the panel doctor send?—It varies very much with the man. Sometimes the note gives particulars of the illness, and sometimes it is a card saying, "I shall be very much obliged if you would see so-and-so."

39,221. Without saying what it is about?—Yes.

39,222. But in an ordinary medical practice if some one sends you a patient, does that happen?—The same would apply very much.

39,223. Does a consultant see someone with merely a note that he is asked to see them?—Yes, sometimes.

39,224. It must be very troublesome, must it not?—You have always to go over the case. It is an advantage to know what the course of the previous illness has been from the medical man who attended. As a rule you get the history from him, but not always.

39,225. Does it not place you at a great disadvantage?—Not always, though sometimes it does.

39,226. Do you think that there are enough facilities in Bristol for doing these two classes of things, giving second opinions to panel patients who do not require indoor treatment, and also indoor treatment for those who do require it?—Yes, I think so at present. One institution has been greatly enlarged quite recently, and the other is just going to open a new wing. I think we have enough beds at present.

39,227. Would that be true of men and women?—Yes, I think so now. At the hospital we are building a wing on account of the pressure on our women's side.

39,228. Is that for women generally, or for women suffering from women's complaints in particular?—Both.

39,229. You do not notice any other pressure, I suppose?—We have not had it since the Act has been passed.

39,230. These panel people who come, I suppose are all pretty bad cases?—Generally,

39,231. The question whether they are incapacitated for work hardly turns up in any case?—No, it does not.

39,232. Probably all the cases which want some other treatment than a panel man could give are clearly incapacitated?—The in-patient always, but the out-patient not always. There might be cases which were sent up merely for an opinion.

39,233. Because the man was puzzled?—Yes. And he might get the opinion that the person was fit now to return to work.

39,234. And that comes to you acting as a referee?—No. Merely in the course of asking an opinion as to diagnosis, and what should be done.

39,235. Are they mostly obscure complaints—those that come like that?—Some are obscure and some require special treatment.

39,236. I was thinking rather of those which come for a second opinion than for treatment?—I should think they would generally be obscure.

39,237. We have evidence given here before us which really amounts to this, that a great number of doctors up and down the country use formulæ on the certificates which they give, which indicate that they have perhaps made up their minds that a person was incapacitated, but had not gone much further to find

out what was really the matter. For example, we find an enormous mass of debility certificates. Supposing you found a vast quantity, you would say, would you not, that that indicated a certain carelessness of diagnosis or incapacity to diagnose when they are extended over long weeks?—Yes, I suppose you would. But from other work that I do, I know that a certificate for debility is common.

39,238. What is the other work you are thinking of?—As referee to the Education Committee. I see teachers and one often gets certificates stating debility.

39,239. What do you do when you get that statement?—One tries to see if there is any specific cause for the debility. Generally, what would be meant by debility by most medical men is neurasthenia.

39,240. What is neurasthenia?—It is difficult to say. It covers a very wide ground.

39,241. Are you not explaining the unknown by the still more unknown?—I suppose really neurasthenia is a condition of nervous weakness without any actual disease of the nervous system. I do not know if that is a satisfactory definition.

39,242. A layman looking at this mass of certificates finds that there are two or three words that a doctor is fond of using. When we find debility, anæmia, and dyspepsia, and the changes are rung upon those three words over a vast extent of all the people certified, and when we find the allegation that they are giving a certificate every two or three minutes, do you think it fair to draw the conclusion that there must be some carelessness or lack of capacity?—It is often much easier to give a certificate like that than to give the specific complaint. Certainly that is to be said. On the other hand, of course, they comprise the commonest group of complaints.

39,243. But they may cover such a multitude of things?—Anæmia ought not to. It is a fairly definite thing. Dyspepsia, neurasthenia and debility are extremely indefinite.

39,244. It is constantly pressed upon us that it does not matter what the doctor puts upon the certificate, because all that the society wants to know or ought to want to know, is that the patient is incapacitated. Would you agree when you find that allegation coupled with this great preponderance of vague certificates of that kind, that it was a reasonable argument?—You mean that the society would really require a certificate to say that a man is unable to work, not stating the nature of the complaint.

39,245. A great many doctors say, "Why should we put anything on the certificate? If we put down 'debility, that is good enough for the society, and 'they do not really need to know. It is nothing to 'them.' The societies suggest that it is valuable for two reasons. Firstly, because they do want to know; and secondly, because if you invite the whole medical profession to cover up ignorance or carelessness by the use of phrases like that, they are dangerous. Would you agree with that?—Yes, I should say that the work cannot be too accurate.

39,246. And that it is necessary continually to urge a greater degree of accuracy?—Certainly, I should say so. You cannot err on that side. But there are many cases in which you cannot put an accurate diagnosis. In addition, I dare say there are cases in which a diagnosis of that kind is put down because if the actual illness were known, it might prejudice the patient, for instance, in getting work.

39,247. What do you mean by that?—Suppose a man was put down as suffering from heart disease and got out of work and wanted fresh employment, if it were known that he had a certificate with heart disease on it, it would be very difficult for him to get fresh employment in many cases.

39,248. Is that a sort of thing for a professional man to do?—I do not think it is an unfair thing.

39,249. How is the society to know?—It would not affect the society particularly from the point of view I am looking at. But it would affect the chance of a man getting work again.

39,250. Take the point of view of the society which gets a quantity of certificates for debility. Surely it is reasonable for a society, which finds that it has a very



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large percentage, to begin enquiring how that comes about, and it is stopped on the threshold if it is common ground to the profession that they may use debility when they mean heart disease?—I see that objection.

39,251. Is it not a very serious objection?—I suppose it is. But of course there is this objection on that particular point. The doctor cannot always put down exactly what the patient is suffering from.

39,252. Why not?—Because really that raises the question of medical secrecy between the patient and the doctor.

39,253. You realise what a certificate is, do you not? It is a certificate not given to anyone else than the man?—It is given to the patient who hands it on to the society, does he not?

39,254. If he thinks fit. If there is some secret he wishes to preserve he need not hand it on?—Then I do not know exactly. Suppose he puts it in the fire, he cannot claim sickness benefit.

39,255. No. The condition of receiving benefit is the proof that he is incapable. The best proof is the doctor's certificate?—If he hands it on, it is known to the club officials.

39,256. But he has a choice. If he regards it as so desirable that he should keep it secret, he will go without the money, but he cannot have it both ways. There is no way out of that, is there?—No, I do not think there is.

39,257. Surely it would be a fatal thing if it were understood that doctors, whenever they thought fit, might put things on certificates which were not true, because otherwise the patient would not get sickness benefit?—Of course with the proviso that the medical man knew from his own observation that the man was really entitled to benefit, and that it was a *bonâ fide* case.

39,258. That is making him the sole judge, is it not?—Yes.

39,259. It is quite a conceivable position. You might make a medical man the sole judge as to whether a man should be entitled or not, but it is difficult to see, if he is made the sole judge, what is the use of the society at all, is it not?—Yes, it is.

39,260. Do you think it would be very convenient for the medical man to be the sole judge?—It would put him in a difficult position sometimes.

39,261. It would put him in a position as between himself and his patient which would be almost impossible?—Yes.

39,262. Would not the position be that the patient could always say, "It lies with you to give me 10s. a week or not"?—That is almost an impossible position for a medical man.

39,263. Some lay authority is really necessary from the professional point of view?—Yes. Of course that is partly provided for by the medical referees, is it not?

39,264. There again it might be run entirely on those lines. You might do it with the general practitioner, and have no society at all. Would that be a reasonable way of working it?—I do not suppose the societies would be prepared to agree to it.

39,265-6. As far as the societies are concerned, if the doctor and the medical referee between them decide the whole question, I cannot see any object whatever in their existence, is not that so?—Quite so.

39,267. The present situation, I understand, is that the society is the judge on the best evidence it can get. It must not be capricious or fanciful, but it has to decide one way or the other?—Yes.

39,268. I am not talking about exceptional cases which I suppose occur where for a man's own protection he ought not to be told what is the matter with him. Do you think there are such cases?—Yes, certainly.

39,269. But they are not very frequent in the course of a medical practice, are they?—I think that there is a considerable number where it is really desirable that the patient should not know exactly what is the matter with him, in cases of incurable diseases, for instance.

39,270. What sort of incurable disease?—I was thinking of a disease like locomotor ataxy which does not kill for years, which may not even incapacitate, but

which if a patient knows he has got it, has an extremely depressing effect on him. Very often without knowing the exact nature of his complaint, he goes on quite happily. People attach all sorts of meanings to the names of diseases and draw inferences from them, of which very often we have no idea at all as medical men.

39,271. It is rather a dreadful thing for an unfortunate layman to sit in a chair, and wonder whether he has got all the diseases in the world and the doctor is concealing it from him?—It is often advisable to conceal it. In the new ward in our hospital that point has come up. The sheets used to be at the head of the bed and the patient could lie down and read them. It is so bad for them sometimes to read the details of their case, that we are going to put them all out of reach in future. There are people who collapse.

39,272. They inflate again, do they not?—Not always. It has a very depressing effect for a long time.

39,273. These cases are not really the cases we are considering. Perhaps we might devise some means whereby there might be some other way of dealing with this particular case, but they cannot affect the great bulk of the people?—They cannot affect the great majority of certificates.

39,274. Would you not agree that probably in the minds of all of us we must try and get the general practitioner at large to be more accurate and more open?—Yes, to be as accurate as possible.

39,275. For his own sake as well as for the sake of the funds?—Yes. I think there ought to be some means, when the certificate goes into the society, that it should not go through the hands of too many people.

39,276. Do you take that objection equally, whether the society is local or non-local?—No. If it was going up to London from the provinces it would not be so important, but I can quite conceive that it would not be pleasant for a person suffering from some complaint to have it talked about all round the district in which he lives.

39,277. Have you come across actual instances of that happening?—I have not come across it in this particular class, but I know instances in other classes where the thing has been allowed to leak out, and it has been extremely disagreeable. Of course that objection is partly met because it is very much the same in hospital practice. The certificate of the patient's disease is written out quite clearly and put in the hospital records, only there it does not go any further, and the patient very often does not see it at all. It is all written down, and the diagnosis is as accurate as possible.

39,278. Now you are thinking rather of its getting into the hands of other people outside rather than the patient himself?—Yes.

39,279. About referees, you have some experience in Bristol, have you not? Tell me what you think about the thing at large?—I certainly think there ought to be a medical referee, and that he ought to be independent both of the societies and of the doctor.

39,280. What do you mean by independent?—That he should be paid independently of either of them.

39,281. Why do you say he should be independent of the doctors?—Because a man in that position should not derive an income from either of the people who are interested in his decisions.

39,282. You mean independent in the sense that he ought not to be acting as a consultant in the town?—No. I meant that as regards his payment it should not come from either the medical men or the societies directly.

39,283. You would not mind if some sum were contributed out of the medical man's payment. You would not think that impaired his independence?—Not if it was an official thing—a regular sort of percentage.

39,284. Or if the societies in their turn made a small payment on the case of each person?—No, but I think it ought not to come directly from them.

39,285. What do you think he ought to do?—He ought to see the patient, and decide as to whether he is fit for work or not.



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39,286. And at whose instance should he see the patients?—I think he ought to see them either at the instance of the medical man or of the society official.

39,287. What about the insured person?—I also think the insured person ought to be able to claim to see the medical referee. For instance, I do not suppose a society would ever dispute the fact if a doctor certified that a patient was fit to return to work. The society would not allow him to dispute it, but the patient might feel that he was not able to return to work and in that case he ought, himself, to have a power of appeal to the medical referee.

39,288. Do you think he ought to be, not an adviser to the society as to how they should decide, but a complete judge?—I think so as to incapacity.

39,289. Ought he to just give that decision, capable or incapable, or ought he to go on and say what is the matter?—I should think, as far as a medical referee is concerned, that he had better deal with the question of incapacity only.

39,290. What sort of person would you have for that position?—I would have a man of considerable experience and standing.

39,291. A whole-time man, do you think?—I do not think that matters so much as long as he gives sufficient time to it. Of course there is an advantage in being not a whole-time man, in that if he is a whole-time man he is probably liable to have too limited a field of practice. He would be restricted to this particular class of case, which would not be good for him in the long run.

39,292. A man who was doing nothing else but decide whether A, B, and C were capable or incapable might become rather dried up on his professional side?—I think so. And that is why I would not make him a whole-time man.

39,293. But if he is not a whole-time man he must be one of three things. Either a consulting physician or surgeon, in which case he is living, is he not, on the fees which come from patients sent to him by the actual people whose patients he is dealing with?—In Bristol he is a physician, a man in good class general practice, and holding an appointment at the children's hospital.

39,294. Of course Bristol is a very specialised kind of place, is it not? It would be difficult to find, in most places in England, so large a residential middle class population as to absorb wholly the services of a good many doctors?—Yes; it is rather perhaps in that way.

39,295. There are many places in England where everybody who is in general practice is on the panel?—Other large towns of the size of Bristol would be pretty much the same, would they not?

39,296. In some you would find that even the physicians in general practice among the middle classes have a good many industrial people on their list besides. It is difficult to make generalisations on the subject?—Yes, because if you went to smaller towns you would find it equally difficult to get men in pure consulting practice.

39,297. Do you think that is the best kind of person—someone in the position of Dr. Rogers?—Yes, I think so. I think a man who has had a good large experience of all sorts of cases would do the work extremely well as a referee.

39,298. And you think that there is an advantage in his being engaged in the active practice of medicine?—Yes, I think it would be an advantage.

39,299. You will not put it higher than that?—No.

39,300. I was rather inclined to think that a whole-time official would begin to be looked upon, as I am afraid officials often are, as being necessarily difficult to deal with locally?—Yes, I agree with that. They are more apt to get out of touch, too, with general conditions.

39,301. If he were a whole-time person, what is the sort of salary which would attract the sort of man you have in your mind?—It is very difficult to say off hand. It would depend on the size of the district he would have.

39,302. Assume he is a whole-time man?—What size district would you give him?

39,303. A big enough district to absorb all the working hours of his day with a reasonable holiday?—It would chiefly affect the large towns, would it not?

39,304. I do not know. We would have to provide in some way for the needs of the little industrial places dotted about in the country and for the actual countryside itself?—That would mean a good deal of travelling.

39,305. It might, yes?—So that a whole-time man would cover a good deal of ground, would he not? You would not want a large number of them probably.

39,306. I should hope not. I do not know. I assume he is a whole-time man?—I should think somewhere about 1,000*l.* a year would be a fair income. I could not say whether my view would be endorsed as to a man of that kind. Other people might likely hold that a man who has been a consulting surgeon and had large hospital experience, would be better. I should think, roughly speaking about 1,000*l.* a year would be a fair salary.

39,307. I was trying to gauge the size of the problem on the whole-time hypothesis. Supposing he was a consulting physician, what sort of fee do you think? How would you remunerate him—by fee per case?—If he were remunerated by fee per case, he ought to have at least a guinea a case.

39,308. That would mean an enormous income, would it not? How many cases could one deal with?—Of that kind you could deal with 12 a day. That would be a lot of money. I do not know how many he would get. I do not remember how many Dr. Rogers has in a year.

39,309. Of course he fitted them in with his general practice, as this man would do. That is a lot of money, is it not?—It is. But when you come to the actual work, there is a great deal to be done. It is very difficult work.

39,310. What sort of work is it?—It really lies in the detection of malingerers, does it not? To investigate such a case as that may take an hour and sometimes more. Then you have to write a letter, and report on it.

39,311. I am quite unable to understand how anyone goes about it, if he does not have the assistance of the man's own doctor?—I think a medical referee should.

39,312. You think the doctor should be compelled to go?—He should either go or write a letter, giving the details of the previous illness. In a case where it is going to be enquired whether a man is fit to return to work or not, the medical referee should have all the details of the previous illness personally from the doctor or in a letter sent to him.

39,313. Do you think the doctors, generally speaking in Bristol, are fairly satisfied with the present position?—Yes, I think so, as far as I am able to hear.

39,314. They were cross at first, I suppose?—Yes. They did not all care for the Act.

39,315. Are they less cross now?—I should say yes. They are not all satisfied, of course, but I should say that they are more satisfied than they were at first.

39,316. Do you think they are playing up—doing the work well as far as curing the patient is concerned, and also as bringing a judicial temper to bear on the issue of the certificates?—Yes, I should think so.

39,317. So many doctors have told us that their duty was to their patient, as though that precluded a duty to the world at large to issue proper certificates, and as though they were continually thinking, in their mind, that there was an antagonism between their duty to their patient and to society at large?—Of course a doctor's training is all from that point of view. He considers the patient first in every respect, but not to the detriment of other people.

39,318. He does not consider the patient's interest, so far as to enable him to commit a fraud?—Certainly not.

39,319. That is what it comes to, if the only duty is to the patient. No one suggests that he has any duty to prevent the patient getting sickness benefit when he is entitled to it. It is an attitude of mind which is very difficult to deal with?—I did not mean



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quite that, but the doctor naturally thinks of his patients first.

39,320. That must necessarily be so. His first business is to cure his patients?—And do everything he can for their welfare; but that does not mean that he would do anything which was not straightforward. He would have to tell the patient he could not do it.

39,321. He does get a little warped on the sympathetic side?—He is apt to be.

39,322. Whether that is good for the patient in the long run or not, I should rather doubt?—I do not know.

39,323. Supposing the whole population of these islands are from henceforth to think of very little else, except their health, do you not think that we should be in an unfortunate position?—A doctor would not think he was doing his best for his patient, by doing that. Very often patients think a great deal too much about their health.

39,324-5. Every one in the world has suddenly been invited to go to the doctor. They have gone to the doctor and have discovered that they think more care should be taken of them?—Naturally if they are offered a thing, they will take it.

39,326. (*Mr. Davies.*) Are the great bulk of the doctors in Bristol on the panel?—Yes. I cannot give the numbers.

39,327. The whole of them would adopt the principle you have set up, that they would think of their patients first?—I did not mean it in any sense that they would think of their patients to the detriment of anyone else. I mean that a man, from the time he is a student, is trained to think of his patients from the point of view of getting them well as quickly as he can.

39,328. That is the general principle. I was wondering how the people could feel that they were getting inferior treatment, if they went to a panel doctor, to what they would get if they went to a doctor in the ordinary way. You say in your outline that they are getting inferior attention?—I said that I supposed that the patients did not consider they got as much attention on account of the large number of persons. I think this is what I said, did I not?

39,329. I am assuming that the doctors treat their patients now as they did previous to the Act coming into operation?—Yes, but of course there was rather an idea amongst the general public that they do not take so much trouble with their panel patients. That may or may not be justified. I cannot say.

39,330. Has that been set up by reason of their setting out separate hours for insured people to come as against private patients?—I could not say. It might.

39,331. Have they got separate doors by which these people go in?—I could not speak from personal knowledge.

39,332. So that what you say in regard to this, is what people have said to you in your city?—Yes, what I have heard.

39,333. You have no personal experience?—I have not seen panel patients of course.

39,334. (*Miss Macarthur.*) You state in your outline of evidence that in your opinion referees should have nothing to do with treatment. Supposing one of these referees employed at a 1,000*l.* a year is examining a patient, and has to assist the panel practitioner in his examination and diagnosis, and he discovers some great error in the diagnosis, what action, if any, do you think he should take?—I think it right that the referee should state the error in diagnosis to the doctor, but I do not think it should be the medical referee's duty to go into the treatment of the patient.

39,335. But if the referee did discover a serious error in diagnosis, he should state that in his report?—Yes, to the medical man.

39,336. He is to make his report to the medical man?—Yes.

39,337. Do you mean that in the official report which he would make to the society, he would merely put capable or incapable?—Yes.

39,338. And make no comment on the diagnosis?—No.

39,339. Supposing he found that there was some grave error in the treatment of the patient, would he

make any kind of comment upon that?—He should inform the medical man himself.

39,340. You would let him do it by private letter to the medical man?—Yes. I think I said he should write a letter to the doctor, did I not?

39,341. Supposing he had a case of sickness where the complaint was clearly due, let us say, to defective teeth, and he discovered from the patient that the patient had had no instructions from his panel doctor with regard to his teeth, would the referee also mention that in his report to the doctor?—That would be a matter of diagnosis, would it not?

39,342. Supposing he found this person would be incapable of work so long as his teeth were unattended to, would he simply put "incapable of work" on the report, and leave the man indefinitely on the funds?—They merely report them as incapable for work, not how long they are likely to be so.

39,343-4. (*Chairman.*) Who, the panel doctors?—Yes. The referees put sometimes permanently incapacitated for work, I suppose, and sometimes incapacitated for a definite time.

39,345. (*Miss Macarthur.*) Some referees write two pages of foolscap for their report, and others simply adopt your plan and report the patient as being incapable or capable of work?—It would enormously add to his work, if he had to report on diagnoses in the future.

39,346. Do you think a club or society would think it worth a guinea, half-a-guinea, 5*s.* or even half-a-crown to get this very limited information, "capable" or "incapable"?—You could have the diagnoses put on as well if you wished, I suppose. As regards treatment I should like to point out that, if there is going to be one man to refer to for a district he could not possibly advise in all cases, because he would not have the knowledge. Supposing a man went to him with some extremely complicated eye disease, of which the referee does not know very much, but enough to say whether the patient is able to return to work or not, though he would not be able to advise as to treatment.

39,347. It seems to the lay mind to be rather an expensive luxury to pay a guinea in order that a man who knows nothing about the eye should merely confirm the panel doctor's opinion that the man is incapable of work?—I did not say he would know nothing about the eye; I said he did not know enough about the complaint to advise as to its treatment, though he would be perfectly able to say whether the man was fit to go to work or not.

39,348. Have you any other reasons, in addition to those you have given us (that is, that you do not think it is possible), for urging that it should be confined to the question of capacity or incapacity for work?—I think those are the chief reasons.

39,349. If it is not a question of a second opinion on any other point, why is it necessary to go beyond the panel practitioner?—Well, partly from the point that you put first, namely, diagnosis. A medical practitioner might like to refer the patient to the medical referee on account of difficulty of diagnosis.

39,350. If it be difficulty of diagnosis, am I to understand from you that the referee is merely to send a letter to the doctor on that point?—He would clear up the point.

39,351. And communicate it to the doctor, and to nobody else?—Yes.

39,352. In that case he is merely assisting the panel practitioner to do the work he has undertaken to do?—In a sense he is, certainly.

39,353. You cannot give us any more weighty reason why the service you advocate of fairly highly paid medical men, should have its energies confined in this way?—Well, I think the reason I have given is sufficient. The referees could not give advice as to the treatment of all sorts of cases coming before them; no one man could do it nowadays.

39,354. And yet they could give advice?—Yes, they could give advice on that particular point; as to whether the patient was or was not capable of work.

39,355. Do you not think it would be advisable for the doctors and the patients to have the benefit of a second opinion on diagnosis; do you not think that that is more important than the mere detection of



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malingering?—The other seems to me to be the work that is most urgent, for which assistance is primarily required at any rate; that is the point on which the medical referee was appointed in Bristol, as to capable or incapable of work. The medical man also wants it, and will be glad of somebody else to whom he can refer in cases where, very often, a patient thinks he is not fit, and the doctor says he is fit to work.

39,356. Then it is a case of helping the doctor in cases of doubt?—That is the second point; the referee might be used in cases of doubt, and when the medical man wants his opinion strengthened.

39,357. Then, would a panel practitioner ever have the courage of his convictions?—Yes.

39,358. And state that a patient was capable of work; or would he always refer to this thousand-a-year man?—I cannot say how often he would refer cases; it would depend on the individual man, of course.

39,359. Do you think that there are many cases where the doctor is really sincerely in doubt as to whether a man is capable or incapable of work?—I could not say the exact number. There must be a certain number, but I could not tell you how many.

39,360. In what way would the referee be better able to judge of that than the doctor?—Being appointed as a medical referee, he is a man of more experience.

39,361. Of more experience in detecting malingering, do you mean?—Yes, he has more experience in detecting malingering, and also a wider experience of practice.

39,362. Does it rather come to this, that the panel practitioner is anxious to have removed from him the onus of declaring the patient fit for work, when the patient does not consider that he is fit?—You mean that is the sole object.

39,363. According to your scheme, it looks to me rather like it?—I do not agree with you.

39,364. I put it to you, that if the practitioner was really in doubt only on the question of incapable or capable, it would probably be a question of diagnosis and also of treatment?—Not of treatment, though it may be a question of diagnosis. I do not see what treatment has to do with it, quite.

39,365. I speak without medical knowledge, but does not treatment depend on, or at least has it not something to do with diagnosis?—It follows from the diagnosis, of course, but he does not need to go on as far as that.

39,366. You do agree that a medical man whose whole time was employed in this detective work, would not be likely to develop his own knowledge of medicine to any extent; he would rather get into a rut, would he not? You agree that it would be undesirable for a man to spend the whole of his time as a mere medical detective?—Yes, I think so, from what I said before.

39,367. So that if your scheme were adopted, it would only be on a part-time basis?—Yes, I think, on the whole, that that would be probably the best plan. It would depend, of course, upon how large an area was put under one medical referee. If he had a very large area, he would not be able to do anything else.

39,368. Would you agree that some of the referees should be women?—I should not object, I think.

39,369. (*Miss Ivens.*) I think I gathered from your answer to Miss Macarthur that you are not in favour of a referee attempting to act as a consultant for every class of case?—No.

39,370. May I take it that that is because you realise that the question of treatment, both in medicine and surgery, is so highly specialised nowadays that it would be an impossibility?—That is so.

39,371. (*Dr. Carter.*) With regard to the statement you made as to using the hospitals, I think you said that the hospitals had decided not to accept out-patients except on the recommendation of the panel practitioner, so as to relieve them of the necessity of treating cases of trivial ailments?—Of treating patients who are already provided for under the Act.

39,372. Is there any other advantage derivable from the necessity of an out-patient, if an insured person, having to be recommended directly by the panel

practitioner, other than simply relieving the hospitals of unnecessary work?—You get the advantage of cases being selected, first of all, as suitable for hospital treatment by the men who are attending them.

39,373. Could you think of any advantage derivable by the insurance service from the point of view of the insured person, by such action of the hospitals?—Do you mean as apart from seeing them indiscriminately?

39,374. Yes, as apart from seeing them indiscriminately?—Except, of course, it shows them that we consider they are sufficiently provided for by the Act, save in certain cases.

39,375. In practice it results in the insured person going to the out-patients department of a hospital with a card or note from his own doctor asking that the specialist or consultant at the hospital will see the patient for him?—Yes.

39,376. And the point is, is it not, that it is much better for the insured person and for the working of the Act, from the point of view of medical benefit that such procedure should be adopted, than that insured persons should have the right to go indiscriminately to the out-patient department without the knowledge of the panel doctors concerned?—Yes, because it prevents the work of the panel doctors and of the hospitals from over-lapping.

39,377. And it secures co-operation between the hospital physicians and surgeons and the panel doctors?—Yes. Otherwise, patients might also get two lots of medicine. They might go to the hospital and get it there, and get it also from their own doctors at the same time. I have known people attend two hospitals at the same time, and get medicine from both.

39,378. And as a matter of practice, is it not usual for the hospital physician or surgeon to communicate with the doctor who sends the patient?—He sends him information as to what treatment he thinks advisable.

39,379. So that at present through the procedure which has been adopted at the out-patient departments of hospitals, it is a great advantage to the insurance medical service in supplying what at present is deficient?—At present, the hospitals are engaged in supplying the insured person with a gratuitous consultant opinion.

39,380. And they do it in communication with the panel doctor?—Yes.

39,381. You were referring to the practice in Bristol, were you not?—Yes, at the general hospital.

39,382. So that the insured persons there are getting the advantage of a consultant service which is acting in co-operation with the panel doctors, and in almost every case, I suppose, a communication is made respecting the patient by the consultant to the panel doctor?—As a rule.

39,383. Special diseases are similarly treated at the hospital?—Yes, I think so; but I think to a certain extent special cases are allowed to come directly—eye cases, for instance.

39,384. But if the panel doctor has a patient suffering from some special disease and wishes to communicate with the specialist at the hospital, he would get a reply from the specialist giving the details?—Yes, certainly.

39,385. And he has at the service of his insured patient the whole of the out-patient staff and the in-patient staff as well?—That is so.

39,386. Can you tell me whether the services of the bacteriologist in special cases are also available to the panel doctors?—Not directly; but if the case required investigations in the laboratory in the course of the ordinary hospital work, it would be done.

39,387. And through the hospital staff he would get that service?—Yes, as part of the treatment.

39,388. And a supply of vaccines?—If vaccines were given, I expect it would be better for the patient to come to the hospital for treatment rather than otherwise.

39,389. As a matter of fact, if the physician in the out-patient department decided that a vaccine treatment was advisable for the patient, the vaccines would be prepared in the bacteriological department, and, at the discretion of the hospital physician; if the panel practitioner was ready to carry out the vaccine treatment a



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supply of vaccines and serum and so on might be sent to him?—It might be; I do not know what the practice would be. It would all depend whether it could be administered by the panel practitioner, or whether it should be done in hospital by a man with greater experience of that particular treatment.

39,390. At any rate, that service is available for the insured persons through the attitude of the general hospitals in Bristol?—That is so.

39,391. (*Chairman.*) In regard to the referee question, I do not know why you used the expression "detective work"?—I did not use it, because I do not like the expression.

39,392. This man is not a detective at all, is he, any more than the Lord Chief Justice is?—No, he is not; as I say, I do not like the expression.

39,393. As I understand it, the position of the panel doctor is that he thinks, for good or for evil, that there ought to be some sort of sympathetic relation between himself and the patient?—Yes.

39,394. And he thinks that if that relationship, for good or for evil, is broken into, it does harm to his practice?—Yes; and I think perhaps in seeing a patient the second time he thinks he would not have the patient's confidence again. That is my point.

39,395. Therefore, he feels justified in refusing to do anything that might impair that relation?—I can quite see that that might occur.

39,396. And not only that, but he sometimes might find it difficult to separate that motive from other motives which are less worthy?—He might, certainly.

39,397. Which still do enter into the minds of men and their actions. For instance, he might want to shift his burden on to somebody else, because he cannot carry it?—Yes, I think so.

39,398. If that is so, if his demand for a medical referee proceeds in part from his incapacity to carry that burden, probably, when the whole financial scheme comes to be considered, he ought to stand at least a small sum of money in respect of that. Do not answer, if you do not want to?—Perhaps I had better not answer it; I would rather not. Of course, that point has come up more than once, and there is no doubt the medical referee is an advantage to the doctor.

39,399. In assisting him to carry out the actual contract which he has on his shoulders?—Yes. It seems to me the largest share of benefit would be got by the societies.

39,400. I was coming to that, but I was suggesting for the moment that there was a distinct benefit to the doctor in carrying on the actual work?—And in the smooth working of the thing as a whole, as I should put it.

39,401. I was trying to analyse it. Then I suggest that there is a benefit to the insured person, in that he has the right of going to some impartial and highly skilled person who, even if he has not the right of final judgment, gives an opinion which is practically decisive?—Yes.

39,402. And I suggest to you that in the long run all justice is to the advantage of the person who may at any time have rights to enforce in whatever courts of justice there may be?—Yes.

39,403. Really what you want is an expeditious, safe, and impartial method of deciding questions arising between the society and the medical man?—Yes; it is the chief interest of the society to get the man back to work as soon as he is fit to go.

39,404. But I daresay it has occurred to you that the society in itself has no interest; it is only an aggregation of insured persons?—That is so.

39,405. If it exists for the benefit of the officials, or for anything of that kind, it must be put a stop to?—Yes.

39,406. And so far as the society has any interests,

The witness withdrew.

Mr. A. P. DIXON (*Secretary of the Cambridge General Benefit Society*) examined.

39,423. (*Chairman.*) Are you the secretary of the Cambridge General Benefit Society?—Yes.

39,424. Are you also secretary of the National Insurance Association for the Eastern counties?—Yes.

they are the interests of the aggregation of the insured persons who make it up, and it ought to have none other?—I wonder if that is as clear to people under the Act as it was before it passed.

39,407. Do you not think it ought to be more clear?—It ought to be made clear.

39,408. How are we to be able to make it clear to the members of the medical profession amongst other people?—It is not so much the profession, but the insured people.

39,409. From some points of view the profession is a limited "proposition." One might possibly hope to persuade ten thousand doctors if one could only enlist a few medical missionaries. But the insured people are rather beyond us?—It could be put plainly to them in some way or other.

39,410. Do you think it would reach them?—It is difficult, of course; it needs a good deal of education.

39,411. Supposing a man put in the position of referee, were also to be a consultant; what meaning would you attach to the word "consultant" in that relation?—I should mean a man who did not see the patients directly, but through another medical man as a rule.

39,412. I suppose medical science, even in the last ten years, has become more and more specialised?—Yes, it has steadily increased in specialisation, no doubt.

39,413. And the number of general consultants in proportion to all the consultants has decreased?—I do not think there is one consultant left who would give an opinion in every kind of case. The general physician and the general surgeon are consultants in their own field of work; but no one man can cover the whole ground.

39,414. If we ever had a system of second opinions, a specialist service for the insured persons, it would be necessary that the people giving those second opinions should be specially skilled in giving such opinions and such service, would it not?—Yes, and it would mean a fairly large number of them in a large district.

39,415. A large number of part-time people, I suppose?—I do not think you could appoint full-time men, unless in a very large and populous district.

39,416. May I suggest that it would be desirable that they should be part-time men? It would be very disastrous if you had a number of very highly skilled men for the rich and another series of less or more highly skilled people acting for the poor. It would be a national and scientific disaster, would it not?—But disease is the same, and the men should be as good in one case as in the other.

39,417. One could not put the rich in one pen and the poor in another; if you did that, the result would be scientifically bad?—Yes. I cannot say how it would work out. I fancy that some of the German professors are very much in that position. Some of them do their work entirely in the hospitals, and, therefore, amongst poor people.

39,418. Do you think it is good for the profession?—No, I do not think so.

39,419. Or for medical science?—No, I do not think it makes such good men in the long run; it makes a man's experience too one-sided.

39,420. What is wanted, if anything is required, is to fill up any blanks in the present medical service, and to supplement it by putting at the disposal of the insured people the scientific services which are at the disposal of people who can afford to pay for them?—Yes, which is being given by the hospitals now.

39,421. Not universally. But that is the gap, is it not?—Yes.

39,422. And you think that that gap would not be filled by setting up people whose principal function is to judge all classes of cases sent to them?—No, it would not fill it at all.

39,425. The Cambridge General Benefit Society is a society approved for the purposes of the Insurance Act?—That is so.

39,426. And also is a friendly society registered



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under the Friendly Societies Act, carrying on business before the passing of the Insurance Act?—Yes.

39,427. Would you mind telling me how many members you have?—Between 500 and 550.

39,428. Is it a mixed society of men and women?—Yes.

39,429. How many have you of each sex?—About 350 or 360 men, and the rest are women.

39,430. Do you mind just shortly describing to the Committee what the association is and what are its objects?—The association was formed primarily for pooling purposes, and also for the purposes of general assistance and advice. It was one of the earliest, if not quite the earliest of those formed under the Act. We have about 30 constituent societies. A good deal has been done by way of advice and assistance, especially in getting matters through, when the Act was just coming into force. Some of our societies were quite small and their secretaries were often somewhat incapable of dealing with the situation which was then created; but we, happily, could help them a good deal. We helped them in the direction of getting their rules through and their constitutions altered to a certain extent in connection with the Act. And generally since the Act came into force, we have been able to help them in many directions. We are an association formed on a voluntary basis, and every society which comes into it has, of course, to abide by the rules, otherwise we should have some difficulty in putting our regulations into force. I think that that, shortly, outlines the position of things as regards our societies.

39,431. So far as these 30 societies in the association are concerned, they are old friendly societies, are they not?—Yes; not all of them were registered, though most of them were.

39,432. And all of them, I suppose, dotted about Cambridgeshire?—Not only in Cambridgeshire, but in Norfolk and Essex generally.

39,433. And generally in agricultural areas?—Yes.

39,434. There was one or more of your societies in each of the agricultural areas?—Yes.

39,435. And all of them, I suppose, were rather on the down grade, so far as their membership was concerned?—I do not know that they were increasing very much.

39,436. They probably were not renewing their youth by the admission of new members, so as to bring to some extent their general age experience to the general average. There was a good deal of old age about each of them?—Yes, I think that that was so.

39,437. The Cambridge General Benefit Society is a town society, is it not?—No; there are some town members, but most of them are in the districts round about Cambridge.

39,438. Most of the members are agriculturists?—Yes, I think that we may say that the bulk of our members are agricultural folk.

39,439. You have extended, so far as the Cambridge Society is concerned, very considerably since the Act, have you not?—Yes.

39,440. Have those members coming into the State side also gone into the private side?—A good many of them have.

39,441. What has your experience been since the passing of the Act in regard to sickness?—I think quite good. I have the statistical tables for the two half-years with me.

39,442. Are they for the society or for the association?—For the association.

39,443. Might we have them?—Yes, certainly.\*

39,444. Have you reduced this to money at all?—No.

39,445. Do the constituent societies of the association draw their money direct from Buckingham Gate?—Yes.

39,446. So that you do not know what they are drawing?—I do possibly in regard to some of them, because we have a book-keeping section of the society.

39,447. Do you keep all the books?—No.

39,448. But you do get information for book-

keeping purposes in regard to the books you do keep?—Advice notes are sent with the books by the society. I do not say they always come in proper order, but we do get information of a kind.

39,449. They also send up certificates and documents of title to you—certificates of claims, I mean?—No, not at present.

39,450. Your business would be conducted partly in your office and partly in theirs?—No, in theirs.

39,451. So that you do not know how they are conducting their affairs, except from the book-keeping point of view?—It is rather unsatisfactory, and we are trying to introduce a system by which we may do the whole of the work for them and pay the benefits.

39,452. Do you think there is a wide divergence of practice among these 30 societies as to how they do carry on their work?—No; I think there is a difference in efficiency.

39,453. In what sort of efficiency, do you think?—In efficiency of administration.

39,454. But you do not mean merely writing in books, but actual living administration?—I think it applies all round, both to book-keeping and watching the general effect of sickness claims.

39,455. And where you find lax book-keeping, you very often find lax watching, do you not?—Yes.

39,456. The two things go together, do they not?—Yes.

39,457. They are all quite local societies, I suppose?—Quite.

39,458. And all operated from one centre?—Entirely so.

39,459. Have you any notion what their system of sickness visiting is?—Each society covers a particular village or group of villages. One of our societies, the Buntingford Union, has different parishes, and each parish is under the superintendence of a local manager. Therefore, they get quite good oversight in matters of sickness claims there. The Cambridge Society is governed in very much the same way. I believe the Tendring Hundred Provident Society has very much the same kind of method. So that if claims come in from a given district or parish, it is usually with the knowledge of the governor over that particular district. Frequently the person claiming is personally known to that manager. I think for a club of that sort it is highly desirable and, indeed, tends generally to keep things straight.

39,460. You think the members of each one of these societies take a real and keen interest in the affairs of the society?—I would not go quite so far as that.

39,461. I did not mean each member, but, generally speaking, there is a living spirit in each society?—Yes; but it is not so keen now as it was before the Act came into force.

39,462. It was a spirit which was declining before the Act came into force, was it not?—I do not think so in that kind of club.

39,463. Is there any way of reviving that spirit?—I doubt it.

39,464. Now about the doctors, do these various societies when they have a complaint to make on any subject, make that complaint to you, or do they act for themselves?—Frequently I hear of it. When you invited me to come and give evidence before you, I sent round a letter to our people asking if they had any information of any sort to give me, and I got several replies.

39,465. I was not so much on that as on your practice. I wanted to know how far you were the channel for the complaints of the whole association, and how far each constituent society did its own business?—I think it depends on the secretary very largely, and somewhat on the position in our area of the society's operations.

39,466. You mean if it is a long way from you?—Yes; if it is a long way off I am not so likely to hear, because I am not so constantly in touch with the secretary.

39,467. How are the secretaries paid?—Generally so much a head.

\* See Appendix H.



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[Continued.]

39,468. They make a contribution to your general fund, do they not?—Yes.

39,469. And do they put the rest in their pockets?—They do not have any difficulty in spending it as a rule.

39,470. What do they spend it on, on officials?—Yes, on officials and administration generally, and printing and so on.

39,471. Do they find it quite enough?—Quite small societies have a great deal of difficulty in getting through; the larger ones also had a difficulty, especially at the beginning of things.

39,472. I quite understand that they had at the beginning; but now they get their books kept by you at quite a moderate charge, is there not enough to go round?—Yes, and no, because the membership is so small in any given society. We have no society with a thousand members; and, of course, the routine work in running a society of that sort is very considerable. I do not think the secretaries feel that they are being very well paid for their work.

39,473. I do not suppose the secretaries do feel that they are very well paid?—And I think it is very doubtful whether they are.

39,474. Are they all part-time people working in the evening?—Yes; but they have to put in a good deal of work, other than in the evenings to get matters through.

39,475. What are they by trade; or cannot you make a generalisation?—In one of the larger societies the secretary is the man who does everything in the small towns of that nature.

39,476. He is a small accountant, is he?—Yes, he is a small accountant, he deals with rents, and rates, and things of that sort. In another society, I think the man is in a similar position. In another one the town clerk has the manipulation of affairs; but I should think that he probably gets one of his assistants to do the work. In many of the small societies the secretary is often a man of the agricultural labourer type.

39,477. And how does he manage to do it?—He does it rather badly.

39,478. And does he do the practical part of the work badly as well as the other part of it?—No, not the practical part. But he is all at sea with the book-keeping and understanding the regulations, and so on.

39,479. Do you find the women are better than the men, or worse?—We find they are rather better than the men, strangely enough.

39,480. I do not know that it is very strange?—I thought you meant as far as sickness experience is concerned.

39,481. Tell us about the doctors now?—I have letters from different secretaries here, which I will read, if you wish. One of the secretaries writes in this way: "In reference to your inquiry for evidence for the Departmental Committee, my experience of this society is that the two benefits will mean the breaking up of the private side of the society, besides being a heavy drain on the National Insurance side, as we have such a lot of old members, and it is an inducement for them to hang on to the sick fund longer, and for older members to go on the sick fund earlier than they would do." He is referring here to the double benefit which so many of them have. "I have had several cases where a member has called on the sick fund when he is about 69½ years of age, so as just to run through his National Insurance sick pay before he becomes entitled to an old age pension; and I believe later, when they become entitled to the disablement benefit, they will go on earlier still, and nearly all the present doctors will sign a certificate for a man of that age." That is a very serious point. "This society is composed chiefly of agricultural labourers with wages of about 13s. or 14s. per week, and when on the sick fund they get from 18s. to 22s., therefore they hang on longer. Last year our full pay sick claims cost over 100% more than the year before, through the members who were drawing two benefits." This letter comes from one of the Essex societies. The secretary goes on to say: "The agricultural labourers' wages are 13s. or 14s. per

"week, the town workers from 21s. to 30s.," but apparently the town workers did not claim so frequently as the agriculturists in this society. Then he suggests that some arrangement should be made whereby a man could not draw more than he would when at work. Another secretary writes: "I send you the following notes, though I fear as actual evidence they are not of much value. I have no proof that any unjustifiable claims have been made upon this society, but I have a suspicion that insured members, and also doctors, are somewhat responsible for rather unnecessary claims. Members in olden days had a shrinking from going on their club; that opinion is fast passing away. The State is meant to be bled; 'By all means let us get as much as we can.' Double benefits are an undoubted cause for the very great willingness that there now is for declaring on and the dilatoriness of going off. I should like to suggest that, human nature being as it is, no insured member should be allowed under any circumstances to draw more benefits than his wages are when at work. It is, of course, a great temptation to keep on if the amount of pay is greater when supposed to be ill than when well." With regard to the doctors he says: "I really believe that there is an improvement on the part of some of those who at first did not seem to be treating the Act fairly. For example, one doctor told me that he would never encourage members to go off, so that the Act might be shown by its working to be absolutely rotten." Then he goes on to say something about certificates: "I find fault with the casual way some doctors sign on and off sometimes. In fact very often ante-dating their certificates and post-dating their off ones. Against the ante-dating objection however I would point out that in some cases members wait a day or two to see if they are not going to get better, and so not go on after all. But I am a wee bit suspicious that this is sometimes used for wrong purposes, but I certainly could not prove so. Members occasionally tell me that they think they will keep on another week, giving me the impression that they were masters of the situation entirely, and I fancy that they often are; the doctor signing them off without any examination at all and keeping them on if they say they wish to do so." Then he deals with compensation cases, which he seems to think somewhat troublesome. That letter comes from the secretary of one of our larger societies. Then this letter comes from another society which is quite a small one. "In view of the fact that the sickness benefits are now in most cases larger than their wages, I think there is a tendency on the part of a few members of most societies to declare and remain on the funds for a sickness or accident that other members would consider too slight to incapacitate them for work, and I am of opinion it is probable that some doctors allow their prejudice to the Act to operate against helping the society to distinguish whether or not a claimant is sufficiently ill to be rendered incapable of work." In that particular society we have had a rather heavy sickness experience. I went down to look into matters yesterday. I found they had two doctors attending their members, both of whom are rather antagonistic to the Act, and all the members in the club except seven were getting double benefits. I could not help coming to the conclusion that these members were rather taking advantage of the state of affairs and that it paid them considerably better to be ill than to be well. From the opinions I have gathered all round, except in one case, the secretaries of societies seem to be of opinion that the double benefit is a great hindrance. When the provisional schemes were under consideration they seem to have given the members an opportunity of reducing or not, and most of them decided to take the double benefit.

39,482. Did you make any attempt to get the Cambridge General Benefit Society's members to reduce?—No, we gave our people a quite free choice.

39,483. Why did you do that?—We are a very sound society on the private side, and we saw no reason why a member should not continue his old benefit if he wanted to. Of course experience has shown that that



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course may not have been a very wise one because the double benefit rather helps people to stop longer on the funds.

39,484. Were you a sound society on the private side?—Very.

39,485. What was your experience for the last valuation before the coming in of the Act?—I forget now what it was exactly, but I think we came out at nearly 40s. in the £, which I think is exceptionally good.

39,486. But was not that the accumulation of old and fortunate years in the past? I thought you were having not so favourable a time as you had been?—We have had rather heavy sickness in the last quinquennium.

39,487. Did the last quinquennium show an excess of sickness?—Yes, it was very heavy.

39,488. So that really you have had some warning?—I think that that was regarded as being rather an exceptional state of affairs for the time being.

39,489. What made you think that?—That was our opinion on going into matters.

39,490. Looking at it all round do you think, or do not you think, that excessive claims—I mean improper claims—are being made on your own and the other associated societies?—I cannot very well say so in the face of statistics.

39,491. I do not know about that; it might very well be that you have had a favourable experience, but it by no means follows that, because you have had a favourable experience, you are not paying too much?—I do not think generally that we are suffering much from excessive claims.

39,492. Supposing you are not suffering from excessive claims and supposing that other societies about the country are suffering, or at any rate have excessive experience, to what do you attribute your own freedom? In a great many respects you are in an unfavourable position. Your age is rather against you, when it comes to be worked out?—On the one hand, I think our people are particularly healthy; and on the other hand, I think they are fairly well looked after by the officials. Very often a club of this sort is under the eye of the squire or the vicar of a place, and if they are properly looked after, these little clubs are all right. It is a more or less village affair, looked after in this way, and nearly all the members are frequently personally known to the squire or the vicar or somebody like that, and it does not do for them to impose upon the club.

39,493. Looking round one is continually in doubt as to whether the best type of society is that to be found in a small local club, bearing its own deficiency or enjoying its own surplus, and having rather inefficient officials; or a centralised society with a well-paid administration and well-paid officials, coupled with the lack of local interest?—It seems to me what we must aim at is to keep up the local interest and centralise the work.

39,494. Does not the administration of the Act depend on two things: keeping the old keen local feeling going, and also having decently paid officials?—What we are trying to do is to get people who run the societies on to the committee of our association, and so retain our influence and interest there. I mean that we are now making an offer to all our societies, which they can either take or leave as they like, to centralise their work, and do it all for them at so much a head, leaving them only to pay the actual sick claims. Therefore, we should propose to relieve the local officials of all office work and do that part centrally. Then they can, of course, carry on the private side of their society without any trouble and with much more leisure time to look after it. It is in the scrutiny of sickness claims where efficiency is most required.

39,495. Is there sick visiting of any good sort among the members?—Yes, I do not think that that is our difficulty. We will take one little village. Everybody in the club is known to the secretary, and it is known whether he is genuinely ill or not, as a rule; so I do not think the scrutiny of sickness claims is particularly difficult. But I think it is extremely dangerous to allow these small societies to stand alone.

39,496. Because of inefficient book-keeping, do you mean?—Not only that; but supposing they get a run of sickness, they will soon run up a very high average and come out badly when the sickness is talulated.

39,497. (Mr. Wright.) Do you find that State insurance is rather killing the interest which the members took in the independent side of these societies?—No, I do not think it is, on the whole.

39,498. Are you well acquainted with the circumstances of each of these societies forming this group; what kind of meetings do they hold, for instance?—I have nothing to do with, and never interfere in their private business. I am only concerned with such matters as come my way. I have no authority to inquire into their private affairs.

39,499. Do you know whether their private meetings are well attended or not?—I should say probably not.

39,500. Used they to be well attended before the Act came in?—No. In one case where they have about 1,000 members, a notice of meeting was sent out the other day by postcard to every member, and only one turned up.

39,501. Then there is not very much interest being taken in State insurance by the State insured persons?—I think there is more interest taken in State insurance than in the voluntary insurance.

39,502. By whom?—By the members themselves.

39,503. What evidence can you give in support of that statement?—Only the opinion I have gathered from going amongst the different societies. It really comes to this, that there is a great deal of hostility among them to it owing to the compulsion, and that makes them take interest.

39,504. The kind of interest you are talking about is the kind of interest which prompts them to get as much out of it as they can, because they are compelled to pay for it?—Quite so.

39,505. I was thinking of real interest, interest in the welfare of the society?—No, I do not think that there is much of that. They may have an interest in the affairs of the society in this way, that they feel (and I am sure nearly all of them do) that they are well looked after by the class of people who manage the societies, and they are content to leave their affairs in their hands and not to bother about the management, so long as they get the benefit when they are ill, and see that the club is in a sound position. In that case they take no trouble.

39,506. Are the men who are acting as secretaries now the same men who were acting as secretaries before the advent of State insurance?—Yes, generally. They have changed sometimes and are changing more now because they find the State work means so much more trouble.

39,507. I suppose in some cases because they are not capable of doing the State insurance book-keeping?—Yes. On the other hand a society with 50, 60 or 100 members has the same routine to go through as the society with 1,000 or 2,000. It is extremely, irksome and troublesome work for a man who is only getting 60 shillings or 60 eightpences a year.

39,508. When they change secretaries, is it your experience that they are getting more capable men?—I think they are a little. I do not think there is a large number of changes.

39,509. The new secretaries are elected by the members, I suppose?—Yes, or by the governing committee for the time being.

39,510. And capacity for doing the work is sometimes the very last thing that the electing body thinks of?—In a small place there is very often great difficulty in finding a man at all. I remember when I went down to one meeting, that there was only one man who could write. He was the secretary, and he was so disgusted at the amount of work put upon him that he gave it up, and they did not know what to do at all.

39,511. What are these secretaries paid?—From 1s. to 2s. per member per year.

39,512. What are the sick visitors paid?—I cannot say that they are always paid at all; I should think it is doubtful. The treasurer sometimes gets 6d. a member.



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39,513. You tell us that in some of these societies, or even in one of them, there is a treasurer getting 6*d.* a member, whilst the sick visitor is not being paid anything?—I have no knowledge of the payment made to sick visitors, but I should think that is so. It may be the treasurer's duty and he sometimes does pay the sick pay, and do the visiting while taking the money round.

39,514. (*Mr. Warren.*) I think you told us that in respect of the majority if not all of the societies who are in the association, comparatively few of the members availed themselves of the provisions of section 72 to reduce their contributions?—I should say so.

39,515. And that now generally speaking they are paying two contributions?—Yes, a great many of them evidently are.

39,516. And that a large number of them pay both for the State and for the independent side?—I ought to guard myself here by saying that I have not received replies from all our societies by a long way; but that is the reply given to me, and I take it as a general indication that there is a great deal of double benefit going on.

39,517. And that is in respect of persons who are, to say the best of them, low wage earners?—Quite so, and it is rather surprising.

39,518. One would have thought they would find it rather difficult to maintain two contributions?—One would think so; but the labourers seem to be able to do it somehow, and are doing it.

39,519. Having elected to do that, the agricultural labourer is now in a position to receive a double benefit?—Yes.

39,520. Running, I think you said, from 20*s.* to 22*s.* a week?—Up to about that.

39,521. Would it not be up to 24*s.*?—He might be insured for 12*s.* on the private side and for 10*s.* on the State side. But I should think it is more usually about 18*s.* or 1*l.* per week.

39,522. And that is in respect of men whose ordinary wages are round about 16*s.* a week at the most?—From 14*s.* to 16*s.* a week.

39,523. It might be truly observed that that case was a dangerous element of over-insurance?—Quite so; and I think that is one of our chief difficulties.

39,524. Do you think the societies are experiencing that difficulty?—I do.

39,525. And knowing human nature as we know it, it is a distinct temptation to them?—Quite so.

39,526. Do you know if any of these societies have what might be termed a satisfactory system of sick visitation?—Yes, I should think so, a good many of them.

39,527. In respect of every society there are sick visitors appointed, are there?—No, you would not find the visiting necessarily done by a sick visitor, but by the general officials of the society. For instance, I know of one case where the secretary pays all benefits and visits himself. It is quite a little club.

39,528. He is the sick visitor as well as the secretary?—Yes. It probably falls to his duty as secretary.

39,529. There is, then, supervision of all persons receiving sickness benefit?—I should say there is generally quite good supervision in one way or another.

39,530. That is generally undertaken by men who are employed during the day and can only carry on their visitations at night?—Probably, in many cases, that is so.

39,531. You think one of the principal safeguards in respect of that is that these persons are so well known in the particular areas in which they reside that they have not much latitude in the matter of malingering?—I do not think so. I think if a man says he is ill, and the doctor sends him on the club as ill, the case is a little bit altered. The local people may think he is not so ill as he appears to be; but they cannot say anything, and that is where the danger comes in.

39,532. Do you think all the officials of the societies in your association are accepting doctors' certificates as evidence of benefit being due?—Yes.

39,533. And that they are not scrutinising those certificates or raising any objection to them?—I think they are sometimes somewhat suspicious of them, but what can they do? They have to pay on the doctor's signature, have they not?

39,534. Have they?—Unless they have some very good cause for holding it up, I should say they have.

39,535. (*Mr. Watson.*) It will be fair, I think, to describe most of your affiliated societies as being of the county type?—Quite.

39,536. That is to say they are not societies established by the members and managed by the members; they have rather been established for the members and managed for them?—Largely, I think. The old type of society has been conducted in that way for very many years, as opposed to the popular friendly society.

39,537. A group of parishes, often in a particular union, would have a society formed for them by the squirearchy of the neighbourhood?—Yes; but it is not entirely that. Some of our societies are quite different. I should think that they are largely managed by the members themselves.

39,538. But that would hardly apply to the majority of them?—No.

39,539. You have Aldham, Buntingford, Dunmow, and the Essex Provident?—Many of those are of the old type of which you speak.

39,540. All of them have been rather famous in this particular branch of provident work, by reason of having provided their members with pensions after the age of 65?—I do not know that they all do that.

39,541. Some of them do that; the Dunmow, for instance?—Yes.

39,542. So when you tell the members of the Committee that the sick visitors are paid nothing, it does not really imply that the sickness visiting is deemed of no importance?—By no means.

39,543. The sick visiting is in the hands of the people who are taking an interest in the society for the work's sake, and for the sake of the poorer people?—I have been extremely surprised at the enormous amount of work which those people put into the societies to keep things going.

39,544. That is to say, people who are not of the same social class as the members at all, do a great deal of work?—A very great deal. I have been surprised to see the amount of work which they have done, not only to keep things going, but to accommodate the society to the new circumstances arising under the Act.

39,545. Can you make any suggestion as to why your claims experience was more favourable in the second half-year of 1913 than it was in the first half-year? Among the men in the first half-year you had 23,308 days of sickness, but in the second half-year only 18,547 days. That seems to be rather a remarkable improvement?—I am afraid our experience has not been long enough to form very much of an opinion in that way. But I rather imagine that about February and the beginning of March, which come into the half-year ending July, is as bad a time as one can have for sickness.

39,546. I think that will be generally agreed. I was contemplating the possibility that a number of the members at the end of the first half-year were not fully insured; they might not have paid their 26 contributions?—Yes, and people in weak health starting a year would go on as soon as they could. The old members who got under the Act for one cause or another, run through their full course of benefit probably.

39,547. Do you think there was to any material extent any arranging of things so that people who were chronic invalids managed to get insured under the Act?—I should not think so. But I have no doubt that a considerable number took advantage of what they could see coming on. It was not particularly difficult to get an employed contributor's card or even a little work.

39,548. They were already in the societies?—Yes.

39,549. You are not suggesting that people actually in receipt of sickness benefit on the private side became



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insured on the State side as well?—Not necessarily. Supposing a man in somewhat indifferent health went off the club for a short time, and became an actual worker, he would automatically come under the Act. He would nevertheless be likely to claim benefit very soon after his 26 contributions had been paid.

39,550. That is to say, he would claim the same benefit under the Act that, had there been no Act, he would have got from his society?—Quite so; and in some cases he would get double benefit.

39,551. There is nothing more in it than that, you think?—No, I do not think so.

39,552. You would not suggest any cases of getting under the Act by creating a bogus employment or anything of that kind?—No.

39,553. In regard to your experience, you have been good enough to provide us with certain figures where the claims are classified according to age groups of the members and also under each society separately. Of course, you have to work out the expectations, but perhaps you would take the suggestion from me that the actual claims for the first half-year work out at about 3,900 weeks in respect of the men against 4,600 weeks expected? If you accept that suggestion, would you consider that entirely satisfactory?—I should think so.

39,554. You see the Manchester Unity experience, which is the basis of the expectation, was loaded in one way and another with about 25 per cent., and the things for which it was loaded were the specially heavy experiences of types of people who were not insured before, and certainly not of people engaged in agriculture?—Quite so.

39,555. Although it is satisfactory to know that you are so much under the general average expectation, I think we ought to look, in connection with this inquiry, to what would be a reasonable expectation for your own people, ought we not?—I should think so.

39,556. I suggest that a reasonable expectation for the agricultural labourer would be about three quarters of the general average expectation I have just given to you, and from that point of view your figures appear to be rather in excess—not in excess of what is provided for, but in excess of what they need have been?—Yes, but then you have not taken into account the high ages.

39,557. Yes; taking all that into account, the experience does seem to me to be possibly 10 per cent. higher than it need have been, allowing for everything. Would you suggest that over-insurance accounts for that?—I think it may have something to do with it, and probably has. You see, all the opinions I have had in these letters rather point to that—that men go on earlier and stop on longer than they did. I had one opinion expressed which is quite the contrary, and represents one of the largest societies. The secretary there feels that the double benefit is an advantage in that it enables them to stop on longer, and so to avoid a second illness by getting completely cured in the first one.

39,558. That is one of the largest societies, you say?—It is Dunmow, as a matter of fact.

39,559. Very curiously the Dunmow case is in the group with the lightest experience?—Yes, their experience is very good.

39,560. Perhaps the secretary of the Dunmow Friendly Society takes a calm view of the situation because of his very favourable experience?—Possibly.

39,561. And because he knows that on the private side it all comes to an end at 65, because of the old age pensions?—Yes.

39,562. I notice that your own society shows a very favourable experience indeed. Has the experience of that society declined on the private side since the Act

came into operation?—We have just altered matters there by commuting the sick pay at 70 for a pension; so it is a little difficult to compare. But I should say it has improved rather than not. Again, we are under paternal government, you know.

39,563. In the Cambridge General Benefit Society?—Yes.

39,564. That is to say, the members themselves do not control the situation?—They can, but they will not. They trust those who are good enough to give their time to looking after the affairs of the society. The members never turn up at the meetings. They are quite satisfied to know that the society is in a particularly sound condition, and that they always get their benefits when they require them.

39,565. From your knowledge of the Cambridge Society you are satisfied that the administration of sickness risk and benefit there is properly carried on, and that the supervision of it is effective?—Yes, generally. It is looked after by people on the spot.

39,566. It is better looked after than it was?—Yes, possibly it is.

39,567. And that has something to do with the very favourable experience the society now has, I suppose?—It may have some bearing upon it. We must regard all these societies which are in the association as picked societies. No society is admitted to the association until they are either solvent on their private side, or have put themselves in the way of being solvent.

39,568. Is that rule strictly observed?—Yes, very; it is one of the conditions of entry which the committee have always held to. If a society, especially in view of the opportunities of coming under new conditions, was allowed to be in a state of insolvency it was regarded as a society which was not desirable, and which was likely to create deficiency under the Act.

39,569. The association was anxious not to have too many claims on societies?—Yes. This association was started with the idea of grouping together the best of the societies for their own protection. The committee took up the attitude that now they were able to have 5,000 members, or were likely to get them, they could be extremely cautious as to whom they admitted. Their view was, and is, that they are not going to have any surplus they create under the Act imposed upon by people administering their affairs badly. Therefore, they kept out of the association those societies which would not go to the trouble of managing their affairs properly and keeping solvent.

39,570. But supposing a society was forced into a bad condition on its private side through no fault of its own, through insufficient contributions, nothing to do with its sickness experience. It might be quite fit to enter the association on its State side, what then?—It was up to the society, surely, to take advantage of the present circumstances and adjust its affairs if it really cared about them. Supposing it was trying to get our recognition, surely it would be up to the society to say to its members, "We will not take the full reduction, but will put ourselves in quite a sound position."

39,571. Under section 72?—Yes. Our committee held that if they would not do that, they were probably a society which would create a deficiency under the Act.

39,572. I should have thought that, as a matter of fact, any society would have taken preliminary action of that kind in order to qualify themselves?—If I remember rightly, several would not, and so did not come into membership.

39,573. The association might have been larger than it is?—Yes, much larger, I should think, because we have always held very strongly by that rule.

The witness withdrew.



## FIFTY-SIXTH DAY.

Thursday, 14th May, 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*)

Dr. T. M. CARTER.  
Mr. WALTER DAVIES.  
Dr. ADAM FULTON.  
Miss M. H. FRANCES IVENS  
Miss MARY MACARTHUR.  
Mr. WILLIAM MOSSES.

Dr. LAURISTON SHAW.  
Mr. A. C. THOMPSON.  
Mr. A. H. WARREN.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.

Mr. ALEXANDER GRAY (*Secretary*).Mr. JOHN BUCKLE, J.P. (*Chairman of the Leeds Insurance Committee*) examined.

39,574. (*Chairman.*) Are you Chairman of the Leeds Insurance Committee, a member of the civic council of Leeds, and a Justice of the Peace?—Yes.

39,575. How many doctors are there on the panel in Leeds?—180.

39,576. In Leeds are there any doctors in industrial practice, who are not on the panel?—There are 27.

39,577. Why are they not on the panel?—There are some of them who have a very strong feeling, and there are others who can do without it. In the industrial centres in some parts there are people whose incomes are from 2,000*l.* to 3,000*l.*; some of them are very much afraid that if they touch the panel they are likely to lose a great number in that direction because of their attention to their clients on the panel.

39,578. What is the greatest number of insured people on any doctor's list?—In partnership I think it is 5,000.

39,579. Is that a partnership of two?—Yes.

39,580. What is the largest number on any one doctor's list?—There is one with 2,000, one with 2,500, and one with 3,000.

39,581. What is the average number?—There are 44 with under 1,000 persons, 19 with between 1,000 and 1,500, 21 with between 1,500 and 2,000, 7 between 2,000 and 2,500, 6 between 2,500 and 3,000, 3 between 3,000 and 3,500, 1 between 3,500 and 4,000, and 1 between 4,500 and 5,000.

39,582. There are 78 with under 500?—Yes.

39,583. And the average number is 892?—Yes.

39,584. How many people in all are on your list?—About 179,000.

39,585. All those, except about 15,000, have selected a doctor?—Yes.

39,586. There is no institution in the area which has been approved of for the purposes of the Act?—That is so.

39,587. And no people have made their own arrangements?—We have not permitted it up to now.

39,588. 934 persons changed their doctor by consent in the course of the year?—Yes.

39,589. And 2,028 at the end of the year?—Yes.

39,590. There were two or three cases of refusal during the year?—Yes.

39,591. You have set up a medical service sub-committee under the regulations; what has gone before them?—One or two cases of complaints. The chairman of the committee is Mr. Holman C. H. Wilson, and he has had about four cases before him, one as late as last Friday; that was as to the re-dating of certificates.

39,592. You mean striking out one date and putting in another?—Yes.

39,593. Was the case proved?—Yes, I think that the case was proved.

39,594. What happened?—The man was severely censured. I know that the medical practitioner felt it very much.

39,595. What did he do it for?—I have no idea why he did it. The society refused to pay.

39,596. Was it the society who made the complaint?—Yes.

39,597. What other cases came before them?—In the first instance there was a general complaint by approved societies against the action of medical practitioners in giving certificates of incapacity to insured persons without careful examination of such insured persons.

39,598. That was a general complaint?—Yes; the decision was "that in view of the complaint being a general one and not by an insured person aggrieved, the same does not come within the scope of the duties or powers of this committee, as explained by the chairman to the approved society's representative." Then the matter was allowed to stand over, and if the irregularity continued, the matter was to be reopened; that had a very good effect upon the medical practitioners.

39,599. You have not had any specific definite complaints in specific cases except the one which you have just mentioned?—There has been one case of neglect.

39,600. What happened on that?—The question was settled by the insured person withdrawing his complaint and being transferred to another medical practitioner.

39,601. The committee came to the conclusion that the thing was not proved?—Yes.

39,602. How do you account for the fact that there have been so few complaints, though there has been a great deal of grumbling?—The position is that the friendly society people make complaints against medical practitioners, and we think they should be followed up, but we say that they must put these complaints in writing, and then they do not put them in writing.

39,603. Why is that?—I cannot say.

39,604. Do you think that it is because the thing does not exist?—I think that it does exist, but not to the extent which they say. In fairness to both sides I have said that the complaint must be stated in writing. I do not think that a medical practitioner's reputation ought to be at stake on a mere *ex parte* statement, and, therefore, I have asked them to put it in writing.

39,605. Are you a friendly society man yourself?—I always have been since I was old enough.

39,606. Are you a delegate to the Leeds Trade Council?—Yes. I have never spent a great deal of time in friendly societies. Mine has been on the industrial side.

39,607. What is your society?—The Boot and Shoe Operatives, which is an approved society, and I am one of the managers under the Insurance Act.

39,608. It is very difficult to conduct the thing if they will not put their claims in writing and try to substantiate them; what do you think it all means?—I cannot say what it all means, except that there are general insinuations thrown out at the meetings, and



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there is a lack of any attempt to prove them. I have been before the panel committee and the medical committees, and I think that there is a very good feeling and a great effort being made to work the Act.

39,609. What did you go before them for?—In the first instance, I went before them on the general question of the dating back of certificates and then on the question of domiciliary treatment, and I found quite a willingness to help, and quite a strong feeling against those members of the medical profession who have not acted in accordance with what was desired.

39,610. Probably they would be quite pleased if the friendly society people would press the charges against the people who are really guilty?—I am quite sure that they would. Take such a gentleman as Dr. Bell, who is the chairman. He is very strong, and he takes very strong steps with any member of theirs who does transgress.

39,611. The general attitude of the profession is a friendly one?—Yes.

39,612. Were they hostile at first?—We had always a good percentage on whom I think we could rely in the days when we thought that it would be difficult to get a panel. Even then there was rather a good feeling, but we had several meetings of them during that period. They all rushed on the panel at once. They were quarrelling among themselves. But beyond that I think that there has been a good feeling. There have been a few who have not, I think, tried to work the Act. Some of them have got about 300 or 400 only, because they delayed putting their names on the panel, and they have felt a bit queer; but still, on the whole, there is a very good feeling.

39,613. What about the ante-dating or post-dating of certificates?—Friendly societies have been constantly complaining about that, but at the same time we have had no complaints made in writing. Whether the doctors' attention has been drawn to it, and the matter has been made right, I cannot say. I think that continuous complaints have taken place, and have caused great inconvenience, but beyond that I take it that the medical service sub-committee is to deal with matters like that, or any complaint that is made, but if the approved societies will not lay the complaint in the proper manner you cannot deal with it.

39,614. That is the question on which you went before the sub-committee?—Yes.

39,615. What did you say—that they had got to put the proper day?—Yes.

39,616. Did they agree that they would?—Yes.

39,617. Did they say why they had not done so in the past?—Some of them made excuses. There was a majority who tried to work the Act fairly and squarely; there were a few very indifferent to any clerical work whatsoever, and we suggested then a form on behalf of the friendly societies and trade union approved societies which should be signed each week. Everything would be made ready for the doctor, and he should put in "Still unable to follow his or her employment." They generally accepted that.

39,618. Are they doing it now throughout Leeds?—Yes.

39,619. For all the societies?—Yes, and the medical practitioners.

39,620. What about certifying where they had not seen the patient?—There have been statements made that that has been done, but there has been no proof of it, and we have had no complaint made in a way in which we could have dealt with it.

39,621. Generally speaking, you say that the questions which arise between approved societies and doctors might have been settled, and sometimes are settled, between approved societies and doctors, without coming to the committee at all?—Yes.

39,622. Is there considerable intercourse between approved societies and doctors which does not come your way?—I daresay that there is, because prior to the inception of the Act there was a great number of doctors who rendered service to friendly societies, and I daresay that very largely that understanding continues just as it did before. They say that there was a mutual feeling between the doctors and the societies which is not altogether dead, and I dare say

that the thing is done on those lines, and that is one of the things to which I attribute the fact that there have been no complaints.

39,623. They get settled out of court?—Yes.

39,624. Do you think the relations between the friendly societies and the doctors are getting closer?—Yes; there is generally a better feeling. In the past things were said about the medical practitioners.

39,625. Are they still said?—No, there is quite a change in that now.

39,626. Have you done anything with a view to bringing them together?—Yes, we have had a meeting of our representatives in Leeds. There is a great number of representatives of friendly societies and trade unions, and we have met with a view to talking these matters over.

39,627. With good results?—Yes.

39,628. Has your committee considered the question of the appointment of medical referees?—Yes, times without number.

39,629. What did they think about it?—There are quite mixed opinions.

39,630. What do you think?—I should like to see some position brought about in which the doctor would be in a free position, so that he could take up an independent attitude. I have consulted some of the members of the medical profession and have said: "The societies are complaining that you are not sufficiently strict," and in a private way they have said to me, "What do you expect us to do? It simply means 'that if we take up the attitude that you want us 'to take up, we will lose the other members of the 'family.'"

39,631. They said that to you?—Yes, in a private way.

39,632. Do you think that that does move them?—Yes, I am just telling you what I know. I know that there are members who are above that, and who would not be moved by any question of that kind, but there are, of course, weaker men, the result of whose conversations with me has been rather to make me inclined to suggest that some independent person should be brought into existence; and the financial side, of course, has been discussed, and the friendly society side and the industrial side of the approved societies were, I think, prepared to contribute proportionately for such a purpose. But in deciding how much you could afford to pay, you would want to pay fairly well for a position like that.

39,633. If there were such a person appointed, do you think that he ought to be appointed by the committee or by the Commissioners?—I think by the Commissioners.

39,634. You would rather have your appointment away from all kinds of local influences?—Yes. It should be an appointment apart from any localism.

39,635. If a contribution is made towards the expenses, should it be measured according to the number of people sent or not?—No. I should prefer it to be measured by the number of members of the approved society in the area.

39,636. Quite apart from the number sent in?—Yes.

39,637. What sort of a person would you like to see in that position, a whole-time or a part-time person?—A whole-time person.

39,638. Why?—For the simple reason that I think that he would be much more independent. I daresay that there are gentlemen in the city who are specialists in certain matters, who would have been pleased to do it part-time, but I think that if there is anything in the other statement, there is something in this also, that if the other man could not get above his susceptibilities, I do not think that this man could.

39,639. The influence of the desire to get other patients?—Yes, the consideration that the local people are their masters. I suppose that people who have had experience in public life have noticed that a town clerk can generally express his opinion to suit the majority of a council. That is my experience, and, personally, I am speaking of my own opinion on the matter. If there is malingering—if the statements that are made are correct, and we do believe that in



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certain instances they are—we should be very grateful if we could make it clear in such a short time, taking all the insured persons. If there is anything in it, and it has got to be regarded as a matter of business, I mean that from the point of view of seeing whether a man is unfit to follow his employment, there must be an independent person who is apart from the local susceptibilities altogether.

39,640. (*Mr. Davies.*) I think you expressed an opinion that there was a fairly good feeling existing now between doctors and those who have to control the payment side of State insurance?—Yes.

39,641. Originally there was friction, but now it is smoothed down?—Yes.

39,642. You told us that you belong to the industrial side in the shape of a trade society, rather than to the ordinary friendly society or approved society?—Yes. I have been a member of a friendly society, the Oddfellows, since I was old enough, but I have never been active in it.

39,643. Did the trades council of which you are a member deal with sickness benefit before the Insurance Act came into operation?—The council of the union to which I belong did.

39,644. Is the feeling any different between the doctors who were dealt with then and the doctors whom you deal with now under the Act?—I do not think that there is any feeling now. There was at first.

39,645. Is your trades council in favour of the generally expressed opinion in favour of State doctors?—No, I have never heard the opinion expressed in favour of State doctors.

39,646. Your trades council, as a whole, has never taken the matter into consideration?—No. There has been an expression of opinion that the only way to get out of this difficulty was to do as Bradford did. That was done for a specific purpose. But no general opinion was expressed in favour of State doctors.

39,647. Have any of the trade societies, of which your council is composed, made complaints to the insurance committee that they feel that the doctors have not done their duty to the insured persons?—No, they have not made complaints in the proper way. I mean to say, that a man has got up at a meeting and he has got to go for somebody, and the doctor has been the man who was attacked, but when you say to him, "Put that in writing," it has not come to that.

39,648. The trades council itself, as a whole, has never expressed any opinion with regard to the conduct of the doctors?—No.

39,649. Any complaints that you have heard from trade unionists have been individual complaints and not from the society?—That is so.

39,650. Do the societies insist on weekly certificates from the doctors?—Yes.

39,651. Is there any trouble in getting weekly certificates?—Not weekly certificates, but certificates of that description (*indicates form*).

39,652. A continuation signature?—In the first instance there were continuation forms. Some of them got very dirty. Now the societies have adopted, generally speaking, a form like this (*form produced*). The man brings that to the secretary of his society and gets his pay, and he gets another one given to him, and he does not get any money unless the doctor's signature is attached, with this expression, that he is unable to follow his or her employment.

39,653. Suppose a man went on sick on Saturday, would he get any other note saying that he was unfit to work previous to his payment on the following Saturday, or would a week go by without any enquiry as to whether he was ill the whole week or part of the week, or what?—If he went on sick on Saturday he would get a certificate from the doctor for the insurance side. Of course he would have a probation to serve, if he had not been on before. The Saturday following he might have three days to draw, and then if he were continuing, he would be given a form. When he brought his certificate in the first instance, he would be given a form, and before he got any money, that would be signed by the doctor.

39,654. Week by week?—Yes

39,655. There is no general check between the declaring-on in the first instance and the signature a week afterwards, as to whether the man really was ill for a week or was only ill for two days?—That is so.

39,656. That is general in your district?—I think that that is general.

39,657. So that if they come on at all, they come on for a week?—If they come on at all they, come on for three days.

39,658. That is general in trade unions as well as approved societies?—Yes.

39,659. With regard to the referee, you say that you should pay something towards the expense?—When the matter was discussed, that was the general feeling with us, that they would be prepared to contribute their proportionate share of the liability.

39,660. Do you think that they should do so if there is a referee set up?—I do.

39,661. And that the Commissioners should appoint?—Yes.

39,662. Do you think that a man who is appointed to look after certain things should be paid by people who have no control over him?—Yes. I do not view it from the point of view of control. I view it as an appointment for a specific purpose. The approved societies are complaining that under the present system they are paying out a large amount which will eventually affect them, and their position is how best to obviate that.

39,663. Whose fault is that?—If you ask them, they will say the medical practitioners.

39,664. Do the medical practitioners set up the certificates on which payments are made?—At present they do.

39,665. If they set up the payments, how is the society to be blamed for something that they cannot control, and why should they pay for it?—Because they say that the doctors are partly the cause of the malingering.

39,666. If it is the doctor who sets up the necessity for a referee, why should a person who does not set up a necessity pay and not have any voice in it?—I thought that the approved societies were clamouring for referees.

39,667. Who is the cause of the necessity for referees?—In the first instance, the approved societies say the individual who is malingering and the medical practitioner who assists him. That is the position; and the medical practitioner's honour is at stake when he signs a document of this description. I am not prepared to say that the doctor is the cause of the requirement of the referee, but I say the opinion is that the expenditure would be reduced if a referee was brought into existence. My point is how to maintain the independence of the referee.

39,668. But you say that the societies should pay; why should they pay for something over which they have no control?—They do not control it, but they get the benefit of it.

39,669. I think you said to us that the doctors had said to you privately that the reason they could not act in that way was that if they did, they would be likely to lose the other members of the family?—That is so.

39,670. Therefore the responsibility is with the doctor?—Yes.

39,671. And if it is necessary to save the doctors and force them to do their duty, should you not charge the doctors and not the societies?—Yes, but I said that there were men in the medical profession who were quite above that. I said that there were others who I thought were weak-kneed who were not above it. Therefore, we might say, "Why should the medical profession who would do justly have to contribute?"

39,672. Would it be right to assume that, generally speaking, in the case of the members who you say to the line like that, they could be all brought to a standard of having no need for a referee?—Yes.

39,673. Then what has the society got to do with it?—If the society is 33 per cent. in excess of its income on the insurance side, whatever we say, they will say that the doctors are not straight, and the very fact that they feel that there is malingering is only from the point of view that they are exceeding their expenditure over their income.



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39,674. I do not want you to assume that I am trying to suggest that there is no need for a referee. I am only trying to find out why the suggestion should be made that the people who are helpless in the matter must pay for the cost of benefiting somebody else?—The Chairman asked if we had talked about this, and I said that we had talked about it, and that the friendly societies and the approved societies all concerned were prepared to contribute their quota towards its payments.

39,675. You believe, because these things do exist and because you cannot get absolutely straight dealing, that you would like a referee to be appointed, and that he should be independent?—Yes. Not on the ground that you could not get straight dealing, because there are some people in whom everyone would have implicit confidence, while in others they would not. Therefore my position would be to make a clean sheet of the whole matter and have an independent referee whom the local susceptibilities could not touch or discharge at their displeasure.

39,676. And the referee would be solely responsible to the Commissioners in London?—Yes.

39,677. And not under any control of the local committee, who would understand the position?—I think that they would have to be in consultation with him, but I would not give the local insurance committee any power over him. If cases were sent to him, as far as I am concerned, that would be absolutely the end of it. They could not send people down into the area without consultation with the insurance committee, but I should not give them any power over them.

39,678. Have you not inspectors, and so on, now coming into the district, who are not in consultation with the committee?—No, we generally see the inspectors in our district.

39,679. (Mr. Wright.) You are manager of the approved section of your society?—Yes.

39,680. Do the medical certificates come through your hands?—No, they come through the hands of the secretary.

39,681. Who ultimately decides as to whether sickness benefit is to be paid when a claim is made, and the medical certificate is produced in support of the claim?—The society has agents in the various areas, and all certificates go to the central office and the manager—that is, the director for insurance purposes—in every area having a banking account of its own, when the certificates go up each week, is surcharged if the certificates are wrong.

39,682. Generally speaking, when you receive a medical certificate, do you consider it sufficient justification for the payment of sickness benefit?—Yes, if it is properly dated and filled up.

39,683. If you are satisfied that it is signed by a practitioner, and is not a forgery, you consider it sufficient justification for the payment of the claim?—Yes.

39,684. What about the nature of the disease being inserted?—That is done.

39,685. Do you get a specific disease in every case?—No; some of our persons are suspended for a week or ten days owing to that.

39,686. What would be on the certificate in those cases?—Some of us laymen have been attempting to look through medical dictionaries and all that kind of stuff, and we cannot always get at it.

39,687. You are trying to find out, where there is a long Latin name, what the disease is?—Yes.

39,688. For what reason?—Because we are desirous of knowing what the disease is.

39,689. Would it affect your judgment in the matter of the payment of sickness benefit?—Certain things are excluded.

39,690. You refer to misconduct now?—Yes.

39,691. Apart from misconduct and accident, if you get a certificate, which you have no reason whatever to doubt, the mere fact that the doctor has inserted a disease which you are satisfied is not due to misconduct or accident would be a justification for you to pay the claim?—That is so.

39,692. Suppose you get a certificate with “debility” on?—We are instructed from the central office not to pay.

39,693. What do you do in those cases?—We have refused to pay.

39,694. What happens then?—There is a row, and all kinds of threatening things are said, but we do not pay, when we have instructions not to do so. When we get a certificate like that, we send it up to the central office.

39,695. Do they communicate with the doctor?—They communicate both with the doctor and with the insured person.

39,696. Yet in those cases of debility the doctor has certified that in his opinion the person is incapable of work?—Yes.

39,697. Can you suggest any reason why you do not believe the doctor when you get debility on his certificate?—No. I believe the doctor. I am the creature of circumstances. I have got to carry out instructions from our central office.

39,698. But, speaking for yourself, when you get a certificate signed by a panel doctor to the effect that a person is rendered incapable of work by some specific disease, you consider that you ought to be able to trust that certificate?—That is so.

39,699. Yet you seem to be convinced that you cannot in any way trust those certificates?—I am bound to be suspicious. You hear of people who are paying large sums of money always complaining, and even if 25 per cent. of the statements which they make are anything like correct, that is a very serious position. What I am concerned about is that they say plainly that the doctors assist it. The suspicion lies in that direction.

39,700. And the private conversations which you have had with doctors have not tended to allay that suspicion?—That is so.

39,701. Do you not think that the doctors are fairly remunerated for the services which they contract to perform under the Insurance Act?—I do.

39,702. Do you think that there could reasonably be any complaint as to the amount of remuneration?—I do not, and with us I do not think there is any.

39,703. That being so, can you explain why there should be any demand for medical referees?—In the ordinary way I think that there would not be any necessity for a medical referee, and I dare say that the same necessity does not exist to-day as existed in the initial stages. But still we have a large number of societies who believe that there is a necessity. This is very largely created by what has taken place at Bristol. Bristol is quoted to you wherever you go, because a lot of people run away from examination, and I should say that there is no necessity for a medical practitioner on the panel to do other than justly at his present remuneration. I know many of them, I should say 75 per cent. of them with us, whose position has been wonderfully improved.

39,704. Do you know in the first instance that a large proportion of the cases submitted to the medical referee at Bristol were sent, not by the societies, but by the panel doctors?—No, I did not know that. I know that one of my friends is on the committee, and I know that they feel that they have got results.

39,705. Suppose if you made inquiries and found that a very large proportion of the cases which had been sent to the medical referee in Bristol had been sent by the panel doctors, what deduction would you be inclined to draw from that fact?—That is absolutely contrary to what it would be with us. I have given you, just in a private way, evidence that the doctors have certain fears, and that they would not send them.

(Dr. Carter.) May I intervene for a moment on the question of fact. More than 50 per cent. are sent in Bristol by the societies. Not more than 33 or 34 per cent. are sent by the doctors.

39,706. (Mr. Wright.) A far larger proportion is sent by the doctors than by any individual approved society: that being so, would it not appear to you that the doctors are more desirous of having the services of a medical referee than the societies?—I would not like



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to enter into that. It may be so. They were afraid of losing certain sources of income, and that would lead people to believe that there is something in the point which you put to me, but if the doctors are going to send them straight away, without going through the society, I do not think that they have removed the position, because if they send a man direct for examination, they would run the same risk then that they run now if they have a man examined.

39,707. These conversations which you have had with doctors would lead you to think that doctors find it a little difficult to refuse certificates when application is made for them?—I think that that is true. I would not say that in any large sense.

39,708. They would feel relieved if they had some other person upon whom they could throw the responsibility of the refusal of the certificate?—I think so.

39,709. That being so, do you not think that the money should come from the doctors rather than from the societies?—I think that in that way you make things worse.

39,710. You mean to say that you think that the doctors would take up an aggressive attitude again?—I think so.

39,711. And yet you admit that the society and the Treasury between them pay the doctors a fair remuneration for which they could reasonably expect those doctors to do their duty and carry out their contracts?—I do.

39,712. Some of the doctors are failing to keep their contracts according to the evidence which we have before us?—That is to say, there is a feeling that if the doctors perform their duty sickness claims would be less prevalent than they are. That is the point.

39,713. There is a medical fund. Do you not think that the remuneration of the medical referees might very fairly come from that fund, apart from the consequences that you fear, and as a matter of abstract justice?—No. I do not think that I would commit myself to that.

39,714. Why do you think that the societies should pay anything?—Because it is the societies who are very much concerned at their own financial status. They are convinced that medical referees would assist them materially, financially speaking. It appears to me that they ought to discharge the obligation of financing that which would prevent the excessive expenditure, if it is correct.

39,715. Notwithstanding that they are paying now what in your opinion is a satisfactory sum for proper medical treatment for their members?—They are.

39,716. You think now that they should pay something else in order that they may really get that which they are now paying for, but in some cases are not getting?—In a general sense I think that the medical practitioner with us is fairly trying to do his duty.

39,717. Have you had any previous experience of administering medical benefit by a friendly society?—Yes. My own society since 1874 has been administering medical benefits.

39,718. In those days you always acknowledged the medical certificate as a justification for payment?—Yes, but we had examinations even then.

39,719. Had you many?—We would have a few.

39,720. How many in the twelve months?—Perhaps an average of 10.

39,721. But you were not paying the doctor so well then?—We were not, but we never did then take him to the same doctor. We had an arrangement with a man in an area, and if we felt that a claim was not justifiable, we had the person examined.

39,722. Do you think in the new conditions that if you had medical referees you would send more than ten or twelve yearly?—I do not know, I am sure.

39,723. You have no very high opinion of insurance committees?—I have worked very assiduously for insurance committees since they came into existence.

39,724. But you are anxious that they should not have anything to do with the appointment of medical referees?—Yes, but that does not prove that I have very little sympathy with insurance committees. My experience shows that I want to protect the insurance

committee. I want to protect the medical practitioner and the insured person. My point is that there is no good bringing into existence something that will be as bad as it is now.

39,725. Are we to take it that in your opinion the committees are incapable of protecting panel doctors and the insured persons?—No. I think that the committee is quite capable of protecting the medical practitioner and the insured person, provided that the matter is raised with the insurance committee. Suppose an approved society has a complaint against a medical practitioner on the panel, it is that society's duty to place in writing a complaint before the medical service sub-committee, so that the committee may deal with it fairly to both parties. In the absence of those complaints what have you got to do? That is my point. I am not coming here to tell you that we are incompetent to deal with these matters, but we have not had the opportunity.

39,726. Because apparently the approved societies have not sufficient confidence in the committee to submit these cases to it?—No. I do not think that that statement can be justified, because the approved societies have representatives on the committee, but I am rather inclined to think that extravagant statements are made which there would be some difficulty in proving. I think that they ought to be fair all the way round. If people make a statement by which the honour of a medical practitioner or of an insured person is at stake, I think that they should be obliged to put it in writing and endeavour to prove it, and I think that going before the medical service sub-committee is such a matter-of-fact position that they are afraid to face it.

39,727. At all events the position is unsatisfactory?—I think so. If you could transfer all cases as some of the secretaries of committees have done they could deal with it in a better way than any other.

39,728. (Mr. Warren). I think you said that a great many insinuations were thrown out in respect of doctors on the insurance committee, and when it is asked that they should be substantiated nothing further transpires?—Yes.

39,729. They are never taken to the medical service sub-committee?—Yes. There have been only the one or two cases that I have referred to.

39,730. At what time and where does the medical service sub-committee meet?—When any complaint comes in the committee is called together in accordance with the notice required, and both sides are notified.

39,731. At what time in the day is the meeting?—In the evening, at 7 or 7.30 or 8, to meet the convenience of the two parties. The last meeting was called at 8.30 to meet the convenience of a medical practitioner whose surgery did not close until 8 o'clock.

39,732. So there is no difficulty in respect of the time of meeting?—No.

39,733. Is it any bar to the insured person lodging a complaint, if he so desires?—Not at all.

39,734. Do you think that these complaints are never carried to the committee because of want of knowledge on the part of the insured persons as to how to proceed?—No. I think that they are all made aware of the fact that they can proceed through the secretary.

39,735. Do you think that there is any fear on the part of the insured person of taking action in respect of the medical service sub-committee?—I have not seen any fear at all.

39,736. Dealing with a large body of insured persons who are new to insurance, has it not occurred to you that there might possibly be working in their minds a fear as to taking any action?—No, I do not think so.

39,737. You say that generally speaking the attitude of the medical profession towards the Act is now favourable, though some of the doctors are indignant; what are they indignant about?—I mean to say that in the initial stages a great number of doctors were not well disposed towards the Act. Some do not



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like it now. They say that there is too much clerical work.

39,738. They do recognise, generally speaking, that it has materially improved their financial position?—I have never heard them complain about the money which they received, but I have heard them complain about the work.

39,739. Do you think that, generally speaking, the position has improved between the approved societies and the medical men?—Yes, wonderfully.

39,740. And that there is a likelihood of that continuing?—Yes. I will give you one example. One of the societies' representatives expressed himself very strongly against the medical practitioners in our area, and I thought that it would be a wise thing if we could put that man in office. So I had him put on as chairman of the medical sub-committee, and I thought he would then be able to exercise some authority and put the medical practitioners under the table, and I think that we have had only one case since. I am giving that as an illustration. This gentleman always had a great deal to say, and then I thought we would put him in conflict with them, and I leave you to guess if there is a good feeling. All the doctors have come up, and there is no dispute.

39,741. You made him chairman of the medical service sub-committee?—No, the medical committee; and I got his colleagues on the other so that he might be protected, and I got the strongest man we have in the city of Leeds to take the chair. All this leads up to what I have stated in the first instance—there is plenty of mud thrown, but nothing proved.

39,742. The position is very much improved?—Yes.

39,743. And you have evidence that that is extending?—Yes.

39,744. May we take it that if the representatives of approved societies now approach the medical profession they are received with consideration, and complaints are lessening?—I will tell you how I think the thing is developing with us. The approved societies having a complaint ring up the secretary of the committee, and in that way there is a better feeling altogether.

39,745. You have in your outline of evidence referred to cases in which certificates were given without the patient being seen. What action has the Leeds Committee taken in respect of such cases?—In those instances the clerk to the committee has seen the medical practitioner. The insured person has got no pay and, in some instance, has gone back to work.

39,746. Were those cases of attempted fraud on the funds?—I could not say that at all, because I should say that the man or woman, as the case may be, gets a certificate in some of the societies when the medical practitioner has not examined the person.

39,747. You tell us that verbal representations have been made that sickness benefit to insured persons has been stopped as a result of an independent examination by a medical referee appointed by the approved societies. The panel practitioners were not prepared to accept the decision of the referee in those cases?—In some cases the approved societies have a system that if they have any doubt with the member they have some medical practitioner to whom to submit the case for examination, and in some instances the insured person, in the opinion of the doctor making the examination, was fit to work. There has been a difference of opinion on that.

39,748. Would not those differences of opinion arise if medical referees were set up?—I do not think that they would arise. That is my point; but if there was any difference of opinion it would make no matter if the referee was an absolutely independent man.

39,749. You think that referees should be appointed by the Commissioners. In that event do you not think that it would be better for them to be paid by the Commissioners?—Yes. My answer to the question from the financial point of view arose from the manner in which the Chairman led me into it. He asked whether we had considered the question of referees, and my answer was that we had, and that the approved societies were prepared to pool the liability, apportion the liability, and then the question was how much we

were to pay. The evidence adduced was that we could not get any man in the place who would be in a position to act. My opinion is that the medical referee ought to be kept clear of the insurance committee, save for consultative purposes, and that they should have no power over him. Cases ought to be sent to him, and it ought to be clear that his decisions could only be challenged in the ordinary way.

39,750. He should be kept clear of the insurance committee, the approved society, and the insured person; and should be appointed by the Commissioners and responsible to the Commissioners?—Yes.

39,751. That being so, would you not agree that he should be paid by the Commissioners?—In view of the fact that our people when discussing it were prepared to share the liability, I still feel, as an insured person, that my position is sound, because it is the approved societies that intend to benefit, financially speaking, from the examinations.

39,752. (*Mr. Thompson.*) On the general question as to the complaints of which you have spoken not having been brought before the committee, but having been satisfied in some other way while at the same time the relations between the societies and the doctors have improved, the situation in Leeds would appear on the whole to be working out satisfactorily?—Yes, I should say so. Only in reply to that I must say that there is still excessive sickness benefit being paid out—that is, from the point of view of the income.

39,753. Probably the matter is advancing as rapidly as we could reasonably hope?—Yes, I think it is.

39,754. But the societies, or some of them, still feel that they have been, and perhaps are, suffering to some extent by the method of certification?—Yes, I am taking the present day. They are perhaps paying 25 per cent. more than before the inception of the Insurance Act. Their liabilities are 25 per cent. more.

39,755. They have increased?—Yes. Therefore, they take it that there is some reason why that excess expenditure is involved, and they have come to the conclusion, whether it is right or wrong, that there must be some undue influence or something behind the scene.

39,756. Is there any exception among the societies in Leeds to making some payment of which you are aware?—No, I have not heard of it.

39,757. They all feel, as far as you know, that their funds would be saved by the appointment of a referee?—That is what they feel.

39,758. Theoretically, of course, the payment of the remuneration should involve some degree of control?—Yes, that, no doubt, would be argued.

39,759. Would you say, if the societies had the control of the referee, that the purpose of his appointment would be to some extent defeated, because the member would not have the same confidence in his impartiality?—I am rather inclined to think it would.

39,760. So in that case it would in part defeat its own object?—Yes, I think the idea is to have the position clear, whereby you can send people for examination purposes.

39,761. Would you say, speaking generally, that in your opinion the doctors are giving full value for the remuneration they receive?—My own opinion is that they are working exceptionally hard, and I should say that I think they are.

39,762. Looking at the question from a practical business point of view, do you think that a contribution on the part of the societies towards the remuneration of the referee would be a wise arrangement?—I do.

39,763. Would your suggestion take the form that if a society were to send no cases to the referee, it would pay nothing towards his remuneration?—No, my suggestion would be that at the commencement of a scheme of that description there should be contributions in accordance with the members of the approved society. If there were 20,000, 10,000, 5,000, 2,000, or 1,000 it would work out proportionately.

39,764. Have you discussed this fully at all, or is it a conclusion to which you have come after discussion?—After listening to the discussion that has obtained on medical referees. They have been going



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to appoint them and do one thing and another during these last nine months, but they have done nothing.

39,765. Do you think, then, that there would be no disadvantage in that arrangement arising from the fact that a society would say: "We have got to pay so much for this referee, and we will see that we get our full return," and that they would send a very large number of cases to him?—No, I do not think so. I think, after all, that they are business men, and they would only want to send the cases by which they thought they were affected.

39,766. And supposing the society for one reason or another did not want to send any cases, would it not seem to you to involve some hardship if they had to pay their quota just the same?—I do not think it involves hardship when they enter into the obligation. They have the privilege of sending, and the reason they do not send, of course, is theirs.

39,767. Entering into the obligation would be a compulsory matter, would it not?—Yes, they would agree to it.

39,768. They would have to agree to it?—Yes, they would have the matter put before them, and they would agree to contribute so much.

39,769. If you have to agree, the hardship may still remain?—I daresay it would, if you had to enter into it against your will.

39,770. The suggestion has been made from many quarters that the payment by societies, if there be such a payment, should be on the basis of the number of cases they send to the referee. That would appear at any rate to involve no hardship?—They might as well remain as they are, because the societies are sending them and paying now.

39,771. They would not have the advantage of a referee appointed by the Commissioners?—There would be that in it.

39,772. And the referee appointed by the Commissioners would give greater weight and be more satisfactory?—I think so.

39,773. If a scheme could be agreed upon or devised which would provide for payment per head of the members sent by the societies, you would not see any objection to it?—I do not.

39,774. (*Dr. Fulton.*) Could you tell us what percentage of your members have gone on the fund in your society since the Act came into force?—Well, you can work it out this way. We have paid, instead of one week, a fortnight; that is to say, instead of spending 3d., we have spent 6d.

39,775. You do not know over what proportion of your members that money was spread?—No.

39,776. Do you think, generally speaking, that the doctors in Leeds give certificates of incapacity where there is any doubt at all of the person being incapable of work?—I have not found that in my own case, and all I can say is that statements are made that they have, but there has been no attempt to prove it.

39,777. What I mean is, do you think, where a person is undoubtedly fit for work, that the doctors to any considerable extent are giving certificates to say that they are unfit, or is it only doubtful cases in which they do it?—Personally, I should say no.

39,778. You rather object to part-time referees?—Yes.

39,779. Of course, you are aware that the referees appointed by the county court under the Workmen's Compensation Act are principally part-time officials?—Yes.

39,780. So far as your experience goes, does that interfere with the judicial functions?—No, I think they deal with a different class of people altogether. I have seen part-time doctors for clinical purposes under the education authorities, but if we have got to have someone who has got to give a decision independently—that is my point—he ought not to have two sources of income. If the medical referee is going to discharge the duty which approved societies think he can discharge to their benefit, and to the benefit all round to prevent malingering—that is my point—he must be above the touch of these other susceptibilities, and I do not see how that can be, if he is part-time.

39,781. Do you think, with regard to the men in consulting surgical practice in the large cities, who act as referees on the county court bench under the Workmen's Compensation Act, that the fact of their being engaged in consulting practice in the area militates against the justice of their judgment?—If you are asking my opinion about that on the few cases I have dealt with, I should say yes.

39,782. Do you think, if the panel practitioner declares an insured person off the fund, that the insured person should have the right of appeal to the referee, if he thinks the decision unjust?—I think that the insured person should have the right of appeal, and there should be some machinery for that purpose, but not to the referee. Supposing I was examined by a medical referee to-morrow and he judged that I was fit to follow my employment, I think that I should be entitled to dispute that, and there should be machinery to give me that opportunity, but what that machinery should be, as the matter stands at the present moment, I do not feel confident to state.

39,783. Mr. Wright has pressed you a good deal as to whether the doctor should contribute towards the referee's salary, and you did not quite agree that he should. Do you think it would be a good working rule in ordinary business that the workman should pay the overlooker?—No, I do not think so, but I regard this as exceptional. I mean to say that the complaints do not come from the doctor but from the approved society.

39,784. You have no personal knowledge of the experience of the Manchester Unity in Bristol, where there is a medical referee?—I have read the report of his work.

39,785. Have you read the published report of the Manchester Unity with reference to their sickness experience in Bristol and other large centres?—No, I have not.

39,786. (*Dr. Carter.*) You have stated that you do not think the medical practitioner's reputation should be at stake on mere *ex parte* statements?—And also, of course, the insured person's reputation.

39,787. Would you extend that opinion to the medical profession as a whole?—Yes.

39,788. You would not wish their reputation as a whole to be prejudiced, for instance, with this Committee on *ex parte* statements?—That is so.

39,789. I take it you wish to substantiate, if you can, any statement which reflects upon the medical profession which you have made either verbally or in your outline of evidence?—Yes.

39,790. Would you then give us some indication of what you mean by your answer in your outline, "Practitioners individually interpret the words 'Incapable of work' to include all complaints human flesh is heir to, whether or not causing total incapacity for work"?—Yes.

39,791. I understand that you personally feel that the medical profession in Leeds are not acting very fairly?—Yes.

39,792. But that is surely rather a sweeping charge, is it not?—Yes, because the approved societies object to pay for certain complaints. That is very largely one of the things to which they object.

39,793. Are we to take it that you seriously state that the doctors in Leeds to any large extent are certifying persons as totally incapable of work, when suffering from any complaint that human flesh is heir to, without regard to the seriousness of the complaint?—That is exactly what the approved societies are complaining about.

39,794. In general terms?—In general terms.

39,795. But you cannot press it home by giving us evidence that it is happening?—That is what I stated. While they complain, they do not produce the evidence before the committee.

39,796. So that as regards the interpretation of the term "Incapable of work," although you make this statement here, you are not able to tell us very definitely, and give us instances where the doctors have alleged incapacity for work for some very trivial cause. You have not any evidence of it?—No, I have only the general statement made by the approved



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societies that such is the case. When asked to place these matters in writing, they have failed to do it.

39,797. So that we must only take this as a general statement without your being able to substantiate it in detail?—That is so.

39,798. You said, I understood, that a common form of continuation certificate has been supplied by your committee to the societies in Leeds and has been accepted by them for general use?—Not a continuation form. A continuation form has been in operation, but they have not agreed to have a complete form each week.

39,799. The continuation forms are common to all the societies. They have accepted these for general use, and it is working very satisfactorily?—I think so.

39,800. Your procedure has been for them to be supplied by the societies to the member?—That is so, each week, to have them signed and dated before they receive their benefit.

39,801. And you have found that there has been no objection on the part of those societies whose custom hitherto has been to have a continuation form which required simply a signature from week to week on the same piece of paper to their substituting a separate weekly sheet for that common continuation form?—No objection at all.

39,802. You have no difficulty at all in that they are quite ready to accept these separate sheets each week?—Oh, yes.

39,803. Have you any opinion as to whether that form could be supplied to the doctors, so that the doctors would always have them in their possession when occasion required them to use them?—We have never thought about that. We have simply given these to the men or women on sick. Suppose they draw their money on Friday, then, if they are fit to attend the surgery, they take this note, and it is signed before they get their money.

39,804. You think that the same purpose might be served if these continuation certificates were in the doctors' hands instead of their being supplied to the member?—I am afraid that they would complain about the clerical work.

39,805. They would have no more to do clerically?—We do not know how long a man is going to be on sick.

39,806. All you want is a weekly certificate, and, if they had these sheets available at their own surgeries just as they have the declaring-on certificates, they could supply them to the member as long as he was ill?—They would have to do a certain amount of work that the secretaries now do.

39,807. On that particular certificate, but you do not think it would be unworkable if the doctors were to supply a continuation certificate on a separate sheet weekly as they now supply the initial certificate?—There may be an objection to that on the part of the doctors, but that would be for them.

39,808. Would it be possible if, in a doctor's opinion, a patient was capable of returning to work at some period other than the end of the week, for that doctor, if he had a certificate available, to sign him off at once without waiting until the end of the week?—I suppose you mean if the medical practitioner were supplied with these, he could sign him off on the Wednesday or Thursday without the patient going in.

39,809. Not necessarily without his going, but he might say, "I think you will be fit for work before the end of the week. Come again in two days' time." As it is now, although the patient may be considered capable of work, there may not be a certificate at hand for the doctor to sign him off, and three or four days more on the fund is wasted because the certificate is not available. If the doctor had the certificate at hand, he could sign him off just at the time he thought the incapacity ceased?—Yes, but I have never gone into it.

39,810. You would consider the saving of only a few days' sick pay might in the aggregate amount to a very considerable saving to the funds of the society?—That is so.

39,811. (*Miss Ivens.*) You said that you had had complaints from secretaries about certificates for

pregnancy. Have any of these complaints been substantiated?—Our management says that if the certificate states pregnancy only, we are not empowered to pay. We always have great trouble about that side of it.

39,812. Is that done by all the societies in Leeds, or are there any who pay on pregnancy only?—I do not know that there are any who pay on pregnancy only. What happens is this. There has got to be a medical practitioner to get to know whether the illness is caused by the pregnancy, and that causes a great amount of difficulty with the approved societies.

39,813. (*Dr. Smith Whitaker.*) Supposing an insured person goes to his doctor at the beginning of an illness. We will assume that it is a man who has not been ill during the year before, and there are four days to elapse, do you think it better that the doctor should give the first certificate that day, there and then, or that he should wait until the end of the four days, so as to see whether the man remains unfit to the end of the four days?—I think that the certificate ought to be given on the fourth day. I think that would make things a great deal better.

39,814. I am not suggesting, of course, that the doctor should give a certificate on the fourth day, and date it the first day?—No.

39,815. Supposing the man went to him on the Saturday and again on the Wednesday, I take you to mean that the doctor would give the certificate on the Wednesday, saying, "I certify that I saw this man on Saturday and found him incapable, and I have seen him again to-day and find him still incapable of work." You think that would work better than for the doctor to give the certificate on the Saturday?—Yes, I think that it would work a great deal better if the doctor saw the person on the fourth day and gave a certificate for payment as from that day.

39,816. Why do you think that?—This is what I find. They go the first day, and then they do not see the doctor again until the end of the week. It is quite possible that in the first instance they may not be fit for work, but on the fourth day they may be fit. That I know is the position. I have heard a great deal, and some of us, when the Act first came in, interpreted it in that way, but that has not been the practice.

39,817. You think that if you waited until the fourth day you would save a number of days for which you are now paying?—I think so.

39,818. Look at it from another point of view. Is it not an advantage to you to get the notice from the insured person and the certificate at the very earliest day, so that you can get your sickness visitors to work to look the man up?—That is all right, but I hardly think that the secretarial work is under observation at the present time. The question is that of men and women who are fit to go to work getting on the fund. If the medical practitioner saw the patient on the fourth day, and, having seen him, certified that he was incapable of work, there would be a greater guarantee that matters were all right.

39,819. Supposing it could be secured that you got notice at once on the Saturday. If the man went to the doctor on the Saturday for the first time, would not that enable you by your own machinery of sickness visiting and so forth to get on the track of a doubtful case soon and save money in that way?—If the man has been to the medical practitioner on the Saturday it gives us no time.

39,820. Supposing he sent his certificate on the Saturday, you perhaps might not get it until the Monday. Then you have got to communicate with your sickness visitor, and these things take time. Even if you get your notice on the Saturday you may not get your sickness visitor to work before the Wednesday or Thursday, whereas if the doctor does not give you a certificate until the Wednesday or Thursday, you know nothing about the case until at least four days after the incapacity has become known. The question I am putting to you is whether you think that the advantage of the early notice is greater or less than the advantage of the doctor waiting until the



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fourth day before he certifies?—In that case I should say the early notice.

39,821. You think that if you could get the early

notice the profit to you would be greater than the loss the other way?—I think that it would, if we could get into touch with the sickness visitors.

The witness withdrew.

Dr. H. F. DEVIS (*Bristol*) examined.

39,822. (*Chairman.*) You are a member of the Royal College of Surgeons, a licentiate of the Royal College of Physicians, and you are in practice in Bristol, and on the panel for that town?—Yes.

39,823. Can you tell us how many insured people you have on your list?—As near as I can tell, 900.

39,824. Can you tell us how many of them are men, and how many of them are women?—There are a few over 600 men and 300 women.

39,825. Could you tell me, roughly, how many of the women are married, and how many single?—I have only 40 married women.

39,826. Could you tell me what kind of people they are?—They are mixed. The neighbourhood is one of the better-class residential parts of Bristol. It is a better-class working district. I suppose probably I am the doctor in Bristol who has been hit most heavily by the Act, because many of my private patients, clerks, typists, and so on, have come in under the Act. In addition to that there is a very large number of railway employees—drivers, firemen, guards, porters, and so on.

39,827. Are they on your list?—A great many of them are.

39,828. What are the 40 married women doing?—I do not think that any of them work in factories of any kind. They are nearly all charwomen.

39,829. What are the 260 unmarried women?—Many of them are typists and clerks. There are a few factory hands, not very many, because most of the factory girls have their own approved society.

39,830. Could you give me any idea at all what proportion of the 900 you have attended during the course of the year?—Yes, I have the exact figures here now. I find that during the course of last year I attended 600 out of the 900.

39,831. Different human beings?—Yes, different human beings.

39,832. Could you tell me how many out of them had certificates?—283 had certificates.

39,833. Were they separate individual people who had certificates, or did some of them have two certificates?—The only way I could count would be by the initial certificates. I always use the initial form for the initial certificate and for no other purpose. There were 283 initial certificates, so that some of them are duplicates.

39,834. Do you think that excessive claims are being made?—To a certain extent they are being made.

39,835. What do you mean by saying "to a certain extent"?—Excessive claims on medical benefit are frequent.

39,836. What do you mean when you say that "excessive claims on medical benefit are frequent"?—Trivial complaints.

39,837. You mean that they ought not to go to a doctor at all?—Yes, it would be much better if they did not.

39,838. What sort of things are the matter with them?—It is generally the young man. He is the worst. He comes and says, "I am very bad, I have got a bad cold." "Where is it?" "Have you got a cough?" "No." "Have you a cold on the chest?" "No." "Have you a headache and shivering?" "No." "Where is it?" "I have a bit of a cold in my head."

39,839. What do you do for them?—I tell them to go away. They are frequently well in a day. If they insist on it, they have some medicine. It is nasty stuff as a rule.

39,840. What do you think makes them come?—It is difficult to answer that question. They have got the idea during the last 15 or 18 months that they

have the right to come to the doctor as much as they like.

39,841. Did they come in the same numbers for the same kind of complaint before the passing of the Act?—I have no figures of the period before, but I should say no, so far as my experience goes. I have the figures of the trivial cases. That is in my own practice alone. The males work out at 13 per cent. of the whole panel, and the females at 10 per cent.

39,842. What do you mean? People who come who ought not to come?—I will not say who ought not to come, but who have some trivial thing the matter with them, and who would not dream of coming if they had to pay a small fee.

39,843. Are they as frequent as they were at the beginning?—I think quite so at the present time.

39,844. Do you think that they come in part because they want to get medicine?—That is one of the reasons.

39,845. Some of these 13 per cent. are perhaps better for having medicine?—Perhaps some of them are.

39,846. Do you think, as the result of their coming for complaints that are apparently trivial, that there is some saving in the development of disease that might be serious?—I cannot say that I recollect a case in which I should say that, but it may be so.

39,847. Do these people who come with trivial complaints or other complaints come mainly with the idea of getting a certificate, and getting off work?—I cannot recollect a single case in which they had an idea of getting a certificate.

39,848. Among the trivials?—I am speaking of the trivials.

39,849. Apart from the trivials, do the other people come in and say "I want a certificate"?—No, they tell me they are ill, and describe their symptoms.

39,850. Do you yourself say if they are to go on the funds?—In the majority of cases I say, "You had much better stop at home."

39,851. Have you had some cases where you have had some doubt and have refused to give a certificate?—I do not think that I have had a case personally where I have had to refuse a certificate, but I have had two cases in which I have made use of the referee.

39,852. Why did you make use of him?—Because of the uncertainty of the diagnosis as regards incapacity, both continuing certificates.

39,853. Although you have never refused an initial certificate, have you often refused to give a continuing certificate?—No, those are the only two. As soon as I feel that a person is able to return to work I tell them so.

39,854. Do they go back without a struggle?—Yes. I think that I may say without a struggle in the majority of cases.

39,855. What was the matter with them in these two cases?—One was a very interesting case, because it was the case of a man who no doubt is more or less an invalid—I will not say a malingerer—but a man who believes his illness is very much worse than it is.

39,856. What is the matter with him?—On various occasions he has had various illnesses. He fetched me out of bed at two o'clock for a bad attack of colic. I could not find anything the matter with him, but I suppose he had it, although he was all right in two days. Another time he said that he had bad rheumatism. Of course, the symptoms are purely subjective.

39,857. Do you think that he was shamming?—No. I am sure that he was not shamming, but he thought that he was much worse than he really was, and it went on for about a week or ten days. I fancied myself that he was fit to return, but I must say that I



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was rather influenced by some relations of his who told me that he was a ne'er-do-well, and would not do a day's work if he could help it, and so I sent him to the referee.

39,858. What did he say?—He said he had not got rheumatism and that he was fit for work. He then told the referee he had something else, but the referee did not allow him to rest any longer. This same man came to me some four or five days ago. I was naturally prejudiced somewhat against his *bona fides*. He complained of a pain in the right elbow; where he said that he had rheumatism so often. I examined him very carefully and could find absolutely nothing the matter. I tapped the bone in his elbow, and he shrieked with pain. I let him sit down and I said, "Well, I am going to give you two or three days, and you can come again." I signed him on the funds for three days, with the understanding that he was to come again. When he came again he had most unmistakable rheumatism in the elbow. He had the joint all swollen. I am therefore very glad that I gave him the chance.

39,859. You think that he had it the first time that he came?—I am sure that he had.

39,860. What was the other case?—The other case was at the very beginning of the Act. I cannot remember every detail, but, roughly speaking, it was a case of one of the married women, more or less chronic alcoholic with stomach trouble, and so on. She was a regular bad life right through. It was a question to my mind whether that woman was really fit for work or not. There was no doubt she had attacks of genuine illness, but I was rather unsatisfied in my mind whether she was fit for work, and the medical referee said that she was fit for work.

39,861. What did the medical referee have before him in those two cases, when he saw them?—The form which is filled up and given to the practitioner in Bristol.

39,862. What does it say?—It gives the patient's name and address, age, I think, the society, and the number, but it is nine months ago since I had it.

39,863. Does it leave a space for any details to be given by the practitioner for the use of the referee?—Yes. I am not perfectly certain about the form, but I know that in each case I notified the referee my own opinion. In fact, I gave him fairly full particulars.

39,864. Did you see the referee?—Not about this case.

39,865. Did you telephone to him?—I wrote to him.

39,866. You were not present at the consultation?—No, I was not present.

39,867. Are those the only two cases in which you have had any difficulty in making up your mind whether the insured person was fit or not?—Those are the only two, and in each case it was a question of diagnosis as regards incapacity.

39,868. It was not a question of diagnosis whether there was anything the matter or not. It was not a question of the diagnosis of the complaint, but of the extent of the complaint?—Yes.

39,869. What is the general attitude of the Bristol doctors with regard to the Act and their working under it?—I have varied opinions here. I have the synopsis of the opinions of 55 of them, and they vary. Shall I give you the extremes?

39,870. If you like, but I would like your own opinion much more?—One man says that it is the finest thing ever passed by the House of Commons, and another man says that it is rotten.

39,871. Passing by those two, what is the general attitude of mind of the profession in working the Act?—The profession is desirous of working the Act efficiently. I think it puts the efficiency of the medical work in the foreground. And it is very jealous of anything which interferes with that efficiency. It is certainly regarding the Act as a whole with more favour than originally.

39,872. Originally it was rather hostile?—Absolutely hostile.

39,873. And perhaps not unwilling to let that hostility take effect in action?—No, the profession was prevented from doing that.

39,874. By what?—By the compact we entered into with the Commissioners.

39,875. What do you mean? The compact about the appointment of Dr. Rogers, and all that?—About that, and the size and the powers of the medical service sub-committee. We had special terms as regards Bristol.

39,876. All that having been done, do you think that the medical practitioner, when he is examining his patient and giving him his certificate, thinks at all, "Now I will get a bit of my own back," or see that the patient does, or something of that kind?—No, he does not.

39,877. Do you think that he is saying to himself, "I am quite indifferent whether the thing sinks or swims, so long as I cure my patient"?—The profession, as a whole, does not. I should not like to say that there are one or two, but there may possibly be.

39,878. In examining a patient and giving him a certificate, the practitioner recognises some sort of duty besides that?—I think that he recognises the same duty to the patient and to those connected with the patient as under private practice before the Act.

39,879. He is doing two things. His primary duty is to attend and cure the patient?—Yes.

39,880. Besides that, he is in a special relation towards the machinery of the Act, is he not?—Yes.

39,881. He has contracted to give all sorts of certificates, and that means that he will give them truly and assist the working of the Act by certifying truly whether a man is capable or incapable? That is what I mean?—That is so.

39,882. Do you think that he is giving due attention to that side of the contract he has entered into?—I should say, as a body, he certainly is. I am not speaking of individuals, but as a body, most certainly.

39,883. Do you think that he recognises it as part of that duty to give all such information as is necessary to enable the proceedings under the Act to be carried out?—Yes, with the reservation that that necessary information must not be what he would call irritating and unnecessary.

39,884. What does "irritating and unnecessary" mean?—One gets so many instances of it in the different certificates one has to fill up.

39,885. I do not quite follow what is irritating and unnecessary in what you are asked to do?—Many of the details one is asked to fill up on the certificates of the different approved societies is an instance of it.

39,886. Is there a great variety in the certificates used in Bristol?—A great variety of continuation certificates.

39,887. What is the matter with the continuation certificate? What is the particular continuation certificate you get?—There are many.

39,888. I was going to deal with them bit by bit. It is all a matter of detail?—I had a certificate, which as a matter of fact I did not fill up, from the Association, in which each week you are asked to give a prognosis and the length of time you considered the patient would be ill.

39,889. That is not at all a common form?—No, but that is one.

39,890. How many cases of that kind have come under your notice?—Not many.

39,891. Very seldom?—That one is seldom. The most common form that is irritating, I should say, is such a one as that of the Association, in which the medical man is expected to put in his qualifications—his signature and a long list of qualifications.

39,892. After his name?—Yes, each time. It is obviously unnecessary, and it takes a minute each time.

39,893. Let us assume that it is unreasonable to ask for it; there is not very much in it even then?—The offence to us is repeated on different forms. If I have to see twenty different patients in a morning, I have probably twenty different certificates, and I have to apply my mind in forty or fifty different ways in order to sign those certificates.



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39,894. That is a slightly different point. You would prefer that all continuation certificates should be in one form?—Yes.

39,895. Because you find it awkward in trying to remember what you have got to do in each particular case. One can quite understand that?—Yes.

39,896. I wanted to find out what there was in each of the forms to which you objected, because if there is to be a uniform form it would be desirable to know what should be on it and what not. You object to the prognosis, and you object to having to put on your qualifications?—Yes, every time. In some certificates they want the date twice over.

39,897. What does that mean, I do not follow?—Here is one for instance, where I am required to certify that the member stated is capable of work, and then the day on which I last saw him.

39,898. Is not that a reasonable thing to ask?—Not when I have already stated it.

39,899. What they are asking is that you should tell them when you saw the patient. It is desirable they should know that?—It is with a final certificate.

39,900. They want to know the date on which you sign?—I do not see why they should.

39,901. How can they conduct their affairs if they do not know that?—I grant that they want to know the date on which the patient ceases to be unable to work.

39,902. They can only know that by knowing the date on which you sign the certificate?—I am afraid that I cannot quite agree.

39,903. If you see the patient on the Monday, what the society really wants to know is that you have seen him on the Monday. If they do not know that you have seen him on the Monday, they are absolutely at sea as to the value of your evidence?—I should suggest that what the society wants to know is the date the patient is able to work.

39,904. But you can only tell them that in part. You can tell them how much of your observation has been brought to bear upon that subject. That you tell them best by saying that on the last day you saw him you formed the opinion that he was unable to work. Is not that so?—I do not quite grant it. It is part of the question of ante-dating and post-dating, is it not, really?

39,905. Yes. If you suggest that it is no matter to the society to know the day on which you are actually performing that act, I do not agree with you, and I do not quite understand why you think it is no matter?—Take this case. A man comes to me to-night, and we agree that he is not fit for work, but he has forgotten, or has omitted for some reason, to bring the special form, and brings it to-morrow night. I do not see why I should not sign it to-night.

39,906. I see a good reason. In the first place it is not true?—I sign that he is not fit to work to-night.

39,907. You say you have seen him on a particular day and formed the opinion that he was unfit for work?—No, I do not say I have seen him.

39,908. What do you say? That is why that certificate requires two dates, so as to enable you to state both matters, the day on which you have seen him, and the day on which you are signing the certificate?—And that is why I say that one of the dates is unnecessary.

39,909. Let us look at the next certificate?—Here is one. "I hereby certify that I have professionally attended —, of — Road, Bristol, since the first day of illness for —, which renders her still "incapable of returning to work." That is a continuing certificate. They ask to have put on each time the full particulars of where they live, and also the date when first taken ill. That I submit is totally unnecessary on a continuing certificate. I did not fill it in completely, and it was sent by the official of the insurance society, with a note to the patient, saying that I had to fill it up properly. These are all irritating things to a man who is in a hurry, and they can be remedied.

39,910. I am much more interested in the post-dating and ante-dating points than points about addresses and such like things. It seems that the

difficulty about the addresses might be got over by some other means. The question of the actual date on the certificate seems to me to be a vital matter; does it not to you?—I think it is a more important matter that the doctor should not be asked to date a certificate on a different day from that on which he has seen the patient.

39,911. That is half way. Surely also it is undesirable that he should be asked to affix a date on a certificate as the date of signing other than the date of signing, is it not?—I do not think he ought to be asked to do that.

39,912. I agree, but the date he puts on the certificate, where he says "Signed this day," should be the actual day on which he does the signing. Surely that is essential?—It is not quite the same thing.

39,913. I did not say it was. It is essential, is it not?—No, I do not think so. If I have a case which I know is ill, it does not matter what the reason is. I ought to be able to put that so and so is on such a date, or was on such a date still unable to follow his employment.

39,914. Do you put "was"?—I think I ought to be allowed to.

39,915. Do you, as a matter of fact?—I do sometimes. I certainly do not say I certify that so-and-so is unable to work, and then date the thing when I have not seen the patient.

39,916. I do not mind about you seeing the patient. That is another matter. What I object to is dating it with any other date than the date on which you are writing with that pen. I cannot imagine what argument you can put forward in favour of doing so. He wants the plain, simple, honest truth. It is quite easy to do. What is the difficulty in the way?—In the first place you are inflicting a great deal of hardship on the insured person.

39,917. If I were you, I should leave the insured person and the society to fight that out. The doctors' business is to assist the approved society and the insured person to get the claims proved and dealt with, and I think they had better let alone what hardship there is to the insured person from what they do?—The insured person often comes to the doctor as a confidant and wants to know what is to be done.

39,918. That is scarcely a professional point?—I do not know. I think it is.

39,919. I have heard of other people going to doctors and asking them to facilitate the operations of the Act by putting dates on certificates which ought not to be there, have you not?—Yes, I have.

39,920. One thing is quite easy. There is no difficulty at all about putting the actual date on which you sign the documents and leaving it there. But directly you get away from that you get into the region of casuistry. I could put up an argument for days which was unanswerable, to defend action with regard to any particular certificate on any particular date. The point is that, as it is all so easy to defend, if you once admit one divagation, the whole thing is gone, and the society can have no more reliance at all on these documents. Put yourself in the position of a man who sits somewhere in an office and has never seen the doctor or the insured person or anything but the books and papers. Surely he is entitled before he sets the chain in motion, which will end in 10s. being paid to the insured person, to know the exact state of the facts, and if he does not know them, how can he manage the business at all?—He has the exact facts from the doctor's certificate.

39,921. No, he has not. Not in the form in which he desires to get them. He has got something, and he has to exercise his mind to find out whether the doctor who has given it is a person who does or does not apply another date than the true date. I am not suggesting falsehood or wickedness. It is a question of business?—You say it was not true.

39,922. It is not true, is it?—I think the society has the information it requires when it has the doctor's certificate that on such a date the patient is unable to work.



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39,923. Is that the sole information he requires?—For a continuing certificate, I should say so.

39,924. What does he require that information for?—In order to be able to pay the week's money.

39,925. I suggest he does not require the certificate in order to be able to pay, but in order to consider the question whether he ought to pay. That is a very different thing, is it not?—It is a different way of stating it.

39,926. Is it not rather more than that?—It enables a society to pay.

39,927. The society wants to be enabled, not only to pay in a proper case, but to withhold payment in an improper case, and it wants to do something more, it wants to be able to test the facts which are *prima facie* testified to by the certificate by all sorts of other things, does it not?—I grant that.

39,928. For example, by the sickness visitor's call?—Yes, I grant that.

39,929. Cannot you understand also that it is an enormous business machine? There must be accuracy and, whatever convention is adopted as to truth or honesty, it should be the same convention all through. Everyone should be thinking about the thing in the same way?—Yes, I grant that quite.

39,930. If you find the societies demanding literal accuracy in dates, may there not be something in it, though the doctor does not see it?—I think the only way of meeting it, which would be generally and willingly adopted by the profession, is by stating on the certificate that on such and such a date so and so is unable to work.

39,931. That is not what we are asking the profession to do. We are asking them to tell us on what day they saw the patient, and what opinion they then formed in regard to him. They are the two things the certificates are to tell, and it is not for the doctor generally to say that the first is not necessary if the societies say it is. What is the difficulty in the doctor telling those two facts?—The practical difficulty is a great deal, because you do not get the special forms on the day you see the patient. You very seldom do, because the patients forget them or do not happen to have them.

39,932. That is the patient's own fault, and when they come forward you should so certify as to make it clear what you are doing?—Yes. Then you do not see the patient on the day you sign the certificate.

39,933. But you could make that plain on the face of the certificate?—By saying that you have not seen him.

39,934. Yes. Supposing the certificate runs, "I saw him on such a day and he was then unfit to work." Surely that is easy and simple?—That is simple.

39,935. I daresay we could get over your difficulty about the patient not having it by using a form like the original certificate form originating with the doctor instead of originating with the patient. Would that suit the doctor?—I am perfectly willing to agree that it would be far preferable to be able to sign it. But we have so many practical difficulties from the patient's point of view. We meet them as far as we can, and we have always done it. That is not new.

39,936. But surely you recognise that the circumstances are different now. In the first place the whole business is much bigger than it was, and therefore there is bound to be a great deal more mechanical work in dealing with the certificates. It is a much more complicated process because it is big. In the second place there is a great mass of doctors who are now doing this work for the first time, and have not acquired the same sort of habits as you, who have been acting for friendly societies in the past. Does not that make a great deal of difference?—Yes.

39,937. We are told in evidence by some doctors that they consider that their business is to see their patient and cure him if they can, and they recognise no other duty of any sort or kind whatever?—Yes. I do not think that that obtains in Bristol.

39,938. Look at the point of view of the approved society which gets stacks of certificates, some signed by one doctor and some by another, and does not know

which kind of doctor it is that is signing. Then we are told by some other doctors that they are very greatly influenced, in giving or withholding certificates, by the fear that in doing so they may offend their patients. I suggest that that makes a great deal of difference, and has made it a new problem rather than the same old one?—With regard to that point of the fear of offending patients, I think perhaps I should feel that as much as anyone, in the special practice that I am engaged in. Practically all the insured persons who were my private patients have come to me as panel patients, and I have not had the difficulty yet.

39,939. All I say is that we know that some doctors do?—But if it does not obtain with me in my practice it cannot obtain very much in Bristol throughout the whole area.

39,940. I should have thought it was much more a matter of character than of circumstances?—I do not know that I am above the average. I am probably below the average in Bristol.

39,941. If the doctors tell us that they are influenced by that fear, is it not necessary for us to conclude that that is an element which has to be taken into account?—Yes.

39,942. The society therefore has to be more careful than it was in the past, has it not? It cannot treat the certificate at its face value in the same way that it did before?—No, I quite agree.

39,943. All these things make it a new problem rather than an old one?—Yes. I certainly agree there. I should like to suggest that it would be perfectly possible to draw up an official certificate for initial, continuing and final which would enable us, without much difficulty, to speak the truth on all occasions. We have a great deal of difficulty, I grant, in speaking the truth on all occasions.

39,944. There are two kinds of difficulties, the difficulty about the date and the difficulty about the substance?—I am speaking of the difficulty about the date.

39,945. How do you get over the difficulty? I am not at present convinced that there is any substantial complaint about the difficulty of date. I cannot see what the trouble is?—It is a very great difficulty. The certificate which I have always been in favour of is the form used by the Post Office.

39,946. Have you got it there?—No. I do not think there is a printed form. I have attended a great many Post Office employees as private patients in Bristol, and I always have to write a certificate on these lines: "I certify that John Jones is suffering from so-and-so, and will be unable to resume employment for so many days." At the end of that time the patient has to come and get another, and I feel quite sure that that would be a great check on excessive sickness claims, because the insured person now, from the initial certificate, generally has 10 days' grace, and then again, the continuing certificate is, with many societies, issued on certain days, and payment is on certain days, and the patients get the form of certificate on the same day, and they come up regularly week by week, and you have no chance of putting them off the society a few days before, when you might.

39,947. How can you be so certain when you give that certificate in the first place that just that number of days, and no fewer, will be sufficient?—I do not think there is ever any difficulty. I cannot imagine a case of difficulty in which one could not say that for a certain number of days, it may be only three or two, the patient will be unable to do his work.

39,948. I did not know that medical science was so far advanced as that?—I should not call it far advanced.

39,949. When I have been ill it has always been very difficult to screw out of the doctor the statement when he thought I should be able to go back?—I think there are many cases in which you would not give a certificate at all. There are many cases in which I do not give a certificate.

39,950. I was assuming a case where you were going to give a certificate. It must be very difficult to make up your mind as to the precise number of days that a



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man will be incapacitated?—I do not think so, in practice.

39,951. I follow what you say about the other thing. Supposing, instead of it being a forward thing it was always a backward thing, and no payment was made on the initial certificate at all unless it was supplemented by another; that would meet your point, would it not?—That is the case I think, is it not? Patients always come and say that they are not going to get any pay for the last week until they get another certificate. I think that is the case to a large extent. You give a man an initial certificate. It goes on for a week or ten days—not more than ten days, because nearly all friendly societies want a certificate every week. It may be only a week. Then the patient says, "I want a certificate; they will not pay me without."

39,952. But they have already obtained one weekly payment?—No, they have not obtained it. They want it for that purpose.

39,953. That is as far as dating is concerned. What about the rest of it—the substance? That is the question of stating the exact disease and the use of synonyms and so on?—Opinion in Bristol is pretty definite on that. My own opinion coincides with that of the other practitioners, that it ought to be left entirely to the doctor's judgment as to the name of the disability or disease that he puts on the certificate.

39,954. Why?—There are many cases in which it would be bad for the patient.

39,955. What sort of cases?—For instance, some cases of heart, cancer, and some nervous cases, in which it might conceivably be bad for the patient to put the exact condition on the certificate.

39,956. You have given 283 certificates in the course of the year. In how many of those cases was it necessary not to put the true name in order that the patient should not be injured?—Very seldom.

39,957. In any of them?—Yes. I have in the case of cancer.

39,958. How many cancer cases have you?—I think only one.

39,959. That is the only case in your 283?—I am speaking from recollection. It is not a big thing.

39,960. It is not big enough to affect the problem at all? If there be cases in which for the patient's own protection it is necessary that he should not know, perhaps some other way might be found of dealing with them, but you are not going to say that because something like 3 per cent. of all the certificates require some subterfuge of that kind, therefore all the other 99·7 per cent. are going to be affected?—No. It only makes the rule not invariable. The rule must be broken.

39,961. I suggest that if the exception is so very small, the difficulty might be got over in some other way. You cannot say that because in 3 per cent. of the cases it is necessary not to inform the patient, therefore it does not matter what the doctor puts on the rest of his certificate?—I do not think the Committee should take that figure as being at all a correct one.

39,962. But a very small percentage?—I should say there is a very small percentage of cases in which a doctor may consider it necessary not to state the exact disease.

39,963. In those cases which are so few it would be possible, would it not, that something should be done in the way of confidential communication with the society?—It might be possible.

39,964. That would get rid of that difficulty?—Yes.

39,965. Sweep those cases out of your mind, and think of the rest of the cases. Why, in the rest of the cases, is he not to put down what is the matter, or to take to himself the power to put down what he likes? Again, let me put the case that we are not dealing with thousands of doctors all of whom are equally dependable. Some are weak, and some are not weak?—I agree.

39,966. Doctors are just as well aware of that as we are. You have to be thinking about them all the time?—I do not think that you have to think about the lowest in framing rules for the general body.

39,967. Are not laws as a rule made in order to deal with the wicked rather than the good?—Penal laws, yes.

39,968. Are not all arrangements for safeguarding our property to protect ourselves against the depredation of thieves? That does not say that the great mass of the human population are thieves?—You do not treat the great mass as thieves.

39,969. No, but I lock my front door at night and employ policemen. I do not think for all that that most people, or indeed any portion of them that I could find, are likely to break in and rob me, but it is with regard to them that I take all my precautions?—Yes.

39,970. And if the population at large claimed the liberty to walk through my street door and borrow my umbrella on the ground that they are such nice people, it would make it rather difficult for me?—You are dealing with a special body here.

39,971. But a special body which is just as likely to be unfavourably affected by a few people as anybody?—No, I do not think so. I think the proportion of scallywags in the profession is so exceedingly small that it would make very little difference.

39,972. I suggest that these wild complaints are probably all based on the action of a few people, and they are doing infinite harm, all because a few people choose to behave like this. Surely we have to shut the door against them, have we not? If everyone was perfectly honest and dependable, it would be unnecessary to have any of these rules at all?—Yes.

39,973. Besides the dishonest people, are there not a number of people who take rather an exaggerated view of the circumstances in which people ought to receive sickness benefit?—There may be a few. I do not know them. I do know one in Bristol.

39,974. His operation was so successful that he completely ruined one approved society?—Perhaps you have only heard one side of it. I have a statement from him here, and it is a very interesting one. He has had to deal with the very lowest type of female work, with girls who are mothers at an early age, who are poverty stricken in crowded homes, and do work which I believe is not at all healthy, and he describes the status of these girls as infinitely below the ordinary female labour in Bristol, and as comparing very unfavourably with such labour as Fry's and Wills', and he says quite plainly that it is impossible to avoid giving sickness benefit to these people on a great many occasions, because it is absolutely necessary for them to have it.

39,975. What do you mean by necessary?—For their health. That is what he says.

39,976. You said yourself you knew that he took an exaggerated view of the circumstances in which sickness benefit ought to be paid, having regard to the Act. You know that there are a great many doctors who act as they please?—I do not know it, I have heard it. I have heard a good many things, but I do not believe all of them.

39,977. You know it is alleged that it is so?—Yes, I know that.

39,978. And it is believed by quite serious people?—Yes.

39,979. Not from any wickedness, but from a general philanthropy with other people's money?—I can only speak as regards Bristol, and I know Bristol, and I should say that that very rarely happens, if at all; and it is certainly from that point of view that this doctor we are speaking of takes action. It is because he sincerely believes that these girls that he gives benefit to are so ill and in such a low state of vitality that it is necessary for them. Whether he is right or wrong I will not say.

39,980. I was taking it on the hypothesis that he was giving certificates to people who he knew were not entitled to sickness benefit according to the Act, and I understood you to assent?—I did not mean from that point of view at all. I meant from the point of view that he has a generous idea, perhaps more generous than some of us have, as to what sickness benefit means.



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39,981. That is what I mean?—I express it in different words.

39,982. One is a kindly way of putting it, and the other is a deliberately unkindly way. That is what it comes to. There are some people who take an unduly generous view of the circumstances in which people are entitled to sickness benefit. As long as that is the case the society is entitled to know what is alleged to be wrong with people, is it not? How can they make up their minds if they are not told?—I suggest that they cannot when they are.

39,983. Then indeed we are in a parlous case, are we not?—A layman cannot understand the medical terms. He cannot assess them at their true worth.

39,984. I should be rather inclined to give the layman a chance, if I were you?—It is generally a case of a little knowledge being a dangerous thing.

39,985. You are in this dilemma. You have either to say that the doctor is to be the sole judge, and on his certificate benefit is to be paid, and if he refuses to give it, benefit is to be refused. That is an intelligible position. Anyone can argue it and there is very little to say against it. But the situation is that the society is responsible for paying or withholding. You have either to change it and make the doctor the sole judge and administrator of the benefit, as well as the healer, or else you have to assist the society to make up its mind. Take the first position. The profession do not say, do they, that they want to be put in the position of judges?—No.

39,986. Then what is the alternative?—The position as put forward is that the doctor's certificate is the sole medical evidence unless the society chooses to go behind it to another medical opinion, but the society has not the knowledge to assess the medical evidence on the doctor's certificate at its true worth.

39,987. Do you mind dealing with the dilemma I tried to put you in? Either the society is to judge or not. If it is to judge it must have all the facts before it, in reason—enough facts to put it on the track of knowing?—It is an all-important point that the doctors certify that the patient is unable to follow his employment.

39,988. You would not put anything at all?—That is the ideal, though I do not say it is practicable.

39,989. That is what it comes to. What you are arguing is that all that the society wants to know is that the doctor has certified the patient to be unfit without knowing in the least why?—I should say that is the all-important point to the society.

39,990. The only point?—From the medical point of view, yes.

39,991. I do not care about the medical point of view. Look at the operation of the Act as a whole, as a society official. I understand you to say that all that the society ought to know is that the doctor certifies the person to be incapable of work, owing to illness. That is all that is necessary, and all that they ought to be given. The filling in of any name of the disease is completely useless. It is a mere concession to the lay demand for nice long words, and that is all?—It is, practically, yes.

39,992. So that any doctor anywhere, who has once come on the panel, can, under that scheme, put anyone on sickness benefit without giving any reason at all except that he is ill?—He pledges his personal honour and his professional reputation that he is unable to follow his employment; and that is just as good and just as binding as saying that he is suffering from some disease. My point is that it is the doctor's *bona fides* which is at stake, and not the diagnosis.

39,993. I suggest that there are two reasons at least for stating the name of a disease. The first is that the societies are the judges, and can only judge when they are told the facts. You will not accept that. You say they are the judges without knowing the facts?—I should say that the society knows the facts.

39,994. All it knows is that the doctor says the patient is ill?—Yes; but he does not know the facts any more if the doctor says he is suffering from so and so. I do not quite follow you.

39,995. Surely if you tell me my clerk is ill and away from work, with all the arrogance of a layman I should presume to ask what is he ill of?—You would, but it would not affect your treatment of the position.

39,996. I assure you it would affect it very materially, both with regard to the clerk and with regard to the gentleman who gave the certificate?—I still stick to my position.

39,997. I suggest next that it is necessary for them to know, because the doctor is, after all, only certifying that which a scientific man can know, and he knows as well as anyone else that he does not know everything, does he not?—Yes.

39,998. He knows, for example, that a great many of the symptoms presented to him are purely subjective, and there is no means whatever of testing them, does he not? He also knows, with regard to a great many objective symptoms, that he is, to a great extent, at the mercy of the patient?—Yes.

39,999. And even when he is not at the mercy of an exaggerating or fraudulent patient, he may be a valetudinarian?—Yes.

40,000. These things have to be tested partly by the societies' knowledge of the patient, do they not?—Yes.

40,001. And partly by the investigations of the sickness visitor?—Yes.

40,002. Generally, the society cannot apply its knowledge, say, through the sickness visitor, if they are not told what the man is alleged to be suffering from?—It is an important point from your point of view.

40,003. Is it not an important point from anyone's point of view?—Yes. I should say it is.

40,004. The next thing I suggest is that it is desirable that the doctor should commit himself definitely to the statement of what is the matter with the person for his own salvation. You know some doctors have said that they have a great deal too much to do. Do you not think that a doctor to whom a great many people come in the morning would have his intelligence very greatly sharpened on the question whether a man is incapable or not by also being compelled to give a definite name to the incapacity?—The point requires a lot of thinking over. I should be inclined to doubt it.

40,005. One finds, in fact, that where there is excessive sickness, I mean greatly in excess of what one would expect, the vaguest terms are used, and one is inclined to connect the two?—In private practice one does not have to put down on a piece of paper what is the matter with the patient.

40,006. You are not asked continually to certify?—Yes, that is so.

40,007. Here I suggest you are helping someone else to form an opinion on the faith of which the paying of millions of money depends?—Yes.

40,008. And on the faith of which, in the long run, the whole of this scheme of curing people and supporting them while they are away from work depends?—Yes.

40,009. I suggest that that is almost as important a part of the whole as mere healing. It is not a mere Post Office transaction. This scheme, if it is going to be of any use at all, has to depend on the faith of these things and the doctor, in helping it to succeed, is doing as great a work as when he is healing. The money has to come from somewhere, has it not?—Yes.

40,010. And even the national purse, whatever insured people or doctors may think, is not inexhaustible?—I do not know. Is there any proof of that?

40,011. I should have thought that that did not require demonstration. Probably before you get to the bottom of it, you will find a hole out of which money falls downward as well as comes upward?—You have certainly converted me to a great extent as regards stating the name of the disease.

40,012. What I suggest is that really we depend on doctors in your position to try and tune the whole thing up, and if you do not tune it up through the best doctors, you cannot expect anything else from



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either the weak doctors on the one hand or the rather fussy people on the other?—Yes, I agree.

40,013. I gather that the profession in Bristol is in favour of the appointment of a medical referee?—Yes.

40,014. What kind of medical referee would they want to have? In the first place appointed by whom?—They would prefer that he should be appointed by the Commissioners.

40,015. And they would like him to be a whole-time man or part-time?—A whole-time man. We prefer to call him an adviser.

40,016. An adviser to the committee or to the society?—To the committee.

40,017. Do they want all three parties to have free access to him—that is societies, doctors, and insured persons?—Yes. With regard to insured persons I do not think it has come forward very prominently, but I fancy that they would all prefer that the insured person should have access, perhaps through the committee.

40,018. What kind of a man do you think ought to be appointed to such a position as that?—A man who has great experience of general practice, and preferably one who has experience of this kind of industrial practice.

40,019. Do they think that the whole country ought to be covered by people like that?—I have not put that question to the profession.

40,020. Perhaps they are only concerned with Bristol?—The general run of the practitioners there are only concerned with Bristol.

40,021. I mean how much of the time of a whole-time man do you think would be taken up in Bristol alone?—Bristol alone would take up, I should say—of course, one is speaking without figures—more than half his time. I should say, roughly speaking, that he could attend to the old Bristol division of the Medical Association, which includes part of Gloucestershire and a large part of Somersetshire. That is, I think, about doubling the number of insured persons in Bristol.

40,022. That would take his whole time?—I should say so, to look after it properly.

40,023. That would mean, of course, that if similar things were done elsewhere, a fairly large body of men would be required for the purpose?—Quite.

40,024. How old do you think they ought to be?—I do not know. They ought to be men who have had experience. They ought to be of some age because they ought to command the confidence of the practitioners. It is hard to say exactly the age.

40,025. There are certain essentials, are there not? He has got to have had a considerable amount of industrial practice, yet he must not be so old as to have become rusty. It is not to be a retiring job?—No.

40,026. There must be some limit of age. Would it not be difficult to find people to cover the country all at once like that?—I conceive that there would be certain difficulties, but I should say that they might be overcome. I could think of two or three men who would be admirable in Bristol. I do not think that it would be very difficult, if they were adequately paid.

40,027. One is going in rather a small market and it puts the terms rather up against one?—Yes.

40,028. What do you think would be proper pay?—You would expect a man to give up his private practice, and he must have had a great deal of experience and be a man of standing. I should say the commencing salary ought not to be less than 700*l*.

40,029. What ought it to run up to?—I have not really considered that question in all its bearings, and am not prepared to say it ought to run up to anything where he is, but it is possible that he might be moved from one place to another.

40,030. It is rather a costly plan, is it not? I do not mean necessarily extravagant, but it means the expenditure of a good deal of money?—Yes.

40,031. In saying that, do you think you express the views of all the practitioners in Bristol roughly?—Yes; in so far as they have considered the application of a referee to parts of the country. I do not think that they have very much.

40,032. In Bristol you have had considerable experience of the services of a part-time doctor. Having considered what advantages you have got from that and what the disadvantages are, you deliberately prefer a whole-time man?—Yes.

40,033. Because you have found some disadvantages from a part-time man?—Yes.

40,034. (*Mr. Mosses.*) Is it usual for the Bristol panel doctors to have the families of their panel patients as private patients?—It is quite usual, I should say.

40,035. Would you go a little further and say that it is the invariable practice?—I should not like to go as far as that. As far as my own personal experience is concerned and those I know well, it certainly is the practice.

40,036. It is to the interest of the panel doctors to stand well with their panel patients?—Yes.

40,037. Have you ever refused a certificate or an application for a certificate of declaration on the funds yourself?—I have not, for an initial certificate.

40,038. Can you speak for your fellow practitioners on that point?—Yes. In many cases certificates have been refused. Out of the 55 practitioners who answered me in this respect, 45 have refused applications for initial and continuation certificates.

40,039. Have you any information as to whether that refusal was followed by any change of doctors?—In a certain number of cases, but not in a very great many. The difficulty comes in here, that at present we do not know at all accurately what our transfers have been. But as far as we know, perhaps a third of the practitioners have said that they know definitely of transfers on that account.

40,040. In your outline of evidence, you say that a medical referee would be a luxury to the doctor?—Under certain conditions he is a luxury to the doctor. If the doctor uses him simply as a prop to lean up against for work which he ought to do himself, then I contend that he is a luxury.

40,041. In what respect will he be a necessity?—In the respect in which he is most generally used, and that is as a help in a difficult diagnosis of incapacity.

40,042. Then you are combining the position of a consultant with that of a medical referee?—He is a consultant as regards incapacity.

40,043. But not as regards treatment?—Certainly not.

40,044. You referred to sick visitors, and you say that there are many instances of offensive interference between patient and doctor by society officials?—I am sorry to say there are many instances.

40,045. Could you give us an example?—I have several here. They mostly belong to one society. I will give a case that came under my own notice back in February. I signed a woman on sickness benefit for rheumatism in her hands. She was 64, and she had worked hard all her life. I have attended her for 25 years nearly, and I know that she is absolutely honest. She had had rheumatism in her hand on February 2nd. The sick visitor went to see her soon afterwards, and without any communication with me, she was sent to the medical adviser by the approved society on February 16th. Observe the early date. The medical adviser said she was not fit for work. Soon afterwards she got better in her hands, but the rheumatism attacked her feet, and a week or two afterwards, on March 16th, the sickness visitor called and suggested that the patient was fit for work as her hands were better. The patient told her that her feet were bad. The sick visitor demanded to see her feet. She saw them and advised the patient to see another doctor as the feet were very swollen, and the patient looked very ill with dropsy.

40,046. Is it usual to have women visited by women sick visitors?—In this society, and in one or two others in Bristol, that is so.

40,047. Are they full-time professional sick visitors?—I do not know at all.

40,048. You have numerous cases of what you call undue interference between doctor and patient by sick visitors and approved society officials?—Yes, but I



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must say in justice that it is nearly all connected with one society.

40,049. On the whole, are your relations with approved societies amicable?—They are certainly amicable, and they are getting more amicable as time goes on.

40,050. Had you any experience of friendly society practice before the Insurance Act came in?—A certain amount. Not a very great deal. My principal society was a society which was not central. That is the Midland Railway, so I have not had very much to do with the ordinary friendly society official.

40,051. Speaking on behalf of the 55 medical men you represent here, do you think that they would care to revert to the old practice of control by friendly societies?—I am quite sure they would not.

40,052. They would prefer the present system?—Yes.

40,053. (Mr. Warren.) Your experience has led you to the conclusion that true malingering is exceedingly rare?—It has.

40,054. But that there are many claims made in respect of trifling complaints?—Yes.

40,055. And there are applications made to you now which, prior to national insurance, were not made, because then the persons would have had to pay a fee?—Yes.

40,056. Has your experience led you to conclude that insured persons as a rule do not understand the principles of national insurance?—It is a difficult question to answer because there are some who do and some who do not. The old friendly society members and the man with a good deal at stake, the married man with a family who takes cognisance of and considers things for himself, even if he is not a member of a friendly society, does look after that. But as a rule there is not very much knowledge of the principles of insurance.

40,057. On the first page of your outline of evidence you say that insured persons do not, as a rule, understand the principles of insurance?—May I just say one word more. In the answers I got to that question 36 said "no," and 18 said "yes"; that is two to one.

40,058. And when they speak here of insurance, they mean national insurance?—Quite so.

40,059. And that the insured persons do not understand it, and think that the funds are inexhaustible?—That may, and probably does influence them. I think what is uppermost in their mind is, when they feel a little out of sorts, that they have paid in certain money and they do not see why they should not have that money.

40,060. And that they have a right to get some of it back?—Yes.

40,061. Following that up, you say that still greater offenders in this respect are parents?—Parents are still greater offenders.

40,062. In insisting upon their children claiming benefit?—That is so; and mistresses insist upon their servants going on the funds.

40,063. So it is not only parents, but employers as well?—Employers of domestic servants especially.

40,064. And you say "not infrequently society agents"?—That has died out to a great extent, I think. I have not met that myself lately, but last year repeatedly. I heard of a case from one of my friends, and one or two cases came under my own notice, where the patient was sent up with a paper from the society's agent to be put on the funds when there was no need for it.

40,065. That is not obtaining now to the same extent, is it?—I do not think it is.

40,066. Do you think that there is a better understanding of the principles of national insurance now?—I think it is improving. I do not think it has improved nearly enough, but it is still improving.

40,067. What would you suggest are the steps which should be taken to bring home thoroughly to the insured persons their true position under national insurance?—It is simply a question of education, is it not? How that education may best be brought to bear on the insured person I am hardly qualified to say. I should think the approved societies could do a good

deal towards it, the doctors could do something from personal contact, and I think the Commissioners could do a good deal for it, but I should not like to say how much.

40,068. (Mr. Wright.) You told Mr. Mosses that in your opinion, so far as panel practitioners were concerned, referees were a necessity in cases of difficult diagnosis. Could you give the Committee an instance of a case of difficult diagnosis?—I think I qualified that by saying diagnosis of incapacity.

40,069. Quite so; could you give us an example of that?—In which it would be a necessity? I cannot personally, because I have not had such a case.

40,070. Could you conceive of any such case?—Yes; I should say it is frequently happening. I had a case I told the Chairman of in which I was uncertain—as a matter of fact it was a continuation and not an initial certificate—whether the patient ought not to be knocked off or not. That I regard as an instance of difficult diagnosis of incapacity.

40,071. I want to know if you could give me some instance, because I was going to follow it up by asking what, exactly, the referee would do? What sort of examination would he make after the matter has been reported to him by the panel practitioner?—He would have the practitioner's report before him, and he might, and I should think he would under a more perfect system, have the report of the approved society under his notice, and he would have the patient before him.

40,072. But why the report of the approved society?—Because they may have some facts bearing on the case which would be of assistance to the referee.

40,073. Then do you think the referee should in each case send to the approved society to know what they know about the insured person?—I think the referee should have all the information bearing on the case.

40,074. In what better position would the medical referee be, and what more knowledge would he have which would enable him to decide the matter of incapacity, than the panel doctor has?—Presumably he is a man of greater experience.

40,075. Does it all hinge upon the assumption that the medical referee would be a man of greater professional experience?—No, not entirely; but that is a great part of it. That is why we asked for a medical adviser in Bristol, because we felt that cases must arise from time to time in which, however much he might try, the panel practitioner is at fault as regards diagnosis, and that a second opinion as regards the diagnosis of incapacity was an advantage.

40,076. Take the case where the society is dissatisfied with some decision of a panel practitioner and the case is referred to the referee. You would maintain that the society should abide by the decision of the medical referee, whatever it may be?—Yes.

40,077. A doctor, therefore, would have the final word with regard to the payment of sickness benefit?—No, I do not agree there. He would have the final word as regards the medical condition of the insured person.

40,078. Yes; but you commenced by correcting me and pointing out that the only matter the referee should decide was as to the capacity or incapacity of the insured person for work?—Yes.

40,079. That is the point we are on just now, is it not?—Yes.

40,080. If the person is incapable of work, and has been rendered incapable of work by some specific disease, he is entitled to sickness benefit?—Is that the only thing?

40,081. It is generally speaking. I am omitting any reference to accidents or misconduct, and questions of that kind. Generally, if the insured person is rendered incapable of working and his incapacity is due to some specific disease, he is entitled to sickness benefit, is he not?—Yes.

40,082. It is for the referee to decide as to whether or not he is capable of working?—Yes.

40,083. And the referee must have the last word on the subject?—If appealed to by the society.

40,084. If appealed to by the society or by the panel doctor?—Yes, as regards that point.



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40,085. Therefore, holding as you do that his decision must be final it comes to this, that really the medical referee does decide whether or not the society is to pay the sickness benefit to the insured person?—As I said before, I should not put it in that way. I should say he decides as to the medical aspect of the case.

40,086. Do you draw any distinction between the medical aspect of the case and the fact as to whether he is capable or incapable?—No, he decides as to whether he is capable or incapable.

40,087. Then the medical aspect of the case means exactly the same thing as the decision of whether he is capable or incapable of working?—If that is what guides the societies alone, then yes. If they are alone guided by the fact of the capacity or incapacity of a person, then the medical referee has the final word.

40,088. (*Mr. Davies.*) I think you said that there were a good many cowards amongst men of younger age with regard to slight illnesses? May I ask if that would obtain generally, as far as your knowledge goes, in various places besides Bristol, or is it applicable to Bristol particularly?—I should not like to say. I cannot give you any figures; I can only give you my own. I was very much surprised at those figures, although I had formed the conclusion from practice many years ago that young men are those who do go to doctors for the most trivial complaints.

40,089. And if that was general, I suppose that they would in many cases get certificates to go on the funds, would they not?—I do not think so. The fact is so well known that they are avoided.

40,090. And you do think out of a large number of these if there are so many of them, that some do not get known and do get them?—I am speaking of my own practice. I am sure they do not in my practice. Of course I cannot speak for other people's practice.

40,091. You do not think it leads to excessive sickness claims?—I do not think it does. This is excessive claim of medical benefits, invalidism.

40,092. You are not referring to the excessive sickness claims which are in question before this Committee; it is only excessive medical benefit?—Yes.

40,093. Does that apply also to young women as well as men?—In my own figures young women share with older married men about the middle place.

40,094. Could you help us to understand the reason why such is the case with regard to the women's claims as against the men's, seeing that in men you included all these young men and others?—The case includes all claims of sickness benefit, I take it, not of medical benefit. All claims of sickness benefit have been worked out in my figures here from a great many answers of doctors. There is more amongst females than amongst males—not a very great deal but a certain amount; and I think it is acknowledged by medical men that women are more prone to such an amount of sickness as would justify them going on the funds.

40,095. You would expect considerably more sickness amongst women than amongst men?—I would expect more sickness claims.

40,096. And you would look upon those sickness claims as being quite in order?—As compared with the men, yes.

40,097. With regard to the certificate, do you still regard a doctor's certificate as a cheque upon the society's funds?—You mean a medical certificate as a cheque, a blank cheque upon the society's funds? No, I never acknowledge that. I should say—and I think the great majority of the medical men I know in Bristol would say—that as regards the medical aspect of the case the doctor's certificate is a cheque, but it can be dishonoured by an appeal to another medical man.

40,098. Yes, but how does that square with the suggestion you made to us that the doctor should have the right to say how long an illness is going to last?—I do not think I ever said that.

40,099. You suggested that we should accept a certificate in which the illness is spoken of as lasting so long?—I do not think I quite said that. I said the ideal certificate, from my point of view, for checking excessive claims is one which gives a certain number

of days to the patient, at the end of which number of days he has to be seen again.

40,100. That is saying on your certificate how long the illness is supposed to last—until they come to see you another time?—Until—yes.

40,101. How long would you give?—I should give a different duration to each case, except that I should not allow it to go on beyond a week, save in certain well-defined chronic cases where it might be made longer.

40,102. You suggest a week as a minimum?—Yes.

40,103. Would you be surprised to learn that such a system is a great cause of complaint on the part of the societies, that a large number of people go on the funds, and when they go on for a day or two, they do not go off for a week in many cases?—That is an automatic week. But this is so many days at the discretion of the doctor, not above a week.

40,104. But you make a week as a kind of test period?—Not beyond a week.

40,105. You could reckon on a week's sickness in every case?—No, surely not.

40,106. If you gave them a certificate, and said, "If you come and see me again in a week"—?—A week is the outside limit.

40,107. But I asked you, "Would you give that as the minimum?" and you said "Yes"?—I beg your pardon, I meant the maximum.

40,108. You would simply give it as a test?—Yes.

40,109. (*Miss Ivens.*) What is the incidence of sickness in males and females in your district?—I have a few notes here which I wrote out from the reports of the different medical men connected with the big factories, female-employing factories, such as the Imperial Combine, which is the biggest, and Fry's Chocolate Works, and one or two more. They are rather a scrappy lot. I was not able to do much with them. Here is a man at one of the Imperial Tobacco places, with a panel of 960, mostly women, who simply says that he has a greater amount of sickness amongst the women, and that it is worst among the married women. That is simply a bald statement. Another doctor from the same factory (by-the-by, he has a private panel as well) says that on his private panel the incidence of sickness is 70 per cent., but on his factory panel it is 90 per cent., nearly all women. What he says is that there are far more cases of illness amongst the women than the men.

40,110. Can you give any comparison between the incidence of sickness between married and single women?—I cannot as regards factory people. I asked the doctors for it, but they could not give me the figures, so it has been impossible to get them.

40,111. (*Dr. Lauriston Shaw.*) What happened in the past to those young men with trifling illnesses?—I think they treated themselves by working it off. They might have had a bottle of medicine or some quack remedy, but I do not think they did.

40,112. You think most of them took quack remedies?—I do not think most of them had any treatment at all.

40,113. And that is the best thing for them now?—It is.

40,114. Do you not think that more of them would go without treatment if you told them treatment was unnecessary?—It may be so; I never thought of that.

40,115. It might be a useful thing, perhaps, if you told them two or three times that it is unnecessary, because they might get into the habit of doing without it altogether. They will, will they not?—I will try it.

40,116. In regard to the question of excessive sickness claims amongst women, have you considered the question of the relation that women's sick pay bears to their wages?—Yes, that has been considered. I personally have not had much experience of that. But some doctors attached to factories have had a considerable experience of it, and they say undoubtedly it does affect the question, so far as applications for medical benefit are concerned.

40,117. I meant for sickness benefit?—There are applications because of that.



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40,118. Women do not have to make such a pecuniary sacrifice to go on the fund as men do. Is not that true?—Yes. I have some figures about that. Poverty weighs to a certain extent and unemployment to a certain extent.

40,119. Might we say that the unemployed woman is less unhappy at home than the unemployed man?—Yes.

40,120. You have told us that you have personally not often refused a certificate. Would you think it is possible that your general bearing and attitude towards the patient makes it clear to him whether you do or do not think it is necessary for him to go off work, so that he knows before asking for it whether he is going to get a certificate or not?—I think that that is so to a certain extent.

40,121. Some of your patients have so much faith in you that they would be quite sure that if it was necessary to go off work, you would say so?—I try to anticipate matters if I can. Before I finish with a patient I say: "You will be all right in a couple of days."

40,122. To prevent an unnecessary request for a certificate and the unpleasant duty of refusing it?—Yes.

40,123. That may explain the difference; some medical men have that art and some have not?—Yes. There is a great deal in the personal equation, of course.

40,124. (Dr. Carter.) In regard to the conference which was held between the representatives of friendly societies and the panel committee, what approved societies were represented at that conference? I do not mean the names of the societies, but what branches?—There is an organisation in Bristol called the friendly societies' council. They sent a certain number of representatives. In addition to that the great insurance societies sent two representatives, and the trades' council sent another one. There were altogether about ten or eleven representatives of approved societies, who met a sub-committee of the panel committee.

40,125. The point is that the friendly societies, the collecting societies (as they may be called) and the trade unions were all represented at that conference?—Yes.

40,126. Could you express an opinion as to whether they on their part were satisfied with the decisions arrived at at that conference?—They were delighted with them, from two points of view. I think I may say, first of all, that they were quite pleased with the knowledge that we were going to co-operate to a certain extent with the approved societies. In the second place, I think that they were even more pleased that we had taken a definite step towards working together.

40,127. Could you give us the results of the conference?—The result was this: that at the end of the conference the panel committee came to the conclusion that it should recommend the whole of the profession in the Bristol area to welcome any information sent to a panel practitioner by the official of the approved society regarding the habits or the conduct of any panel patient. The provision was that that information should be put in writing, thereby safeguarding the question of professional confidence, and it should come through the head official of the district. That perfectly satisfied all the members of the conference. And I have heard since from various people that they still remain satisfied, and think that the arrangements will work perfectly well.

40,128. Did they press in any way that they should be personally interviewed, or were they satisfied that no interviews should take place between the doctor and the lesser officials of the societies, the agents and so on?—The representatives of the old friendly societies were quite satisfied with the written communication. The two representatives of the insurance societies were at first inclined to take the attitude that there was more to be got by, and less risk to be run by the society official in having a personal interview. But the great majority of the conference on the other side were perfectly satisfied, and, in the end, it was carried unanimously, and with great satisfaction.

40,129. Apart from the disturbance of the work entailed by the personal interview with the doctor, was there any particular objection on the part of the doctors to a personal interview?—Yes, the doctors felt very strongly that, although a personal interview may be advisable in a case here and there, where the doctor knows the friendly society official, yet to make a general rule would be a most dangerous thing, because of this question of professional confidence; it would be a dangerous precedent to talk over a case with any friendly society official.

40,130. It was feared that they would be unwise, possibly, in their repetition of such information as they might have got from the doctor, in the very area and surroundings in which the patient lived?—That may have obtained—that there were dangers in talking it over, and dangers of things leaking out. But I think the prevalent idea in our minds was that we had no right at all to talk over any person's illness with anybody else.

40,131. Have you yourself at any time had experience of the disadvantages of society officials getting information from you in respect of a patient?—Yes, I have had one such experience. It was rather amusing. A woman was under me for some time. She was one of those chronic alcoholists one meets, with probably every organ more or less diseased, and I could not quite make out whether she ought to be on the funds or not. First of all, I felt pitiful towards her; then I felt angry. There was no doubt she was ill, and is ill now. But her proper place was not on the funds, but in the workhouse infirmary. This went on for some time. Then the official of the society came to see me about the case. He said the society was very much disturbed about the woman, and thought of sending her to a referee. So I told him that if I had been a society official, I should have sent her to the referee two or three weeks previously. He went straight away and told that woman that I said she was quite fit for work, and ought to go off the funds. The next day she came round to me and gave me about ten minutes of the worst time I ever had. So I am not likely to talk a case over with an approved society official in the future.

40,132. You mentioned that such interviews involved the question of professional confidence. Do you think that that is a very important principle, and that it should be safeguarded in this respect?—The principle of professional confidence I regard as the most important principle that a doctor has. It is the foundation of a doctor's professional success (I do not mean his monetary success), and it is absolutely necessary to safeguard it in every way.

40,133. In the interests of the doctor?—No, in the interests of the community, not of the doctor.

40,134. Although it is in the interests of the community, do you say that the lay individuals of the community in whose interest this principle is chiefly established are the best persons to safeguard it, or are the doctors?—The doctors are the only people who can safeguard it. I do not think the outside public, in whose interest this rule really is, are capable judges of the case at all; they do not understand it.

40,135. So that the individual himself may not regard as of so great importance this principle which is really in his own interest, as the doctor does?—Quite.

40,136. And you think if, in addition to the lack of interest in the principle that the individual may have, there is also 10s. a week to be had, he may still less regard the importance of the principle—I mean, of course, the insured person?—I had not thought of it from that point of view, because in my own mind it is such an absolutely sacred thing. I do not trouble to argue about professional confidence, even. I do not quite see your point about the 10s. a week.

40,137. Supposing an insured person were asked if it mattered to him whether these things are talked about or not, and he said: "I do not trouble about them at all." If he was going to get sick pay by talking about it, do you not think that he would still less trouble about professional confidence?—I see your point now. I think you may do that with individuals; in fact, you do when you are asked by an employer for a report.



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about an employee. You ask the employee's permission before you write the report. But when you are doing that in regard to the mass of them you are still getting the danger, because insured persons do not understand.

40,138. The doctors should, in the interests of the insured persons and the population generally, regard this question of professional confidence as of very great importance?—Of the greatest importance.

40,139. In spite of the fact that individuals themselves may regard it lightly?—Yes.

40,140. How would you regard the argument that, although the certificate originally given is a confidential one when handed to the patient by the doctor, as soon as the patient has handed it to the agent for the purpose of obtaining sick pay, he has, *ipso facto*, given away any right he may have for his sickness to be regarded as a question of professional confidence by the doctor, and in regard to any further information that may be required about his sickness?—In the first place, the certificate is not a confidential document. Although it is handed to the patient, I personally regard that wording "to the patient" merely as a verbal quibble. The patient has to use it in order to get his rights; he is forced to use it, and I do not see that that weakens the contention that any other information is none the less confidential.

40,141. You feel that in making use of his certificate he has not abandoned the right he has for the doctor to hold the details concerning his sickness as confidential?—No, because the patient is forced to make use of the certificate.

40,142. So that the further information that may be necessary for the society can be obtained without this question of professional confidence being interfered with, for instance, through the use of a referee. You think it is much more desirable that it should be so than that there should be this chat to any official who may come along and want to know about the patient?—Yes, I do.

40,143. In a service of the enormous importance of the national service for sickness insurance, it should be regarded as of great importance that this principle of professional confidence is still further safeguarded as much as possible?—Yes, it is of the utmost importance.

40,144. (Dr. Fulton.) You made inquiries from your fellow practitioners as to various points regarding the excessive sickness claims in Bristol?—That is so.

40,145. What is the opinion of the bulk of the profession in your district as to the great cause of such excessive claims as there are? Is the desire greater to go on the funds, or is there more unwillingness to go off the funds?—I think the unwillingness to go off is a greater cause than almost any.

40,146. In other words, in your area, you find a greater difficulty in getting them off than in keeping them from going on?—I think that is proved from these answers I have here.

40,147. What is the nature of the difficulty you have in getting people to come off the funds?—That the patient takes longer to think he is well enough to work, although the doctor thinks it is necessary for him to go back again. One can quite understand it. It is a very difficult thing, because you cannot say the exact day on which a patient is or is not able to work; nobody can say that. If the patient says, "I am not 'fit to-day, but I shall be in two or three days' time," it is very difficult indeed to say to that patient "You 'are fit to-day.'"

40,148. The practitioners find it difficult to say the patient is fit for work, if the patient maintains he is unfit?—In many cases it is impossible.

40,149. That really leads up to the question in your outline: "Do you experience difficulties in diagnosis as to 'incapacity'?" Was the reply from the majority of the profession that they did experience difficulty in deciding incapacity?—Only one said he had a great deal of difficulty, although he states no reason for it; 35 out of 55 had a certain amount of difficulty, especially with regard to the alcoholic charwomen, and also with regard to nerve cases and rheumatism. I may say that rheumatism is very rife in Bristol. In my own neighbourhood it is very common as a genuine disease. So that when you get a man coming up to you with lum-

bago, you know that you had him before when he was a private patient.

40,150. You knew him before as an honest man in his capacity as a private patient, and you have a difficulty in considering him to be dishonest now that he is an insured patient?—That is so.

40,151. Do you find that these people who were, to your mind, perfectly honest and straightforward before the passing of the Act, have become less prone to return to work now under the Insurance system?—Not much in my experience. I believe a good many people are actually worse off now. A doctor who is at one of the Tobacco Combine's factories, says that they are worse off now than they were before.

40,152. Take the case of people who have a greater amount of insurance now than before; do you think they are less willing to return to work than they used to be?—In a few cases. I have not noticed any very large number in my own practice; indeed it does not happen to any great extent.

40,153. You have sent only two cases to the medical referee, you say?—Yes.

40,154. Have there been other cases in which, to use your own expression, you have been undecided, in your own mind, as to their fitness for work?—Yes, a great many cases in which I was undecided for the time being. My practice is then to give the patient the benefit of the doubt for two or three days, then to see him again, and then one can absolutely decide. It would take just as long to send him off straight away to the referee.

40,155. In cases where you do send them to the medical referee your idea is that someone should share the responsibility of saying they are capable of working: that is the idea, is it?—That somebody should act as consultant as to incapacity, and certainly share the responsibility; just the same as you share the responsibility of a consultant in a private case—to that extent.

40,156. Your unwillingness is to do the patient an injustice?—That is so.

40,157. If it was not for that, you would declare him off?—I would not like to say that. I do not want to do him an injustice or an injury.

40,158. If you were perfectly convinced in your own mind that the person was able to work, you would take him off the funds at once?—Yes, at once.

40,159. It is only when you are undecided in your own mind, and have a difficulty in coming to a conclusion, that you consult the referee?—Yes.

40,160. Your referee in Bristol is a part-time official, is he not?—Yes.

40,161. Do you find that that arrangement works satisfactorily?—Only so far as it goes; he is not worked really hard enough. He ought to be doing ten times as much work as he is.

40,162. Do you mean that the doctors do not, or that the approved societies do not use him enough?—The approved societies do not use him enough.

40,163. What is their objection?—I cannot say. I do not know that they have an objection.

40,164. Is that because they place so much confidence in the Bristol doctors?—It may be that.

40,165. Do you think that the insured person should have a right of access to the medical referee?—I have not thought that question fully out.

40,166. Supposing you refused a certificate to an insured person, do you think that that person should be able to appeal from your decision to a medical referee?—I should think that it might be very useful indeed through the insurance committee. The insurance committee have a right to the use of the medical referee, of course.

40,167. Could an insured person approach the insurance committee to act on his behalf?—Yes.

40,168. And that is what would actually happen?—Yes, that would happen.

40,169. But first of all he would have to ask the insurance committee for leave?—Yes.

40,170. What was the opinion of the profession in Bristol as to giving a certificate on the first day? Did they think that it would increase the sickness claims?—20 out of 53 give them on the first day, and I see



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that 6 out of those 20 say that in their opinion it does not tend to increase sickness claims; 32 out of 55 do not give certificates on the first day, and 38 out of 55 said that if they did, it would increase sickness claims. So there is a huge majority in favour of not doing it.

40,171. What do they recommend?—That it should be given on the third day and dated back.

40,172. That is to say, the doctor should say that he saw the patient on the first day, and should certify him on the fourth day; in other words, they would adopt the first official form. Is that their idea?—Yes. I forget the detail of that form now. They want to say that on such-and-such a day they saw so-and-so, who was suffering from such-and-such, and is unable to follow his employment.

40,173. You realise that many societies require the insured person to send in his declaring-on form the first day?—I do, and I know of many cases of injury to patients in consequence.

40,174. Why?—Because they are done out of one day's pay if they do not hand in their certificate by 12 o'clock sometimes. The whole rule is too rigid.

40,175. Do you not agree that you ought to give notice on the first day?—Yes, but not send a doctor's certificate. I see the same difficulty there, because you do not want to encourage a patient to think he is going to be ill for a week or two. You want to encourage him to think he is going to be all right in a couple of days.

40,176. You would not be surprised, I suppose, if you learned that some society officials say that it does not increase the claims, and that many of these notices of sickness are not followed by claims for sickness benefit?—I should be rather surprised if that were a factor of a large number of figures.

40,177. You realise that as soon as a person goes on the funds or becomes entitled to sick pay, he should be under the supervision of his society?—Yes.

40,178. And unless the society has notice that he is likely to claim, the duty of supervision does not fall on their shoulders?—My point in regard to these first probationary three days is this: A man comes up with a bad cold, and his throat is a little bit sore, and you say to him: "You have a jolly bad cold; go home to bed. To-morrow is Sunday, if you lie up, by Monday you will be all right again." He goes home and does it, and probably gets all right. But if you say to him "You will not be better by Monday; here is a claim," he will probably be on the funds for a week.

40,179. In the case of those societies which want a certificate on the first day, you give it, I suppose?—Yes, if I am not expected to give an accurate diagnosis.

40,180. Would you give a certificate of incapacity?—Yes, if I am required to do it.

40,181. You have been in the habit in days gone by of signing certificates for the Hearts of Oak?—Yes.

40,182. They wanted the certificate on the first day, and that it should be sent off before 4 o'clock on that day?—So I believe. But they do not require a doctor's certificate, do they? They require a sickness claim, I think, and the doctor's certificate may follow, though I may be wrong in that.

40,183. In any case do you not think that they based that preference on their experience of what was best for the funds of the society?—You have named the society, and I do not like talking about names. From my own experience of the Hearts of Oak I should be rather reluctant to take their experience as typifying the whole of the friendly societies of the kingdom.

40,184. My only point was that it was a strictly managed friendly society, was it not, so far as you were able to judge as a medical man?—Too strictly managed.

40,185. What was your experience in Bristol of the proportion of panel patients treated during these 12 months?—I have figures from 41 doctors representing 41,000 insured people. Of that number 27,000 odd were sent in on record cards; that is 66 per cent. of record cards, which means a slightly higher illness, of course.

40,186. Quite so. That is for the 12 months, not for the nine months?—For the 12 months.

40,187. It was not for the April to December period, the nine months?—No. I think I eliminated all those who gave April to December, or almost all of them. At any rate, it is for 12 months in the great majority of cases.

40,188. What were the extreme variations? You quoted one doctor, 90 per cent of whose panel received medical attendance, and I think you mentioned 70 per cent. of another panel?—I am afraid I have not those figures here.

40,189. Could you tell us the lowest percentage?—Last year I think there was hardly anyone under 50 per cent. I think the lowest was 46 or 48 per cent. There was one man who did not have any at all, but he had only a panel of 12. The lowest of the panel men in the district were from 48 to 50 per cent.

40,190. Do you remember the highest?—The highest was up to 90; I think that was the highest.

40,191. What proportion of insured persons have you who have not selected a doctor?—We should like to know.

40,192. What is it computed at, 10 per cent. or 20 per cent?—I do not think we have any figures. I should say it is somewhere near 10 per cent.

40,193. It would only be fair to add 10 per cent. on to the numbers of the panel to get the total?—Quite.

40,194. You never heard of any society in Bristol with 56 per cent. of its members going on the funds in the year?—I never have.

40,195. So there must be a considerable number receiving medical attendance, but not receiving sick pay?—Yes.

40,196. You have no figures as to that, have you?—I have some figures in regard to my own practice.

40,197. One of the questions you sent out is: "What proportion of your panel list receiving medical benefit have also had sickness benefit?"—We did not get anything there. There were 11 doctors with 6,600 insured persons, and their average was 64 per cent. of medical benefit, and 21 of sickness benefit; that is 21 per cent. of the panel list for last year. Then there were 12 doctors with a panel of 6,000 odd, and for three months of this year their medical benefit was 38 per cent., and their sickness benefit was 17 per cent. of the medical benefit and 6 per cent. of the whole panel list.

40,198. (Chairman.) Is there anything you would like to add?—There was that point which has been raised with regard to the payment by the doctors of the medical adviser. We in Bristol felt that we ought to clear up the position we have taken up. Three months ago we undertook to pay a part of the salary for the quarter of the medical adviser under certain conditions. At a meeting on Tuesday last, we guaranteed that for the next three quarters we would do the same. We did this because we thought that the system which existed in Bristol was too important to drop until there was some definite statement from the Commissioners, from this Committee, or from someone in authority. We would like to make it quite clear that it is simply a provisional arrangement. I am quite sure that the majority of the men in Bristol will not go on doing it as a personal thing of their own free will. They regard it as a matter for the friendly societies, but more especially for the Commissioners, not as a matter for the doctors. They do this, if I may give you one reason, because, whatever extra care is taken in this question of the diagnosis of incapacity, and whatever extra attention is given to it outside what is to be done under our contract, is for the benefit of the approved societies and not for the benefit of the doctors. I do not know that I want to clear that up any more than I have done. We feel that we were put upon our honour at the beginning of this thing fifteen months ago to give a willing and effective service, and we claim that we have done it.

40,199. No one says that you have not?—One of the conditions was the appointment of this medical adviser, and that was why I brought that in. We were to give a willing and efficient service, and we felt that we could not undertake to do that without the appointment of a medical adviser. We felt that we should



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give, and we have given, all we possibly could do under our contract, that is to say, such skilful service as can be given by the ordinary average general practitioner. But there are certain cases outside that which we knew at that time would have to be referred to a medical adviser. We felt if our scheme were not carried out, the approved societies would appoint medical advisers of their own, so that there would be a multitude of advisers, chaos from the administrative point of view, and inefficiency from our point of view. Therefore, we pushed for our scheme. It has worked exceedingly well, but, as I said, it does not go far enough.

40,200. I do not quite understand why you say "work done outside your contract." Of course, if this work were done outside your contract no one would suggest that the doctors should pay for it. Why do you say it is outside your contract?—Because our contract is to give such efficient service as is within the competence and skill of an ordinary medical man. We do not profess to be specialists in the diagnosis of certain obscure forms of incapacity.

40,201. But that is on the cure side. You promise to cure him so far as the general practitioner can be expected to go in that direction?—Yes.

40,202. On the other side, you have contracted to give such certificates as will enable a man to obtain sickness benefit?—Yes.

40,203. And inferentially not to give him a certificate when he ought not to have one?—Yes, quite so.

40,204. I quite understand that the societies may desire to check the certificates you give, for which they or the Exchequer have to pay. That would be so?—Yes.

40,205. Then it is also possible that the insured person might want to appeal from your refusal of a certificate to some-one else?—Yes.

40,206. For which it would be unreasonable that you should pay?—Quite so.

40,207. Is there not a third office that the referee has to fill in Bristol? Does he not relieve the doctor of an enormous amount of anxiety and trouble?—Of an enormous amount, no.

40,208. Do you know how many people have been sent to the referee by the medical profession in Bristol?—I think it amounts to about two each per year.

40,209. But I meant the proportion sent by the medical profession and by the societies. Do you know that out of a total of 600 sent 197 were sent by the profession?—That is one-third.

40,210. They were not sent in order to safeguard the interests of the approved societies, were they?—I should say so entirely.

40,211. Why would you say that?—Because it is a medical man's duty to safeguard the interest of the society as far as he can.

40,212. They went for one of two reasons, either because the doctor wished his opinion supported, or because he was in doubt?—No doubt.

40,213. If he is in doubt, he is using the medical referee as the person to decide the matter for him?—Yes.

40,214. Nobody suggests that these 197 persons suffered from obscure complaints, do they?—Yes.

40,215. That is not suggested, is it?—They were most difficult cases, the majority of them.

40,216. Were they suffering from obscure diseases?—They were most difficult cases to diagnose.

40,217. I said obscure complaints. Surely they suffered from the ordinary kind of things that insured people suffer from, did they not? Not obscure diseases with very long doctor's names attached to them, but the ordinary complaints for which people go on the funds?—It is not the obscure disease which is difficult of diagnosis; it is very often a simple thing.

40,218. What happens when they go to the referee? He pronounces them fit or unfit, in Bristol, does he not?—Yes.

40,219. He does not go into diagnosis?—No.

40,220. He does not send you back the diagnosis he has made of the patient, does he?—He generally writes.

40,221. His apparent function, then, is not to assist you in diagnosis in order to cure the man?—Not diagnosis of disease.

40,222. He assists somebody else to say whether the man is fit or unfit to work?—Yes.

40,223. But that is work which falls on the panel doctor?—It is absolutely impossible in some cases.

40,224. Why?—Because no doctor can undertake to be absolutely perfect in his work.

40,225. If it is a case of an obscure disease I can understand your position. But it is admitted that they are not obscure cases so far as diagnosis and treatment are concerned. Take the case you mentioned. In that case the referee did not write back and tell you what was the matter with the man; he said he was fit?—Yes.

40,226. All that was required of him was a judgment as to whether the degree of rheumatism was such as to unfit the man for work?—Yes.

40,227. That, you know, the approved societies, and possibly the Commissioners also, thought was the sort of work the panel doctor could do?—I am afraid that is where they were quite wrong.

40,228. I suggest to you, using an expression that has been used by a medical man here, that really the medical referee in Bristol has been used (very likely quite rightly) as a leaning post for the doctor?—That is not true. I grant (though even this is going a little far) that there are a certain number of cases, very few really so far as I could gather, where he has been used as a leaning post. There he is a luxury. But this large number of cases sent to him by the medical men I regard as an absolute necessity from the point of view of the approved societies.

40,229. Might I put it in another way? It is always said, is it not, that, in order that a doctor should cure his patient, it is necessary that there should be very considerable confidence between them?—Yes, between the doctor and his patient.

40,230. There should not be a continual relation of the patient clamouring for money, and the doctor refusing it?—That is so.

40,231. If that were the case, it would make the relation of the doctor and patient very difficult. It would make it very awkward and uncomfortable for the doctor to do his duty?—Yes.

40,232. Is not the referee a device to get rid of that difficulty; to enable the doctor when he gets into that kind of trouble to say to himself: "I will get the referee to bear the brunt of this, to say if the man is capable or not." If the practitioner has to say whether the man is capable or not, the relation may be broken up for all time?—I do not think so.

40,233. Up to December there were 197 cases in Bristol which doctors thought necessary to send to the referee?—That works out as two a year per man.

40,234. But about one-third of all that were sent?—I do suggest again, as I did before, that he was not made nearly enough use of by the approved societies.

40,235. That may be the case. But I do suggest to a great extent that this was a necessary luxury for the doctors?—A necessity.

40,236. I call it what is a contradiction in terms no doubt, a necessary luxury. It is something they could get on without if they braced themselves to what they ought to do?—I will grant that on this condition. I will grant it willingly, if you will undertake that the societies will accept our certificates. If they will accept our certificates we say we do not want a referee. If the societies say they will not accept our certificates, then it is up to them to get the referee. It is simply from our point of view that he is a luxury.

40,237. Do you not think that there are cases such as the doctor in London described, where he finds a man is likely to make a row in his consulting room, and he thinks he had better pack him off to the referee to make a noise there?—We do not have that in Bristol.

The witness withdrew.



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Miss A. HUGHES.

Miss AMY HUGHES (*General Superintendent of the Queen Victoria's Jubilee Institute for Nurses*) examined.

40,238. (*Chairman.*) Are you General Superintendent of the Queen Victoria's Jubilee Institute for Nurses?—I am.

40,239. Would you just tell us what that Institute is?—It is a large association that was founded by Queen Victoria, by the gift of the women of England, when she attained her jubilee. It is an incorporated association. It is maintained by the interest of 70,000*l.* subscribed by the women of England, and by the interest on other sums of money, such as the Women's Memorial Fund, and also by voluntary subscriptions.

40,240. What does it do?—It nurses the sick poor in their own homes by means of trained nurses.

40,241. How many trained nurses have you in the institution?—At present, we have over 2,000 trained nurses working in the United Kingdom.

40,242. Are they in the direct employment of the Institute?—Not of the central council, but in the direct employment of the local associations. The funds given by the central council are being used in the training of a certain number of these women in district work; that is over and above their three years' hospital training. They go for six months into a home under a superintendent and learn to adapt their nursing knowledge to the needs of the people in their own homes. They also have special instruction in dealing with cases of tuberculosis, and with school children. And a great many of them are given midwifery training.

40,243. Who is there in the direct employment of the Institute itself?—Myself, the inspectors, and the assistants in the office. There is a nursing superintendent, two nursing assistants, and eight inspectors in England; a superintendent and an inspector in Wales; and a superintendent and an inspector in Ireland. The Scottish people have their own council and raise their own funds. They have their share of the money contributed, and they engage their own superintendent for Scotland and the inspectors, subject to the approval of the central council.

40,244. What is the work of the local associations?—They undertake the nursing of all the people in their own homes that require it, under the medical men in charge of the cases. In associations where midwifery is necessary, they also undertake that. In some towns the associations do midwifery, and in some they do not. In the country the same nurses undertake both kinds of work.

40,245. Are the nurses in the employment of the association?—Yes, entirely.

40,246. How many are in the employ of the associations?—It varies from 60 to 70 in Manchester and Liverpool to one or two in the country districts.

40,247. Is the whole of the country pretty well covered by your institute?—Very fairly well. We have 23 affiliated county nursing associations which are affiliated to the institute; that includes North and South Wales. North Wales includes five and South Wales six counties. These county associations are responsible for midwifery work principally, and also general nursing by women who are certified midwives with some general knowledge, who are known as village nurses.

40,248. Are these nurses in the permanent employment of the local associations?—Yes; they engage them and they stay there as long as they wish them to. If the nurse wishes to leave she does.

40,249. So long as she is in the employment of the association her employment is permanent?—She gets a salary. The salaries have been from 90*l.* to 95*l.* inclusive, or 30*l.* all found, 32*l.* the second year, and 35*l.* the third year. After that committees give them what they like. We are finding, owing to the rise in the cost of living, that we shall have to raise the salaries. It ought to be 95*l.* to 100*l.* There is also a scarcity of nurses to be considered.

40,250. Who directs the operations of these people in each particular area—the local association?—The local committee. In the large towns the nurses live in homes, and are under a superintendent, who is responsible to the committee. She receives the cases

from the doctors, so to speak, and allocates them to the nurses. Where there is only one nurse, or only three or four, they are each of them directly responsible to the committee.

40,251. Do the committee allot to them the cases they are to take?—The doctors do that.

40,252. How do the doctors do that?—They send the case in which they wish visited, and the nurses visit it. Of course, clergymen may send in cases, and district visitors. But the nurses cannot attend them except in emergencies without a doctor calling for it.

40,253. Supposing there are not enough nurses for the doctors to send for, what happens?—It is only the poorer people we visit. We do not undertake to nurse the better classes.

40,254. Have you enough nurses to nurse all the poorer people?—We would like to have some more where the population is dense. But, roughly speaking, we have enough in the country districts.

40,255. When the doctor wants a nurse, he sends along to the association's place, and does he always get one?—Yes, I think so.

40,256. That is as to the towns; but how about the country?—They manage in just the same way. But distances are a difficulty there.

40,257. What has a woman to do to become a nurse?—To become a Queen's nurse she has to go through a hospital. We do not accept one of less than 50 beds. In a case of a poor law institution it must be one approved by the Local Government Board as a training school. The nurses stay for three years, and then receive their certificate.

40,258. Do they have to pass an examination at the end of that time?—All the hospitals practically require an examination. Some of them require the nurses to stay four years.

40,259. After that she is eligible to become a Queen Victoria Jubilee nurse?—Yes, only then she has to come to us for six months for district training. During that time she gets practical experience in dealing with the people in their own homes. We give the candidates lectures on special subjects. Tuberculosis is now taking up a great deal of their time, and they have to pass an examination in it.

40,260. How do the district nurses differ from your nurses?—District nursing is just an expression for nursing the people in their own homes.

40,261. That is what your people do, is it not?—Yes, only we call ourselves Queen's nurses, because we belong to the Queen's Institute; but we are district nurses just the same.

40,262. I thought you said that they did so many years' hospital nursing, and so many months' district nursing. What distinction is there between what they do when they are district nursing and what they do when they join the association?—When they are working in a hospital, they are working in the wards. When they are doing district work, they are nursing independently.

40,263. They are on their way to your service then?—Yes.

40,264. Are they being paid?—Yes, they are being paid their salary of 30*l.* a year all found.

40,265. The Institute of which you are General Superintendent is a superintending agency, more than anything else, is it not?—Yes.

40,266. Do you receive reports direct from the nurses, or from the local associations?—We receive them from our inspectors.

40,267. Who go round, I suppose?—Yes. The committees generally report to us when there is anything wrong, but we have a general report from the inspector on the work. She sees the committee and the nurses. Then the associations have the right of writing up to us and asking questions. They do not report on the nurse until she leaves them, not officially, that is. We have a good many committees on which the representatives of the association meet and discuss things. We have one County Committee Association, and we have conferences.



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Miss A. HUGHES.

[Continued.]

40,268. You were going to give us evidence, I think, collected from the information you have obtained from the nurses themselves, I suppose, and also from your inspectors who go round the country. Is that so?—One or two from the inspectors. May I say I am sorry I have not got as much information as I wanted, because I have been ill. I can give you some general information.

40,269. Will you do so in your own way?—As I said, I was going to produce evidence from various superintendents. They represent a number of nurses. They say since the Insurance Act came in that there has not been a very large increase amongst the patients, especially the woman patients.

40,270. Was there any room for an increase? Were not your people always as busy as they could be before?—There has been a feeling that a larger number of patients that were drawing Insurance pay required attendance. With a view to that the nurses were asked, or a few of them were: "Have you had any appreciable increase in the number of your patients; has there been any difference in the number of patients coming to you?"—and without exception they have all replied "No," that they have not had a larger number. There has been the normal increase, but nothing phenomenal, nothing out of the way.

40,271. How large a part of the country does that cover?—I have not got information for Wales or Ireland, but from Liverpool, Derbyshire, London and Somerset.

40,272. When you say you have information from those places, do you mean that you have exhaustive information from those places, or just sporadic information?—I asked the responsible people for it. I asked the superintendents of some of the homes and the county superintendents.

40,273. Are they people who take a view of the whole of Somerset or the whole of Liverpool, or only of little bits of them?—They are responsible for the whole of their areas, Somerset or Liverpool; they represent all the homes there, and gave me the information.

40,274. Perhaps I ought to have asked you this before. Your people live in homes, do they not?—Yes.

40,275. And a doctor says: "Go and call a nurse"; when she is called, does she nurse that case by living in the house of the patient she is nursing?—No. We do not have resident nurses in town. We have in the country a few of them, but those are village nurses.

40,276. Is she dealing only with that one case at a time, or with other cases?—Each nurse pays an average of 20 to 24 visits a day, and she may have any number of cases from six to ten. It depends on the locality.

40,277. We have an enormous amount of evidence tending to show that there are far more people sick and in the doctors' hands than we expected. How do you reconcile the state of things in Somerset and Liverpool with that fact?—Because before the passing of the Act, the women especially did not go sick when they were beginning to be ill. They worked on until they got very ill indeed. Now that they have a chance of resting at the beginning of an illness, they do so.

40,278. There are far more people sick now, but not so many people sick as the result of serious illness requiring a nurse?—I cannot say, from information received, that there are far more people sick. But nurses have noticed that many working women have stopped work sooner than before the Act, because of a comparatively small ailment. If they had gone on for another month, say, it might have been a serious thing for them.

40,279. What is the sort of thing that gets nursed, and what is the sort of thing that does not get nursed? What you are saying is, is it not (you do not put it forward as a known fact, but you think it is so) that there are no more people being nursed, although you expect there are more people who are sick?—Yes.

40,280. Because you think that their sickness being taken early, they are prevented from becoming so ill as to require a nurse?—Yes.

40,281. Can you in any sort of way indicate why you think that?—I have one case here, sent me by one of the South London superintendents, of a pregnant woman. She is an insured working woman. She was

laid up for some little time, and had advice and sickness benefit. She was suffering from bad varicose veins. But she would not have done that, had there been no insurance money. That is a case where that women would have gone on working, and probably have been very ill indeed in the end.

40,282. And then have required one of your nurses?—Yes. Then there was one case mentioned by one of the superintendents, in which the nurse was withdrawn because the patient, a woman who had a bad abscess in her breast, was deliberately retarding the treatment in order that she might have the 7s. 6d. a few weeks longer. The nurse was withdrawn and the case reported.

40,283. To whom did they report?—The doctor. There was another case of a married woman who had an internal trouble because of standing so much in mills. This case is from Liverpool. In many cases they did not give in because they found there was no help for it before the Act. Now that they can go to the doctor, and he tells them they must rest for a time, or gives them special treatment, they lie up and have a nurse. Those are the sort of cases coming forward now. But if it was not for the chance of having some money to go on with, they would be obliged to go on working.

40,284. That, I take it, is really the substance of what you wanted to say?—Yes.

40,285. (*Dr. Lauriston Shaw.*) Do you think that there is any evidence that the doctors do not make as much use of your nurses as you would like them to?—I do not think so. Speaking generally, the doctors are very good to us all over the country. The trouble comes when they fall out with our members and the secretaries of committees. If they are not friendly they will not employ our nurses.

40,286. Would you think, on the whole, that the majority of your nurses were employed at the request of the doctor, or of an outside person?—At the request of the doctor.

40,287. You told us that clergymen and other people will ask for a nurse, but the great majority are asked for by the doctors?—Yes, quite two-thirds of them, or more than that. We encourage the people to apply themselves, especially if they are working on the provident system. But we are unable to take a case on, except in emergency, unless the doctor calls us in.

40,288. You would not say that a great many nurses are attending patients not strictly kept in bed?—We get a great many surgical cases, and cases of paralysis, massage cases, and cases of varicose ulcers.

40,289. Where nurses go and do dressings, or massaging, or treatment of that sort?—Yes, anything that is wanted.

40,290. Or helping to wash the patients who may be bedridden?—Yes. One great object of our nurses' work is not only what they do for the people themselves, but what they teach people. They show them what to do, and then go back and see how they are doing it. That is with the doctor's permission, of course.

40,291. You are not putting before us much evidence that there is lack of nursing on the whole in the country?—Well, there are a great many districts yet to be covered.

40,292. And a great many districts in which, if there was more money available, you would certainly increase your staff?—Yes.

40,293. Would you say that in a district, where you have four or five nurses working, there is a tendency to increase the number as years go on?—Yes.

40,294. You are getting increasing claims upon you?—Yes, especially about this new work in connection with the Notification of Births Act; and the Midwives Act has increased our work very much.

40,295. Your idea is that the provision of these nurses is lessening the length of time during which patients remain sick?—Yes, because we can watch them.

40,296. (*Miss Ivens.*) Can you tell me how many of your nurses are also trained midwives?—Not straight away, I am sorry to say. We have, out of 2,000, quite half or more, I should think. We train a very great many ourselves, and a great many are already qualified



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when they come to us. That does not mean that they are all practising, but that they have taken their certificate.

40,297. Do they take the cases alone, or with a doctor?—As required by the Association. In some districts they work under the doctor, and in others they practise as midwives.

40,298. In cases where they practise as midwives, what steps do they take to obtain the services of a doctor? I suppose they attend chiefly quite poor people?—Yes.

40,299. How do they obtain the services of a doctor when they require him?—They send for him, as required under the Act.

40,300. But how is he paid?—In some instances the association guarantees to pay his fee. In some cases there is a sort of club amongst the women themselves. It is left a great deal to local arrangements. We recommend very largely that the association should guarantee the doctor's fee in order to avoid any delay; and a great many of our associations are doing that. I am not quite so sure whether that has been done so much since maternity benefit came in.

40,301. Would the patients pay the same fee to your midwives as to the ordinary midwives?—Yes. We are very careful not to undersell any practising midwives. In many districts our fee used to be cheaper, and we have asked them all to raise it.

40,302. Judging from your statistics, would you say that the women are better attended in maternity cases by your nurses who are both trained nurses and midwives; am I right in saying your statistics are very good?—They are very good indeed. In fairness to the village nurses who are not all fully trained nurses, I should say that the trained nurse's knowledge of aseptic work and so on helps her very much in the midwifery, but there is also the aspect that they are not so sure of themselves as the women who are midwives, but not trained nurses.

40,303. Do you think that is always a disadvantage?—The trained nurse, owing to her knowledge, is rather apt to imagine things are going wrong.

40,304. May it not be the other way, that she may be much more inclined to send for a doctor when necessary than the rather ignorant woman who thinks she knows everything?—Yes, that is quite true.

40,305. (*Mr. Mosses*.) Do you make inquiry as to whether your patients are insured persons?—We have been asking it latterly, as we used to ask which clubs they were in.

40,306. Could you tell the Committee approximately what proportion of insured persons your 2,000 nurses are treating?—I should say it varies. In some districts, I think I am right in saying that about one-third of the cases, roughly speaking, all over the country, are insured persons. We get a great many poor law cases, and deposit contributors.

40,307. So that on the basis of nursing one-third of the insured persons, you premise that there is quite an appreciable increase of sickness among the working women?—No; we have not found it yet. Though they do say many women give up sooner than they used to do.

40,308. You have based your premise upon the whole of the number?—Yes, the whole of the number; that is the information I have had from the various associations, who keep their books very carefully, and who know the cases.

40,309. You cannot draw a distinction between the insured and the non-insured women?—No; I am speaking generally of places like Liverpool, and industrial centres, and from East London, where a great many women work at tailoring, and so on.

40,310. Are they insured persons?—Yes, they are employed women.

40,311. Could you tell us, broadly, whether there has been an appreciable increase in sickness amongst all insured working women?—We say no, not of serious sickness. But our nurses have come across, in the homes of the people, more women who have gone to the doctor and received treatment for the beginning of what would have been serious illnesses, like those women with varicose veins, I mentioned.

40,312. (*Mr. Davies*.) I thought you said that the nurses were called in for nursing largely by the doctors?—Yes.

40,313. Is there any special reason for that?—It means that the people go for the doctor, and then he says: "You must have a nurse for this case." If a nurse is known and popular, they very often come for her without waiting for the doctor. But because the doctor says: "This patient wants poulticing, and so on," they say: "We must have a nurse in."

40,314. Can anybody living in the area of your nursing institute ask for a nurse?—Not the well-to-do people, unless specially arranged for.

40,315. Can the poor?—They can always come to us.

40,316. Do outsiders know that they can call for a nurse?—These poor people know; it is the fault of the local association if they do not. We impress upon them that they are to consider the nurses as *their* nurses. If the local association is worked on the provident system, they employ our nurses more readily.

40,317. Will you explain what the provident system is?—Yes; it is where they contribute something weekly or monthly or quarterly, as the case may be.

40,318. Is it not generally felt that you cannot have a nurse unless the doctor recommends it?—Yes, they know that. The nurse can go and see them, but cannot go on attending unless the doctor recommends it.

40,319. Under the new conditions the great bulk of cases your nurses attend are insured persons?—Yes, especially in industrial centres.

40,320. I thought you said that you were collecting information as to how many were insured persons?—Yes.

40,321. Is the object of that information you are collecting an attempt to make a case for some payment?—Yes, I think so.

40,322. I take it that your association is absolutely limited to visiting?—Yes, we do not undertake resident nursing.

40,323. Supposing my society came to your institute and said we should like to have half a dozen of your nurses, but each nurse would have to report how her patient got on?—We should have to say that our nurses are not allowed to make reports upon doctors' cases.

40,324. What grounds have you for hoping to get any sort of payment?—It says so in section 21 of the Act, and we hope it will be done.

40,325. Then to whom would you look for the money?—We think the insured persons, or those responsible for them, might give us something for what we are doing voluntarily.

40,326. Perhaps you think the approved society would give you something?—We should like them to, very much. We are nursing their people for them, and we do shorten the time of sickness.

40,327. And because of that, you think that you have some right or claim upon our finances to meet that?—We should be glad to get something from you, because if we had more funds it would mean all the difference sometimes between starting another nurse and not doing so.

40,328. Your intention is to impress this Committee that you are reducing sickness so far as the insured person is concerned?—I think so, so far as medical men will allow that trained nursing does prevent sickness going on longer than it otherwise would do.

40,329. And by reason of that, you think that you have some kind of claim upon the consideration of the approved societies?—Yes, and I think it has been proved, because, up to a little time ago, all the approved societies gave us very handsome gifts.

40,330. Those have not fallen off, have they?—I could not answer that question straight away.

40,331. On the other hand, you might have accentuated the sympathy of the societies by their finding that you are so useful to them, and they may be giving more than they did?—They have not given any more money in the industrial places.

40,332. (*Miss Wilson*.) I did not understand what you said about the provident system. Will you tell us



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about that again?—It means that people are asked to become members, just as they join a club. There is a sliding scale. In the country districts, for instance, labourers pay 2s. a year; artisans, and other people of their class, pay, perhaps, 3s. 6d. or 4s., and the farmers and others like them pay anything from 5s. to 10s.

40,333. They pay that to your Institute?—To the local committee.

40,334. For the employment of one of your nurses especially?—For the employment of the nurses in the town, or village nurses in the country, as the case may be.

40,335. That is to say, where she is affiliated to the Queen's Institute?—Yes. I may say in some of the colliery districts in Nottinghamshire and Yorkshire, one or two Queen's nurses are practically provided entirely out of the men's contributions.

40,336. Are provident schemes working in most of the big towns you mentioned?—No; we have not been able to maintain them in the big towns, because of the floating population. In a place where people are resident and working for several years it is easy to do, because of the collections. We divide a place into districts, and people go and collect the subscriptions once a quarter or once a month, as the case may be. It used also to be stopped off the men's wages in many places, of course with their consent, but that is not going on now so much. In large towns, however, the provident system is impossible.

40,337. Where there is no such scheme, do the people pay something when they have a nurse?—No, we do not approve of payment by visit, or payment at all in that way, but especially by the visit, because we feel the people want all the money then for the special claims of sickness.

40,338. It is either a voluntary scheme, then, or nothing?—Yes, but we have generally house to house collections, or some arrangement to get people to contribute something.

40,339. Whether they have a nurse or not?—Whether they have a nurse or not.

40,340. You say to them: "You may have a nurse, or may want one; will you give us something towards 'the scheme'?"—Yes.

40,341. Do you get as much by that method as you do from the provident scheme?—It depends on the locality, and it is difficult to say. Under the provident scheme you know where you are, but the other is so floating.

40,342. You said, in reply to the Chairman, that you attended the sick poor only. What do you mean by "the sick poor"?—We do not attend the better class patients, such people as live in flats, except under special arrangement. In some towns, for instance, in Bedford, there is an arrangement with the Queen's Nursing Association by which daily visiting cases are undertaken for payment, and one of the nurses who is not very strong, rather devotes herself to that work.

40,343. Then there is another system of payment besides those you have mentioned?—It is possible in Bedford, because of the conditions there. They are very often people who live there because they have sons at the schools. They seldom have very large incomes, and, therefore, could not afford, or it would be a very difficult thing for them, to have a private nurse living in their own houses. The doctors frequently asked if our nurses might go to these sort of cases, and as it was a source of income, it was decided to take up the work and make a charge. In Bury, in Lancashire, they do the same thing. In some cases the nurses may not go where the rents of the houses or the wages are over a certain amount, but that is all left to the discretion of the local committees.

40,344. There is no uniform system at all, then?—No; it has to be done as the varying conditions of the places require.

40,345. Would you cover the cases of most artisans and people working in factories?—Yes.

40,346. You would count them as amongst the very poor?—Not the very poor, but we count them as people amongst whom we work.

40,347. You do not really mean the very poor; you mean the working-classes?—The working-classes. We

do not take well-to-do patients, except in exceptional circumstances.

40,348. Can you tell us exactly what you mean by "the working-classes"? In one town you go by occupation, in another you go by rental, and in another town you go by wages. Is that it?—Yes; that would mean practically only arranging for the same class of people everywhere.

40,349. You hope it is the same class, but you do not ensure it in any way?—But we know practically, by the comparison of the reports and hearing from the inspectors. It might be desirable to do it by the rental of the houses in some cases and wages in others.

40,350. What about a clerk earning, say, 130l. a year?—I think that we should look upon him as rather better class.

40,351. In that case you go by class rather than wages?—Yes.

40,352. You have probably cases of artisans earning as much as 3l. a week?—That is quite true. You have to consider the individual people, too. Many clerks would very much resent having nurses on the same footing as a working-man. It may be quite a wrong feeling, but you have to be careful about it, you know.

40,353. You would say that, so far, you are not keeping them for anything like all the persons insured under the National Insurance Act?—Not for everybody under the 160l. limit. Then there is the big problem of the domestic servants. We cannot visit them in their employers' houses, although we do sometimes. I do not mean that we would not take them, but they are difficult to visit.

40,354. In the employers' houses?—Yes. In their own homes we visit them as a matter of course.

40,355. But you would visit the small general servant in the house of an artisan, would you not?—Yes, or a lodging-house keeper, if it were possible. But I was thinking more of butlers and ladies' maids and upper servants in the houses of the well-to-do. They are insured persons, but it would be rather difficult for us to take their cases, as they are not in their own homes.

40,356. You are probably not asked to?—It has been raised occasionally, and it has been rather a difficult question to deal with.

40,357. You said when a doctor sent for a nurse that you were usually able to supply one, setting aside the country districts where you have not got a system of nurses?—Yes.

40,358. Do you think that doctors now send for your nurses pretty freely, or only in very bad cases?—They send for them pretty freely; in fact, I think they send for them more than they used to do, because, you see, the doctor has not the time very often now to do the small dressings and things he used to do. It has been a little bit of a grievance to some of our nurses that they have had so many minor cases to attend for doctors, because they were so busy.

40,359. Would the doctor send as soon for a nurse for the very poor as he would for the paying class of patients?—Yes, absolutely. The doctors do not make any difficulty about that.

40,360. He would not have a higher standard of what was required for a person who could afford to pay for it?—I do not think a doctor would ever think of that. He knows there is a nurse, or the chance of getting one, if he wants her.

40,361. You said in some cases that your associations have grumbled because the doctors have sent rather too freely for nurses. In those cases sometimes the doctor has not had all he sent for?—No, it has been very difficult for the association to keep up with the large increase in the number of small dressing cases. It is partly to do with the hospitals not taking so many of that kind of case in the out-patient department as they used to do.

40,362. If there were more nurses they would send for them where they are not sending for them now, would they?—I do not think we have any evidence that the doctors are not sending for nurses, because the associations are going on trying to meet the



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demand, and make this an excuse for getting more funds and more nurses.

40,363. You do not think that the doctors limit their demands because they think the supply is limited, and therefore they had better wait for a worse case before sending for a nurse?—I should be glad to know of such a case. I have never heard of such a suggestion as that.

40,364. You think in most towns where you have your nurses, that as regards the people you do attend they are getting enough nurses for their requirements; that their sickness duration would not be much shorter if they had more nurses?—It is rather difficult to answer that straightforwardly, because we are being asked to undertake so much more work. In the West Riding of Yorkshire and other places our county associations are being asked to take over the tuberculosis work, the Notification of Births Act, and the school work. We have to increase our numbers, because, although it is a little bit too much for one nurse, it is not enough for two. But in several of the county associations they are prepared to pay for this additional work; notably in the West Riding of Yorkshire, where it is leading already to an arrangement for having more nurses. Some associations must employ more nurses in order to take over this sort of work. It is not only dealing with the ordinary sick cases, but the extra work coming on to the associations.

40,365. Perhaps the full time of one of your nurses is taken up with tuberculosis work, and therefore you are left short on the side of ordinary sickness nursing?—Or even if they are dividing it. If there is only one nurse, it is more than she can do, and if there are three nurses dividing it between them in larger centres, you have one of them doing that work specially.

40,366. (*Dr. Smith Whitaker.*) I believe some district or county associations are said to be affiliated to your institute, are they not? What is the distinction between an affiliated association and one not affiliated?—It means that the affiliated associations agree to accept our standard of nurses, and also that they agree to the system of universal inspection and supervision by the appointed nurses.

40,367. So that the public may know that if an association is spoken of as affiliated to the Queen's Institute, it means that they conform to a certain standard laid down by you?—That is it.

40,368. Do they get any monetary assistance in consideration of affiliation?—The county associations have had that, and so long as we have funds, we hope to contribute something towards county superintendents; it is 30*l.* a year usually. We used to give grants, but we find we cannot do that now.

40,369. You have some model rules as to calling in nurses, and so on, have you not?—Yes, we have them, and we have model rules for all arrangements connected with the nurses.

40,370. Those are accepted by the affiliated associations, are they?—Yes, we send them suggested rules, and some rules which must be carried out.

40,371. Is the standard of discrimination in respect of means one of the matters dealt with in the understanding between you and the affiliated associations?—It is left entirely to the local associations.

40,372. Then if one district association adopts the rental standard and another the wages standard, that is entirely a local affair, with which you are not concerned?—Yes, entirely a local affair. Sometimes, if we think they are making a mistake, we venture to suggest, after seeing the inspectors, that they are wrong; but we give them an absolutely free hand.

40,373. You have not found it possible to force any uniformity upon them?—They would be very angry if we tried.

40,374. So the evidence you are giving on that point is not as to the requirements of your council, but as to what you found to be the practice in the various local associations with whom you are in contact?—It is the result of reports we have received.

40,375. When an association adopts the provident system, does that mean that they guarantee anything to the subscriber?—The services of the nurses—that

he shall have the services of a nurse when the doctor says he is to, or a midwife if he wants one.

40,376. Supposing you had two artisans living in houses next door to one another, and one subscribed to the provident scheme and the other did not, would that mean that the one who subscribed would get a nurse whenever he thought fit, and the other not at all?—It would mean that the subscriber would have a nurse if the doctor ordered it. The non-subscriber would have a nurse, and be asked to become a subscriber by paying something at the end of the time for the nurse.

40,377. Both would be able to get attendance if the doctor thought it was necessary, and neither if the doctor did not think it necessary. One would be expected to pay a contribution afterwards and the other one before-hand?—Yes.

40,378. Would that be the only difference between them?—That is the only difference. In all provident associations there is a clause to that effect in the rules; that is to say, if non-subscribers want a nurse they are to be asked to pay something for her.

40,379. What is the usual subscription where there is a provident scheme?—2*s.* a year for a labourer; then it goes up sometimes to 3*s.* 6*d.*, to 4*s.* 6*d.*, and to 5*s.* for small shopkeepers. It depends on the locality. It might go up to 10*s.* for farmers and better class people in the country districts. In mining districts and such like it is very much settled by the men themselves, who arrange what they will give.

40,380. How do the fees paid by non-subscribers run?—That is settled by the local committee. It would depend entirely upon the circumstances, but it might be that they would have to pay perhaps 1*s.* for a week's attendance, or it might be 2*s.* or even more.

40,381. What advantage does the person who subscribes get for his subscription?—One thing is, they are not required to pay at the time an illness happens, when they want all their money, and another thing is that it has a very good effect. They feel that the nurse is theirs, and very often they are represented on the committee and take part in it. It creates a very good spirit among the people. I do not know whether you would call that an advantage or not, but they enjoy having their nurse and they are proud to take part in the work.

40,382. They subscribe, then, not merely for the sake of an advantage over anybody else, but because they prefer to subscribe?—It is a great help to them, and it answers very well.

40,383. On the subject of midwives, I think you said that when a nurse is a midwife as well, you have to charge a fee when she attends a midwifery case so as not to undersell the independent practising midwife?—Yes.

40,384. In a district where you have no provident system, are there any other nurses who practise among the working classes on their own account, that is to say, who are not employed by any association?—Yes, a great many.

40,385. Is there no sort of competition on the part of your nurses with them? If you are attending gratuitously people who can quite well afford to pay independent nurses, there must be competition?—There is not a large number of independent nurses who do general nursing, and those who do it generally go to better class patients. I do not think I know of any case where a woman is doing general nursing among working-class folk on her own. There are a good many visiting nurses who work amongst the rather better classes, and we are careful not to overlap or interfere with those women. But I do not remember at this moment any special case of a woman who is doing general nursing in that way, who would be interfered with by the Queen's nurses.

40,386. So you do not feel the necessity of charging fees for the ordinary nursing as you do in cases of midwifery?—That is so. And, besides, we have always charged midwifery fees rather because we think it is good for the people to save up and pay something for midwifery, not only for the funds, but it is good for the mothers to lay by something against their time of need.



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40,387. As regards the machinery for calling for your nurses, you say a nurse does not attend unless the doctor asks her, except in a case of emergency?—Yes.

40,388. What is the exact machinery for the purpose? Supposing that a clergyman, for example, visiting one of his parishioners thinks it very desirable that a nurse should be called in, what steps would he take?—He would tell the nurse and she would go and see the case.

40,389. Is that all?—No. He would send to the nurse or the superintendent of the home. If the nurse was living alone he would see her; if there were two of three in the home, he would see the senior nurse; and if it was a large home, he would see the superintendent.

40,390. And would the nurse have to communicate with the superintendent or her senior before going, or would she go on her own responsibility?—She would go on her own responsibility and see the case always.

40,391. Supposing the doctor visiting a patient thought it was desirable a nurse should be had, what would happen?—The nurse would find out whether there was a doctor, and would ask the patient whether she wanted a nurse.

40,392. Is the responsibility for going left to the nurse herself?—She must go.

40,393. She is living and acting under rules, and you leave it to her to comply with the rules?—Yes.

40,394. With regard to the qualification of nurses, your institute has laid down a certain standard?—Yes.

40,395. That is a three years' hospital training?—Yes.

40,396. That, of course, is simply a standard you have set up for your own guidance and for the guidance of your district associations?—It is the generally accepted training now.

40,397. Some of the large hospitals accept two years' training?—Very seldom. There is one hospital which gives a two years' certificate, but it keeps its nurses working four years. We do not in any way quibble so long as they have had three or four years in one of the hospitals. We also take joint certificates; we take the Brompton and St. Thomas's certificate, because that makes three years altogether.

40,398. Do not your district associations anywhere employ any nurses, even for the most trifling cases, who have not had that prolonged training?—They must have the prolonged training, because you never know what a trifling case is going to lead to.

40,399. Do some of the associations outside yours, not affiliated to you, employ nurses of two standards, some for one class of cases and some for others?—I do not know it for a fact at all. Of course, the village nurses are not fully trained nurses; they are midwives with some general training. We are making it 12 months now, but it used to be nine. Some of them have had experience in small cottage hospitals and small poor law institutions not recognised by the Local Government Board as training schools.

40,400. You are speaking of the sort of village nurse who is a midwife?—Yes, she must be a midwife.

40,401. You would not accept any lower standard except in that case?—No.

40,402. It has been suggested that this is a needlessly expensive system, and that you could cover the ground better if, for some of the trifling cases, people

of a lower standard were allowed to act?—The doctors would not like it, I am quite certain.

40,403. Your council have come deliberately to the conclusion that it is not advisable?—We would never dream of such a thing.

40,404. Supposing it was found necessary to make more provision for the assistance of the insured people or the community generally, and that, as you told us just now, the number of fully qualified trained nurses at the present time is hardly sufficient to meet the demand, could not that demand be met by the employment of people with a shorter training?—That is for the doctors to say, not for me.

40,405. At any rate, your council have not contemplated recommending that?—No.

40,406. With regard to the number of nurses, do you think it is falling off?—Yes; not ours specially, but everywhere. It is the cry through the whole world. From Australia and from everywhere they tell us that they cannot get women to go into the nursing profession.

40,407. Has anybody arrived at any explanation of that?—There are so many more openings for women. And it may be because it is not possible for a nurse to be earning very young. So many girls begin earning at 17 and 18 nowadays; I mean of the educated classes.

40,408. If it were felt that more nurses were required in proportion to the population now, how could that be brought about; how could we get an improved supply?—I do not know. It is one of our big problems. The training is pretty hard, and I think (although it is only my own opinion, of course) it is rather the spirit of the age. The modern girl does not like the discipline of nursing training, and it is much easier to learn something else and get more freedom and less discipline.

40,409. You think the remuneration has nothing to do with it?—There may be that question also. It is very hard work and very exhausting work, and the remuneration has not been raised in comparison with some other women's work.

40,410. If there were some comparatively small increase of remuneration, that might in time stimulate a greater supply?—I believe it might. Of course, it is difficult to know what to do. So many more girls like to go into offices as typists, where they earn good money; they have not quite such long hours; they have more freedom, and they get their Sundays, and begin younger.

40,411. It must always be a case that they must take it up from an interest in nursing?—Earning your living nowadays is a big problem. So many more women have to earn their living than they did, and have to begin younger.

40,412. (*Chairman.*) I thought you told Miss Wilson that you did not charge for nurses except in Bedford and around about there. I thought you told somebody else that one of the reasons for subscribing, on the system that you described, was that of relieving subscribers from the duty of paying when they did have a nurse?—The idea is that it is a sort of penalisation of people who will not join the provident scheme. If you started an association on the provident system and said: "If you want to have a nurse, you must pay, you must all subscribe," and any of the subscribers thought his next-door neighbour got a nurse for nothing, it would cause a good deal of trouble.

The witness withdrew.



## FIFTY-SEVENTH DAY.

Wednesday, 20th May 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Dr. T. M. CARTER.  
Mr. WALTER DAVIES.  
Miss M. H. FRANCES IVENS.  
Dr. LAURISTON SHAW.

Mr. A. H. WARREN.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.  
Mr. ALEXANDER GRAY (*Secretary*).

Miss MARGARET BONDFIELD (*nominated by the Women's Co-operative Guild*) examined.

40,413. (*Chairman*.) You come here on behalf of the Women's Co-operative Guild?—Yes.

40,414. What is the Women's Co-operative Guild?—It is an organisation of 32,000 women, mainly married women and mainly non-wage-earning women. A very large proportion of them are the wives of insured men.

40,415. What are they organised for?—They are organised on the basis of consumers in connection with the co-operative movement, and they consider that the object of co-operation extends not only to actual trading, but that the principles of co-operation should also be carried out in all matters affecting the municipality and the State; so we consider all questions, roughly speaking, relating to citizenship.

40,416. Do you cover the whole country?—This Guild covers only England and Wales. There is a separate organisation for Scotland, for which I am not authorised to speak; we have not consulted with that body.

40,417. What is your relation to the Guild?—I am secretary of the citizenship sub-committee of the Guild which has specially to watch all interests taken up by the Guild outside specifically co-operative subjects.

40,418. Is that a standing committee or has it been specially organised?—It is a standing committee; it was set up first two years ago; it is now a recognised part of the Guild's organisation.

40,419. Has the Guild been devoting attention to the subject of the Insurance Act, or the position of women under the Insurance Act?—Yes. From the time that the Bill came before the country it has taken a very special interest in the matter, and members of the Guild attended the classes organised by the Commission in order to understand the benefits under the Act, and since then the members who attended those classes have been looked upon in the Guild as the people who have to answer inquiries with regard to the Insurance Act. A large number of them also have been serving on insurance committees, and a few of them have been serving as sick visitors for different societies.

40,420. Have you been making any special inquiry as to the working of the Act?—Yes, we have been making special inquiry as to the health of the married women. We very greatly hoped that our inquiry would have been completed in time to give complete figures to this Committee, but we have only been able to give you the figures of the 240 cases which have come in up to date. We expect to get 600 cases; they are coming in daily now, but we have made a very rough summary of the 240 cases that have come in, in order to give you these figures.

40,421. You will not forget that we are interested in the Insurance Act, and the people who have benefits under the Act, and that we are mainly concerned with sickness benefit under the Insurance Act?—Yes, the only reason I am giving you these figures is to support the contention that the excessive sickness among married women cannot be attributed to malingering,

but is a common experience, because we have here the experience of a group, who are not wage-earning women, and yet who are in the same class of life as insured married women, and we argue from that that the general excessive sickness rate among married women is directly attributable to the conditions of child-bearing.

40,422. Those are all cases of married women?—Yes; the number of women giving returns is 240.

40,423. Is this a year's figures?—No, this is the life experience of the women. These 240 return a total of 877 live births, 51 still-births, and 97 miscarriages. The percentage of still-births is 5·8 and of miscarriages is 11. You will observe that those figures are slightly higher than the figures which have been given by Dr. Amand Routh in an article in the "British Medical Journal." His figures are, I think, 8·9 per cent. of miscarriages and 2·11 per cent. of still-births. Among these 240 women there were only 39 women concerned with the still-births, and between them they account for the 51 still-births, and there were 28 per cent. or 67 women who had 97 miscarriages. The other women had neither still-births or miscarriages, but only live births. If we take the question of pregnancy as to whether or not they were normal or abnormal pregnancies, we find that of the 928 pregnancies of which we have information—the 928 being made up of the 877 live births and the 51 still-births—those that were normal pregnancies about which there were no doubt, were 200. There were 123 which we assumed, because the information was incomplete, to be normal. That is a total number of normal pregnancies of 323. There were definitely abnormal 260, and assumed to be abnormal 21, or a total of 281 abnormal pregnancies. That is a total of 610 accounted for. In 518 cases they gave no information as to their condition during pregnancy.

40,424. What was your standard of normality and abnormality?—Usually the doctor's opinion or the midwife's opinion. I have some specimen letters here. I want in the first place to give those figures and then to explain the method by which we arrive at them. With regard to confinements we find that there were 175 normal confinements, 143 which were assumed to be normal confinements, which gives a total of 318. There were 207 abnormal confinements and 11 which were assumed to be abnormal, which gives a total of 218, making a total about which we have information of 536, and leaving 392 about which we have no specific information. With regard to the after-effects upon women, we find that out of the 240, 12 per cent., or 26, became chronic invalids as a direct result of their childbearing experience; 82, or 34 per cent., had temporary illnesses lasting for months. Nothing is classed as a temporary illness that did not last at least nine weeks, so that these 82 women had illnesses of nine weeks and over as a direct result of their childbearing experience. Of long illnesses which lasted years, there were three cases, and of death, one. Then we have the effects upon the children. Out of 877 live births we found that 33, or 3·7 per cent., died in infancy. The



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mothers consider that to be directly due to the condition of themselves during pregnancy or to the conditions of confinement; 47, or 5·3 per cent., were physically or mentally defective. In all these cases we have rigorously excluded every case that was not directly attributed by the mother or the midwife, to the conditions of pregnancy or confinement. Of the 47 physically or mentally defective we have the following particulars:—2 were subject to fits; 24 were delicate or sickly; 5 were mentally deficient; 1 was deaf and had sore eyes; 1 was deaf and dumb; 2 were deformed; 10 were under-sized; 1 had weak heart; and 1 weak eyes. If I may be allowed to explain the method by which these figures were compiled, I should state that we first sent out a list of very simple questions and asked each woman, in replying to the question, to give her own experience.

40,425-6. How did you select your 240 women?—We sent out the schedules of questions to our various secretaries, numbering about 600, and asked them to send in replies. We are getting them in daily. We have now over 300, but it was impossible to get them all tabulated in time for to-day. We expect shortly to get the whole of the 600.

40,427-8. These will be replies from 600 women who happen to be in a particular position in the society?—Yes. They must give their own personal experience.

40,429-30. What kind of people are they?—A great many of those people are women with an ability to express themselves. That is one reason why they are chosen. It would be useless to send forms to women who are incapable of writing a statement and cannot tell what we want to know. I do not know one who is able to pay for help in the house as a regular thing. They are workmen's wives. They do their own purchases and their own housework, and look after their own children. One thing places them in a rather better class, and that is that for the most part they are the wives of men who are in steady employment. I wish very much to emphasise that fact. We occasionally hear of cases of women who are married to casual labourers, whose earnings are uncertain, but the vast majority of them speak about the regular weekly wages being large or small.

40,431. There are 600 branches?—Yes.

40,432. How many people would there be in a branch?—It varies a great deal. In some districts there may be 200 or 300 in a branch, and in other districts you may have quite small branches of not more than 20 members.

40,433. None of these people are actually themselves working for wages?—They are not permanently working for wages. Not 1 per cent. of our total membership is permanently working for wages, but many of them have to try to find some sort of temporary work during pregnancy to get a little extra money in.

40,434. How old do you think they are?—They would be right through the child-bearing period. We have letters from women who have only recently been married, and are talking about their first child, and we have letters from women talking about their fifteenth child.

40,435. There must be some of them who have passed the child-bearing age?—Yes, and they tell us of their past experiences.

40,436. You would think that they are mostly people who were working before they were married?—I should think, from my knowledge of them, that they invariably worked at some occupation before they were married.

40,437. Do you think that they have gone on working any time after marriage; I do not mean casually, but in the workshop or the factory?—In the returns which we have got there is only a small number who worked regularly after marriage. I have not got the exact proportion, but my general impression is that it is not 1 per cent.

40,438-9. Are they mostly town or country people?—Mostly town. There are very few Guild branches in definitely rural areas. I think that a good many of them might have been from adjacent country places or might have been born in the country, but I could

not say that. The 240 schedules are fairly well spread over the country, and do not represent any particular geographical area in England and Wales. We were anxious that the figures should be compiled in a perfectly impartial manner, so we engaged a person who was not at all connected with our movement or policy, but who was experienced in compiling documents, to analyse the whole thing.

40,440-1. Did you ask them specific questions? Will you put in the actual form which you sent out?—Yes.\*

40,442-3. Did you tell them what you wanted the information for?—Yes. We said that we were very anxious to find out whether or not there was a great deal of suffering in connection with pregnancy, and we were most anxious to get an accurate idea with regard to the duration of illness during pregnancy, and we asked them to give us their own experience as correctly as they could. We asked them in every case not only to answer the questions, but to give as much as they could of their own feelings and state how they regarded the whole thing, whether, for instance, they dreaded the coming of the child, or welcomed it, and so on. We wanted to get a picture of the experience of the average married working woman, who is not the worst off.

40,444. But you said something about your policy. Did you indicate that you had a policy?—No. I meant that it was perfectly well known to every official of the Guild, that we have undertaken a campaign for the national care of maternity, and we did not wish anyone to handle those figures with a view to making out a case in support of that campaign; we wanted to get the actual facts, and those figures were not got out by an official of the Guild, but by a purely commercially engaged person whose business it was to take the printed forms and analyse the replies, and this is the result which she has given to us. I shall be prepared to put in the whole of the 240 letters which we have received, but I will read some extracts showing the kind of letter. The first letter refers to a normal pregnancy. It says: "As you will see on the attached form, I am not able, as a mother, to give my experience of suffering during pregnancy or after childbirth. I was able to have good attention both before and after the birth of my boy, so that any special information other than the ordinary childbirth pains I cannot give. I suppose that my experience will go to prove that proper attention to health, such as you wish expectant mothers to have, would do away with a good deal of the suffering and pain connected with maternity. The opinion of myself and my husband is that none but skilled doctors and nurses should attend at childbirth. I have known many cases in our district where the ordinary midwife has had mothers in pain for hours, only to send for a doctor in the end." In the next case the writer says: "Although I have had eight children and one miscarriage, I am afraid my experience would not help you in the least, as I am supposed to be one of those women who can stand anything. During my pregnancy I have always been able to do my own work. With the boys, labour has only lasted 20 minutes, girls a little longer. I have never needed a doctor's help, and it has always been over before he came. I have never had an after-pain in my life, so the doctors don't know what I am made of. I always had to get up and do my own work at three weeks' end. I work all day long at housework until six or seven, and then I take up all voluntary work I can for the sake of the labour cause. My idea is that everything depends on how a woman lives and how healthy she was born. No corsets and plenty of fruit, also a boy's healthy sports when she is young." We have had several

\* Name  
Branch

1. How many children, including still-births, have you had?
2. How soon after each other were they born?
3. Did any die under five years old, and, if so, what ages, and from what causes?
4. Were any still-born, and, if so, how many?
5. Have you had any miscarriages, and, if so, how many?



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letters of that kind, showing that normal pregnancy is not an impossible ideal, but that it is now to be found among working women who work quite hard. In the next case the writer says: "I can safely say that had there been a centre to which I could have gone before my first boy was born, I should have been saved the terrible torture I suffered both before and after confinement. I was very ignorant before marriage, and went away among strangers, and when I became pregnant, I did not like to say anything to a strange doctor, and I had no lady friends to whom I felt I could confide in. So I went about with an ulcerated stomach, sick after every attempt to take food, and when my baby came I nearly lost my life. He was also very delicate for five years after birth, wholly due, I am convinced, to the state I was in whilst pregnant. With the other two boys, I have always had to get about too soon. The month I have always had to have a woman in the house during which time I have been absolutely helpless, being a terrific expense. The doctor has ordered me to lie down for two hours each day, but that is absolutely impossible for a working man's wife when she has two or three children around her, meals to provide and the washing and cleaning, &c. to do in the home. I speak from my own experience, and I know that there are thousands of women who are a million times worse off than I am, for I have the best husband in the world, but his nor any other working man's wages won't pay for help in the house at a cost of at least 12s. a week and food." The next letter states: "My husband is a non-smoker and total abstainer, so you will know no money was spent in waste. But I feel sure my first baby was still-born through hard work and lifting. The money not being sufficient to keep us all, I went out to work, and looked after my husband and four step-children as well. I feel sure it is not so much lack of knowledge as lack of means that entails so much suffering. I endured agonies when carrying my second child, through bad varicose veins in legs and body, but of course still had to plod on and look after the rest. I had knowledge of what to eat to produce milk, &c., but could only confine myself to cocoa and oatmeal, which I often felt sick at the sight of, but could afford nothing else, as I made these things for the rest of the family also. I at the second confinement produced a fine boy, 9½ lbs. in weight. He is now eight and is still a very fine boy. The medical officer when examining him passed a very pointed remark, saying, 'He is, of course, an only child,' and I often feel thankful he is. I cannot afford to have any more children, also. I cannot face the awful agonies a woman has to go through in looking after the family (there are five of us in the home now) whilst child-bearing." In the next letter the writer says: "I have had nine children, seven born in nine years. I have only one now. Some of the others have died from weakness from birth. I only had a small wage, as my husband was then a railway porter. His earnings were 18s. one week and 16s. the next, and I can truthfully say my children have died from my worrying how to make two ends meet, and also insufficient food. For many of my children I have not been able to pay a nurse to look after me, and I have got out of bed on the third day to make my own gruel and fainted away. A woman with little wage has to go without a great deal at those times, as we must give our husbands sufficient food or we should have them home and not able to work, therefore, we have to go without to make ends meet. Before my confinements and after I have always suffered a great deal with bearing down, and doctors have told me it is weakness, not having enough good food to keep my health during such times. My little girl I have was under the doctor for seven months, being a weak child born, and I for one think that if I had a little help from someone I should have had my children by my side to-day. It has only been through weakness they have passed away."

40,445. What you are seeking to show is, that a great deal of the sickness which obviously exists

among working-class women during pregnancy is due to ignorance and neglect?—Yes, and particularly to the lack, not necessarily of monetary help, but of the help of skilled advice, which would warn the woman what she must not do in the way of housework and so on, and which would enable her to arrange to do something else which would not be injurious. I have a case in which the woman was made ill for many years because she lifted the washing tub, which caused complications, and she had a very complicated confinement, and if she had been advised as to what she must not do, the woman would not have been an invalid for six or seven years.

40,446. The instances which you give are exceedingly interesting, but of course you will not forget the scope of our inquiry?—What I want to do is to convince the Committee that there is a great deal of permanent ill-health from which married women suffer, and this applies to the non-wage-earning group and therefore probably applies, to a greater extent, to the wage-earning group with which you are concerned. It applies to these women to whom I refer who have no inducement to go on the funds, and in whose case no question of malingering arises, and it applies to an even greater extent to the others. We say that it is largely due to the effects of ignorance and the lack of skilled advice and treatment during pregnancy and confinement, and that this leads to the most appalling kind of ill-health which, in approved societies, produces long claims on the funds. There is just one more letter which I would like to read. The writer says: "I shall be very pleased if this letter will be any help to you. Personally I am quite in sympathy with the new maternity scheme. I do feel I cannot express my feelings enough by letter to say what a great help it would have been to me, for no one but a mother knows the struggle and hardships we working women have to go through. I hope I shall never see the young women of to-day have to go through what I did. I am a mother of 11 children, six girls and five boys, and had two miscarriages. I was only 19 years old when my first baby was born. My husband was one of the best, and a good father. His earnings was 11. a week, every penny was given to me, and after paying house rent, firing and light and clubs, that left me 11s. to keep the house going on, and as my little ones began to come they wanted providing for and saving up to pay a nurse, and instead of getting nourishment for myself which we need at those times, I was obliged to go without. So I had no strength to stand against it, and instead of being able to rest in bed afterwards, I was glad to get up and get about again before I was able, because I could not afford to pay a woman to look after me. I kept on like that till the sixth little one was expected, and then I had all the other little ones to see after. The oldest one was only 10 years old, so you see they all wanted a mother's care. About two months before my confinement the two youngest fell ill with measles, so I was obliged to nurse them, and the strain on my nerves brought on brain fever. All that the doctor could do for me was to place ice-bags on my head. Oh! the misery I endured. My poor old mother did what she could for me, and she was 70 years old, and I could not afford to pay a woman to see after my home and little ones, but the Lord spared me to get over my trouble, but I was ill for weeks, and was obliged to work before I was able. Then in another 18 months I was expecting another. After that confinement, being so weak, I took a chill, and was laid up for six months, and neighbours came in and did what they could for me. Then there was my home and little ones and husband to look after, as he was obliged to work. It was the worry that kept me from getting better. If I could have had someone to look after me I should not have been so ill. After this I had a miscarriage, and another babe in one year and four months. I got on fairly well with the next one, and then the next one, which was the eighth. I had two down with the measles, one two years old with his collar bone out, and a little girl 13 with her arm broken. That was at the same time as I was expecting my eighth little one, and



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" my dear husband worried out of life, as you see with all this trouble I was only having 1l. a week and everything to get out of it. What a blessing it would have been if this maternity scheme was in force then. It would have saved me a lot of illness and worry, for my life was a complete misery." I want to show you that in the case of the working classes we have got to take into account all these extraordinary things that may happen when we are dealing with their needs. It is almost impossible to consider pregnancy except from the individual standpoint that it does need individual care and attention, as can be seen from the case of this woman, and in the long run it would probably pay us to devote quite a large sum of money to the care of one particular person, while other women may need not much help at all, but only advice and assistance. We wish to point out the unsuitability of the Insurance Act conditions in dealing with this class of illness. We feel that the test of incapacity for work is the wrong way to attempt to help these women during pregnancy, and that while light work is often desirable for these women, there are certain forms of work which they ought to avoid doing. It does not seem to me reasonable that a kind of discriminatory power should be put in the hands of approved societies.

40,447. What kind of power?—The power of discriminating what kind of work they may or may not do. That is a medical question, a question about which the opinion of a skilled midwife or doctor should be given, and not the opinion of the sick visitor, who may have no qualification whatever. They are doing it now. A sick visitor will come into a house and may find a woman with varicose veins washing up tea-things, and she may say, " You are not entitled to do these things; you are not entitled to come on the funds because you are not incapable of work, and you must knock off the funds." It may be that washing up the tea-things would be good for her, but that still she needs to be advised and helped to stay away from work because of her varicose veins.

40,448. What the societies say is, that people coming on the funds must not do certain things which may include the washing up of the tea-things?—I have accepted that position. They must have rules which for actuarial reasons must be harsh, but we say that this particular class of illness does not fit in with that system, and that the system cannot be made to adapt itself to this class of illness.

40,449. I do not quite understand why it is different?—Take, for example, a bad influenza cold. The society says that the woman must abstain from all work in the house. I should say that that was a perfectly justifiable suggestion, because influenza has a definite time limit. If the woman takes care of herself and avoids draughts and so on and keeps in a proper temperature, and does what she is told, she will probably be able to go to work in a few days, but if she does not, she may not get well for three or four weeks. But a pregnant woman is going to be pregnant for nine months. She cannot be doing nothing for the whole of the nine months. It is extremely important that she should be kept interested and busy in light kinds of work, if her condition does not require her to lie up.

40,450. I think that your argument only goes to this, that it is unreasonable to make a rule which prohibits women who are on sickness benefit by reason of being pregnant from doing any light household work?—That is the other aspect of it, but I am not saying that this rule is unreasonable for a society which is paying sickness benefit. What I want to emphasise is, that the sickness of pregnancy should not be classed in the same category as other sorts of sickness.

40,451. I cannot understand why you are saying it?—The Guild feels that, while it is right and proper that the approved society machinery or any other form of machinery which pays weekly sickness benefit should have rigid rules about people taking care of themselves and resting and so on in other forms of illness which are likely to be of short duration, pregnancy sickness is a thing which grows if

not taken in time and which becomes aggravated if you wait until the test of incapacity can be applied.

40,452. Is not that the case with every sickness?—I do not know that it applies in the same way, because in ordinary sickness people consider, if they are not feeling well, that there is something wrong with them, and that they ought to go and see a doctor, but the average working woman has been trained to believe that certain aches and pains are the natural condition of pregnancy, and she does not go to see about them early enough, and the very thought of being put off work for the period of pregnancy would prevent some women going altogether, if they thought that they could not get any sort of help unless they abstained from certain sorts of work.

40,453. You are using the word help in two or three different senses. If you mean that she ought to get some advice early in pregnancy, that could be done without involving what you say. Take the case of the woman lifting the wash tub with the result that she suffered very much in her pregnancy, I should have thought that that was the sort of thing her mother would have told her?—Yes, but they do not tell them.

40,454. I think that you suggest that people should be educated to do so?—Yes, I want an educative centre where people can help to give that information.

40,455. But in order to have this there is no necessity for the general destruction of the whole basis of the Insurance Act?—No, we are not aiming at that. We are anxious to build up a system of help so that the mother will get the education which she requires, to enable her to receive help towards a normal pregnancy. We believe that two-thirds of the sicknesses of pregnancy are preventable; they are due to ignorance of physiological conditions and poverty. Many of them are well informed women about normal things. As one woman says in her letter, when she wants to know anything about her garden she writes to the Board of Agriculture and gets the most valuable information in return; but there is nobody in the whole world to turn to to get scientific information as to how to bring up children properly.

40,456. I cannot understand that. Is it not very amazing?—It is perfectly true; so many of them begin their letters by saying " I muddled through." One of them says " I muddled right through; that is really what it is. It was more by good fortune than anything else I reared my children. Although I did seek information, nobody told me." That is the condition in the working classes. The mothers do not tell the girls.

40,457. Is not your point that after the children are born the mothers do not know how to bring them up, but that they could be brought up better if more attention were applied to dealing with what you call ignorance of physiological conditions during pregnancy itself?—Yes. That is the muddling that is referred to, the total ignorance of the conditions of maternity and paternity, both of themselves and their husbands. They hear a certain amount of loose gossip as to the way in which children are born, which may or may not be absolutely inaccurate. Then things happen, and there is absolutely no means by which the majority of mothers in the working class have, up to the present, had any scientific training or care or preparation for motherhood.

40,458. Your correspondents express themselves extremely well. Those are the letters of what you would call educated women?—They are all women who can read and write well.

40,459. But more than that, they express themselves very well indeed; they can compose very well?—Yes.

40,460. Do you not think that they may be slightly exaggerating the condition of things?—No, I do not. I belong to the working classes myself. I know exactly what happens and how it is left to us to find out how to take care of ourselves. It may be incredible to you that those conditions exist, but they do exist. That is the root evil in connection with troubles arising out of pregnancy, and nothing is done to prevent it.

40,461. If you speak about getting information, I should have thought that the natural person to tell



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them would be their female relations?—They do not know how to tell. As one woman said, “we have no words to use.” They do not know how to explain it, and they do not explain it.

40,462. Assume that that is so and that it is a question of giving information or education with a view to the period of pregnancy, that is quite a different thing from the payment of money?—Yes, but it leads up to it. It leads up to this advice and treatment which I believe to be essential, and which would save a large sum of money if the matter were taken in time. That is my own view, and that of the Guild sub-committee which has gone into this question too, though they do not pretend to speak with authority as to approved society machinery in this matter. That is not the Guild’s business. But the Guild women feel that you cannot think of any form of friendly society that would permit of this kind of help and advice being given at the time when it is most needed, that is when the woman is comparatively well. It cannot be linked up with any form of payment such as now exists. It will have to be a health service organised under a public health authority, and it will have to be open to all women. Women will have to be encouraged by the fact that they can get this scientific knowledge and assistance near their own homes not through centralised societies, but from their own health officers, who will be able to give domiciliary treatment and advice how to avoid getting ill. When that health visitor is there, and you have got your medical machinery, we are suggesting that it would be the most economical way of dealing with your 700,000 insured married women. We wish to suggest that it would be far more economical, as we are going on with the building up of this machinery, and as the Notification of Births Act has brought into existence a tremendous amount of machinery and thousands of working-class homes are being visited by women capable and qualified to give advice, and that any money payments to which those 700,000 women are entitled under the Insurance Act would be better spent if the money were paid through those health visitors than by the present method of paying it through approved society agents, who probably have no qualifications to advise the women when they take the money.

40,463. There are two quite distinct things. First, you say that women during this time want some advice and assistance?—Yes, before they reach the test of their approved society.

40,464. That is one thing. Some women are entitled to certain things under certain circumstances from the approved societies, but there is no necessary connection between the two?—No. We want to make the connection, because we believe that it would be more economical with better results, and that it would remove the necessity of sick pay being taken to the women, and questions being asked of women by men agents.

40,465. We are all agreed that the Act forbids sick-visiting of women by men. It is therefore unnecessary to labour that point?—That was the delusion under which I laboured for 12 months. I have been legally advised on the point, and what the Act says is that where sick visitors are appointed, then women must visit women, but there is no statutory obligation on societies to appoint sick visitors at all.

40,466. Do not trouble with that point, because nobody would be so hardy as to get up and say that it would be a good thing for men to go round questioning women, and, if it exists at all, it ought to be stopped?—We suggest that this is the most economical way of stopping it, because here the woman is actually in the house.

40,467. We are engaged in considering what it is that causes excessive claims to be made on the funds of approved societies, and you say, as I understand, that it is owing to a miscalculation. People did not realise what an enormous amount of sickness there really was?—Yes.

40,468. That is the first part of your argument, quite fairly stated?—Yes.

40,469. Then the second part of the investigation is: Supposing there is anything excessive, how is it to be checked? You say that it could be checked; I do not quite understand by what?—By dealing scientifically with this very great evil which is causing the excessive sickness.

40,470. You suggest two things: one is by giving advice and assistance?—Yes, before they reach the approved society’s test of incapacity. Secondly, we say that where the sickness does eventuate in complications, and is not capable of being remedied by advice, the sickness benefit would be more economically expended from the point of view of administration by passing through the hands of the same women already in attendance instead of having another set of officials to take the money to the house. You have the woman there, and we do not want two women.

40,471. You do not suggest that there are women visiting all the 700,000 women?—I am suggesting that there are far more women visitors under the public health authority than under the whole of the approved societies put together.

40,472. That is not an answer to my question. Do you suggest that there is any network of women going round doing this work?—Yes, 65 per cent. of the local authorities have put the Notification of Births Act into operation without any grant-in-aid at all, but merely by the force of circumstances, and they have been appointing these women visitors.

40,473. Nobody is going to suggest that there is already a network of women visitors doing this work?—I do suggest it.

40,474. Covering the whole area?—No, but rapidly extending, and a very little grant-in-aid would suffice.

40,475. How many are there in Manchester?—I have not the exact number for Manchester, but in Sheffield there are 16. They have the whole of Sheffield divided up into wards. Every birth is visited, sometimes two or three times.

40,476. Every pregnant woman?—Every birth. We want to get it to the point of pregnant women coming before the birth. Birmingham has five municipal centres already open. Bradford is even more complete, with three medical women as well as a staff of health officers and nurses under their control. It is because there is such a tremendous network already in existence that we want to prevent this overlapping. We want now to take this great opportunity of dealing with the deficiency.

40,477. Nobody, so far as I know, wants to prevent all these things you want doing, but I cannot see that it has got much to do with sickness benefit?—The position is very clear. Here you have growing up a form of machinery which is going to be preventive in its action. You have a Health Insurance Act which is intended not only to deal with payment for sickness, but also with the prevention and cure of sickness.

40,478. You know what the position is now. Insured women, as I understand it, are entitled to certain payments when they are incapacitated from work owing to disease or bodily or mental disablement?—Yes.

40,479. It is not sufficiently certain to enable us to express an opinion what effect that has upon pregnant women. We may assume for the sake of this argument that we do not know what her rights are. I understand you to say that some further or different arrangement should be made for her?—Yes.

40,480-1. What do you suggest?—We are taking the fact that this is an inquiry into excessive sickness. We try to show from our evidence that much of the excessive sickness is really attributable to pregnancy, even sickness which occurs afterwards when the woman is not pregnant. We also express the opinion that under the Act, if the woman is incapable of work, she is entitled to sickness benefit. As far as we can gather, she is not being fairly treated now.

40,482. Do you say, assuming that she is entitled under the Act to sickness benefit, that you want to give her something besides at the time when she is actually technically incapable?—Yes, we do. We want to take the conditions of the Insurance Act as applying to that woman when she reaches incapacity,



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and when she is entitled to 7s. 6d. per week, but we feel strongly that the approved society officials are not in a position to give the judgment they appear to be giving now as to whether the woman is or is not incapable. It is such a technical question.

40,483. You want to give her something more?—Yes, earlier, and also later. We want to see that she is kept well.

40,484. You want to give her something more in the way of money payment. How much do you want to give her?—We are not at all sure that it is actually going to be something more in cash. What we want to do is to give it her in a different method, and we believe that the actual cash payment will be less.

40,485. You believe that your method will be more economical. You want to give her a further title?—Yes, a further title to skilled advice and assistance. We are not asking for more money, because we believe that the Act gives her 11l., assuming that she is incapable of work for 26 weeks.

40,486. You are then not going to give her a further title, but a different title?—Yes, a different title.

40,487. What is it?—The different title is that there shall be a specific allocation of money from the central funds to the different health centres instead of to the approved societies.

40,488. If you are going to do something, it is best first to see what it is you are going to do and then afterwards see what machinery you are going to employ. I want first to know what it is you want to convey to the women, and then afterwards we might discuss the most convenient arrangement. Never mind about the advice. I realise all that. I want to know what it is you want to give her in money?—5l. maternity benefit payable in weekly instalments, the 30s. as at present in a lump sum and the 3l. 10s. in weekly payments before and after child-birth. The 5l. maternity benefit would cover the period of confinement and after care.

40,489. What about the 3l. that she gets at present?—The 5l. includes that. Of course, we want to increase what she gets now in maternity benefit—the 30s. maternity benefit and the four weeks at 7s. 6d. in the case of insured married women. That makes 3l. We are now suggesting that she should have 5l. in place of that 3l., but she would not have it in a lump sum, because we believe that that is the least economical way of giving it her. There would be the 30s. in cash and the other money in weekly payments, so many weeks before and so many weeks after confinement. It would be without any discretionary power on the part of the approved societies.

40,490. Is every woman who is confined to have the 5l.?—Yes, every one. Then in addition to that we want all women who are sick during pregnancy to have the equivalent of another 2l. 10s. We do not want every woman to have the 2l. 10s., because every woman will not need it, but we want the sum to be at the disposal of the public health authorities so that on the advice of the midwife or doctor, the panel doctor if you like, the payment can be made, or, if it is a case of a hospital operation, such help could be provided as would enable her to take that operation, and so on. That should be at the discretion not of the approved societies, but of the health centre where she will be in close touch on account of her condition.

40,491. There is to be 2l. 10s. more if she wants it?—Yes.

40,492. What is to be the condition?—The public health centre is to decide.

40,493. What is the test of condition?—That is a medical question.

40,494. What is it in her condition they are to look for as entitling her to the 2l. 10s.?—I should say that they are to look for an abnormal condition of pregnancy. The way to correct abnormality is rest, and where it is abnormal, she should be entitled to get that small weekly payment.

40,495. Is it to be a condition of her receiving the extra 2l. 10s. that she should stop away from work?—Yes, I thought that was understood.

40,496. Is the other 3l. 10s. on condition of her stopping away from work?—Yes, I would make that also a condition not only of stopping away from work, but also that she should abstain from heavy housework which is injurious to her.

40,497. The 3l. 10s. or the 2l. 10s. or both?—The whole of the money payments should be conditional on her not doing anything injurious to her, and that would be decided by medical opinion and not by the lay opinion of approved societies. That is the great point which we wish to make.

40,498. I can only test whether it is good or not by seeing what it is you are going to do. What is the difference between the test with regard to the 3l. 10s. and the test with regard to the 2l. 10s.?—The one deals with confinement, which, of course, is at the end of the nine months, and the other enables the woman to come earlier in pregnancy, and get assistance when she feels she needs it.

40,499. There is 30s. payment on confinement?—That leaves 3l. 10s. out of 5l. in weekly payments.

40,500. And 2l. 10s. to be distributed in some cases during pregnancy and after-care?—Yes.

40,501. What is the difference which decides the fact whether she gets, not only the 3l. 10s., but also the 2l. 10s.?—Medical opinion will decide.

40,502. What is the condition medical opinion has to decide?—The test, in our opinion, is whether the woman is normally pregnant, and whether she needs the rest and food and abstention from work, which necessitates her getting some help in the house, or something of that kind.

40,503. There would be no such test for the 3l. 10s.?—No such test for that.

40,504. And that would be paid?—In weekly instalments. We might pay 10s. per week for seven weeks, or a lesser sum for nine weeks, or a lesser sum still for 10 weeks. We are not concerned with the division of the 3l. 10s., except that it appears to be generally considered necessary that there should be a fortnight's rest before confinement.

40,505. Do you mean that it is to operate differently in different cases?—The 5l. is to be a fixed sum in each case.

40,506. Is the weekly payment which is to precede it also to be fixed?—I think that need not be fixed. It might be left to the woman herself to decide whether she draws it in a 5s. or 7s. or 10s. allowance. I would put a limit that it should not exceed 10s. per week. She might draw a less amount over a longer period of weeks, but that is a matter which need not concern us. Our working women say that it is not the way to help them most to give them a big lump sum at any particular moment. What they really need is help week after week because they have all their household arrangements based upon a weekly expenditure. A great many of them pay as they go along, and they do not want to run up bills.

40,507. As far as the 5l. is concerned, that you take to be an equivalent to the title she has got under the present Act?—No, we take the whole to be the equivalent to the title she has got under the present Act, the 5l. and the 2l. 10s., 7l. 10s. roughly. We take that as being equivalent to what we think that she is entitled to under the present Act under reasonable conditions, because a woman is not ill for 26 weeks. It is a very abnormal case if the woman is ill for 26 weeks on end.

40,508. How long are you contemplating their being away from work?—We think that the number of cases in which a pregnant woman would be away from work would gradually diminish as we get education and efficiency. At present a large number would require to be away two or three weeks about the fifth month of pregnancy. They would then get better, and be able to go to work. Afterwards they would want to leave off work four weeks before confinement, and they certainly ought to have four weeks after confinement.

40,509. That is ten weeks?—Yes.

40,510. That would allow the 7s. weekly payment?—Yes.

40,511. Are you contemplating that she would claim on the approved society for anything that happened to her during that time?—Supposing she



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broke her leg, she would be an ordinary sick number in respect of her broken leg.

40,512. The case of a broken leg is easy enough?—I would give the benefit of the doubt to the pregnancy claim in all border-line cases. It seems to me that it would be a division based on medical opinion. We feel that all complications of pregnancy ought to be dealt with in connection with pregnancy sick claims.

40,513. Do you know what a complication of pregnancy is?—No, and I do not suppose that the doctors are agreed as to what it is. We have got to realise that there are some things we cannot know until we have some experience of them.

40,514. It is rather dangerous to have a scheme which depends upon a test of something we do not know?—I am speaking of the Guild. Lay opinion as well as the Guild is not in a position to decide what are complications of pregnancy.

40,515. We have to make up our own minds beforehand in any formula we lay down, whether the thing is a complication of pregnancy or not, and we have got to convey it to the doctor?—Surely that is a point on which you have to ask for medical advice and act accordingly.

40,516. You said yourself that medical opinion is divided?—You could start with a working condition, knowing that it was not perfect.

40,517. Yes, as long as we know what it is we are aiming at?—We are aiming at getting the whole of the care and attention and any money payment co-ordinated so that the woman gets the best attention.

40,518. Lifted off the funds of the society?—I would say that the medical advisers of the Commissioners should be called upon to make the division.

40,519. It has nothing to do with the medical advisers of the Commissioners. It is a mixed question of law and fact. We have got to make up our minds beforehand what is the particular object we have in view?—I do not quite see your difficulty. We should suggest that all complications of pregnancy should be classed with the pregnancy group.

40,520. I do not know what a complication of pregnancy is?—I am suggesting that that is surely a matter in which your medical advisers should help in the forming of a regulation.

40,521. I want to show you what you are saying. You say that when we are in doubt we should go to the doctor, and that it would probably enable us to run along somehow?—Whatever you do would be in the nature of an experiment. The whole thing was an experiment, and we have got to go by experience. You cannot expect to be able to get that definition absolutely perfect the first time that you make it. You will make a purely arbitrary division, and you will make it as near as you can, based upon medical opinion as to what is a complication of pregnancy.

40,522. I should not regard it in the least as a medical question. We have got to try and make out what it is we really mean to pay for. We have had doctor after doctor come here and tell us that they could not say what a complication of pregnancy is. It appears to be a phrase invented to make us all think that we are doing right when we are not?—I feel that a great deal of the inadequate certification is due to the fact that if societies are made aware that the illness is due to pregnancy, they will not pay the claim. If you removed that barrier to the medical man getting the assistance for his patient that he feels she ought to have, you would get over that difficulty. The medical man would then know that the woman would be able to get treatment and nursing through the maternity centre, and you would get far more correct certification than you get now. It is perfectly obvious that we are not getting correct certification now, and in all probability a great deal of it is because the doctors know that if they put pregnancy on the certificate, the woman will not get her benefit. When they know that the woman needs rest and that her life and the life of the child depends upon the result, but that some perfectly ignorant layman puts his opinion before that of the doctor and says because it is pregnancy she cannot have benefit, I think that

it is enough to drive any doctor into falsifying certificates.

40,523. That 5*l.* will come out of some fund other than the insurance fund and will be paid by some other authority than the approved societies?—It will be paid by some other authority than the approved society, but it will not all come out of some other fund than the insurance fund.

40,524. Who is going to find it then?—It is already foreshadowed that there will be a certain amount of money granted to the Local Government Board. We want to have a proportion of that money allocated to this maternity work. We think that there is every reason to believe that the Local Government Board authorities and the Chancellor of the Exchequer have seen the advisability of pathological laboratories and of all sorts of opportunities for medical research, and that there will be a grant-in-aid to local authorities for this work which will include ante-natal work, maternity hospitals and all those things which are going to be built up, and that money will come, through the Local Government Board, as a direct and different Treasury grant. We want to make it as big as we can get it. There has been a promise of a sum of money towards the excessive claims of the societies, and there has also been promised special treatment for women's societies, or at least that something would be done for women's societies. Some of that money which has been promised, and which is outside the insurance fund proper, should go towards these objects.

40,525. What will come, if anything, out of the insurance fund towards the payment of this 5*l.* and 2*l.* 10*s.*?—We suggest that the 30*s.* which now comes out of the insurance fund, the maternity benefit, should still come from the same source. We do not consider that that altogether comes from the contributions of employed persons, because it may quite properly come from some part of the State 2*d.*

40,526. Of course, you cannot separate it?—We feel that to that extent the money which is now paid for maternity benefit from the insurance fund should belong to this proposed scheme, and that the additional money for which we are asking should come from a separate Treasury grant. The funds of the societies would therefore be relieved to the extent of that 7*s.* 6*d.* per week. That, instead of coming through the approved society, might come direct out of a Treasury grant. The increased maternity benefit might also be met by a Treasury grant, because we consider that this care of maternity is a matter which affects the whole population, and that it is hardly fair that it should be a burden on the insured persons' funds.

40,527. You say that there is some relief to the Insurance fund?—Yes, by the additional grant from the national Exchequer for our scheme.

40,528. You cannot measure what the relief is, because the grant goes for some things which the insurance fund does not bear, but you say that there is some relief?—Yes.

40,529. Can you give us any idea at all what the relief is?—We cannot until we see the analysis of the 750,000*l.* and the other sums.

40,530. You have not quite followed. You are going to take 30*s.* away from the insurance fund?—Yes.

40,531. You are going to meet all the other claims in respect of pregnancy out of some other fund?—We suggest national funds.

40,532. I want to know what is the result on the insurance fund?—I am afraid that you are in a much better position to answer that question than I am. We have no statistics to show how much of the sickness is due to pregnancy, and I doubt very much whether that information is available. If the societies had kept the sickness from pregnancy separate we could very easily tell, but we assume that it will be a very considerable relief.

40,533. In spite of the fact that societies are not paying for pregnancy?—Societies try not to pay when they know that it is pregnancy, but they now pay on bronchitis, which turns out to be pregnancy.

40,534. Is the 30*s.* to be paid by the approved societies to the member?—We suggest that it should



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be allocated direct. The approved society does not pay sanatorium benefit, it is paid through the insurance committee.

40,535. It does not pay it to the insurance committee, but it deducts so much in respect of every insured person, and that is paid in a lump sum?—Such lump sums could be dealt with in the same way.

40,536. The 30s. would be deducted from every approved society?—Yes, and the lump sum paid over. We want that the same woman who is dealing with the mother during her early period of pregnancy should continue to deal with her right through and pay any payments to her.

40,537. The approved society will not be in touch with the woman at all?—No, either in respect of this 30s. or anything else. That is what we propose. We have been impressed with the tremendous amount of preventable sickness and suffering, and we feel that it would be at least worth while putting this view before you. Probably after a generation of such advice and treatment we should have a totally different standard of pregnancy. We should lift up the whole of the conditions of the health of the mother, and that in turn would to a great extent eventuate in stronger boys and girls, and so the whole insurance liability would be reduced. Of course, we know that probably from the actuarial standard that is no argument at all, but from the point of view of the prevention and cure of sickness it is a very great argument.

40,538. (Mr. Davies.) In the scheme which you have been evolving the underlying fact is that generally you want to raise the standard of women so far as pregnancy is concerned?—Yes, we are conducting that campaign quite irrespective of the Insurance Act.

40,539. So that whilst you have been trying to set out how certain sums of money should be found, by saying that the 30s. should come out of the present fund and a certain amount found quite outside, you are not really tying yourself to a scheme of that description?—No, we are not pretending to be responsible for financial details. We feel that we have not the data to give actuarial facts.

40,540. I suppose that the Guild assumes that there is excessive sickness among women?—We have made that suggestion on the assumption that the funds do require relief. Of course, if the fund did not require relief, we should be quite prepared to make a bigger claim on the insurance fund.

40,541. Would your Guild raise any serious objection to the whole question of pregnancy being lifted out of the Insurance Act entirely and put into the hands of the local health authorities?—We should raise no objection whatever, provided that the benefits now assured to the women were not reduced—the 700,000 group. We do not wish to support any scheme which would reduce the actual benefits promised by the Act to the 700,000 women, but we feel that the benefits could be given to the 700,000 in a better way through our system than through the approved societies.

40,542. Assuming that there is a shortage of money to meet the claims of excessive sickness, would it be better to leave the present fund to meet that excessive sickness, and constitute a new authority to deal with pregnancy claims without a reduction of the benefits to the women, from a different fund altogether, and thus put it under public rather than approved society control?—Yes, I think that we should be quite prepared to support a scheme of that kind, if the benefits would not be thereby reduced.

40,543. I think that you said that the woman should have the money before and after confinement without any option on the part of the approved society at all. I take it that you mean that the woman should be able to have any part of that money even in the second month of pregnancy?—No, we want to keep that 5l. for the expenses which we know must be incurred at the confinement and the necessary rest just before, and the after care. We want the 2l. 10s. allocated to the earlier part.

40,544. You would really stick to that sum of money, 2l. 10s.?—That opens up a suggestion of which I had not thought before—whether in the event of an

extremely bad illness we ought not to exceed the 2l. 10s.

40,545. The information we have from many doctors is that some women just about that time have a more serious illness than nearer the time of confinement, but you have definitely stated that you want it allocated nearer to the confinement?—We want the 5l. more or less rigidly connected with the confinement, but we do not propose a rigid 2l. 10s. per woman for the pregnancy period. We only meant that as a very rough test of the total amount that would be required to be pooled. Some women would want much more and some probably nothing at all.

40,546. You would not say that if the doctors felt that it was necessary to go beyond the 2l. 10s. they should have no right to make an inroad into the 5l.?—I would say that it did not affect the 5l. Some women might have more than the 7l. 10s.

40,547. You want a sliding scale?—Yes, a sliding scale for the 2l. 10s.

40,548. (Miss Ivens.) I think that your evidence tends to show that there is an excessive amount of chronic illness among women caused by neglect during pregnancy and lack of proper treatment during confinement among the mass of working-women?—Yes.

40,549. You propose to deal with this by a very comprehensive scheme to take in not only the insured women, but also practically the whole of the working women of the country?—Yes.

40,550. I think that you have made the statement that you wish to give a weekly payment at a definite time before the confinement. Is that a fact?—Yes.

40,551. Do you think that that is altogether practicable?—It is impracticable to this extent, that you cannot fix the date of the confinement, but I believe the terms of the German scheme are that a woman is allowed two weeks' pay before the birth, and that she may draw it any time she thinks up to so many weeks before birth, but if she draws it for two weeks and the confinement does not take place until a month afterwards she does not get anything more until the confinement has taken place.

40,552. Do you think that it is quite a wise idea to make it a rigid time?—The thing we want to safeguard is rather that there should be a rigid time after confinement, but we want to take medical opinion on that point. We are now consulting with doctors about that very point as to any rigid time before or after, but so far as we have got at present it seems that the four weeks after is the very essential thing. However the money is allocated there should be four weeks after confinement insisted upon for abstention from work for recovery.

40,553. Do you think that all these women will require that 5l. you mention?—Yes. That seems to be the very general view of the working-class mother, that 5l. is the least upon which the expenses connected with confinement and the help that it is necessary to bring in at that time can be met, and I find that that is the amount she tries to aim at. When she tries to make arrangements she tries, by pinching and contriving during the pregnancy months, to get in hand two or three pounds, and they say that that is not enough.

40,554. Would you be prepared to take a part out of that 5l. for the expenses necessary for midwife and doctor?—Oh, yes; that includes the expenses of midwife and doctor.

40,555. Do I take it that your scheme includes the services of both a midwife and a doctor?—Our scheme includes that the maternity centre should be officered by qualified medical people, preferably, of course, by medical women, and that the midwives who act should act under her authority and instruction, and that in every case we hope it might be possible to evolve a scheme by which every woman should be medically examined at least once during pregnancy by a medical woman in addition to the midwife. We do not know how far that is in accordance with ordinary practice. That is one of the things about which we are making inquiries.

40,556. You would not interfere with women who are already under the treatment of their own doctors?—



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No. We do not propose to make it compulsory that they should attend a maternity centre.

40,557. You attach great importance to a medical examination in the early months of pregnancy?—Yes.

40,558. In those very interesting numbers you gave us, you said that 240 women had 877 births and that there were 51 still-births. Is that out of those or in addition?—In addition.

40,559. Do you think any of those women had a Wassermann test?—I do not know, but I should say not. I should say that it is most improbable. Another thing that is revealed in the letters is the parents' lack of any idea that they should go to get medical advice during pregnancy. They so generally believe that if they engage a midwife to come in at labour, or a doctor to come in at labour, that is all they ought to do.

40,560. And you are of opinion that a great deal of this illness could be prevented by suitable advice beforehand?—Yes.

40,561. You seem to me to leave rather a good deal to the midwife. You suggested that an examination by a midwife would be sufficient?—No. I do not altogether suggest that. The experience of the Boston clinic shows that the maternity nurse, as they call her there, makes a preliminary examination, and it is at her discretion that the woman is medically examined. We had taken that rather as the basis for our scheme, but we find on discussion with midwives here, and particularly with inspectors of midwives, that the class of midwives that we have in this country is so inferior in training to the class of midwives connected with maternity centres in Boston that the things are not comparable.

40,562. You realise that they would not really be capable?—We realise now that a midwife would not be competent to make that necessary examination—a large number of them would not. That is why we are urging the higher training of midwives.

40,562a. You realise that in some cases they are even incapable of properly managing a normal confinement?—Yes, we are told so by the inspectors of midwives whom we have interviewed.

40,563. (*Dr. Lauriston Shaw.*) You tell us that of the pregnancies 323 were normal and 287 abnormal?—Yes.

40,564. Do you think of the 323 normal ones they were as happy and comfortable as is described?—No. I do not at all. They very frequently say, for instance, "I was terribly depressed the whole time," or "I almost wished I was dead, but I was very much better off than most people."

40,565. They would be the class of cases in which nothing more than the 5*l.* would be required?—Yes. There is no indication that they had help to do their ordinary housework.

40,566. 5*l.* is more or less a bounty on a child, is it not?—I do not think so. It seems to me that it is not a bounty on the child, because we know the money is actually spent. A large proportion of it would go to the midwife and doctor, and the other money would go in getting really necessary nourishment that cannot be got out of a workman's wage, and in getting help in the house.

40,567. It is regardless of sickness, is it not? It is to be given to practically a healthy mother having a healthy child?—Yes. Because even under normal conditions there are these expenses to be incurred which cannot be met out of the ordinary weekly wage.

40,568. And the additional 2*l.* 10*s.* per case which is to be distributed over the whole lot on a sort of sliding scale—that is a sort of insurance against sickness during pregnancy?—Yes. We want it to be regarded as a means of treating a woman well, not that she should necessarily have any money at all, if she can take her rest without having the money, but that by keeping her well in the earlier months of pregnancy she will probably have a very much better time at confinement and want less attention afterwards.

40,569. And you think that if we could adopt some system of preventing illness during pregnancy a great many less claims for sickness would result?—I think not only amongst women but also amongst men. Take

this case of the 47 defective children. They will all be more or less hampered in their wage-earning.

40,570. Does it occur to you that by the present method of the Insurance Act there is an enormous pecuniary inducement to all these approved societies and industrial societies to take these steps to prevent sickness during pregnancy?—They do not. I do not think that they have the machinery to prevent sickness during pregnancy. When a woman is sick, what they do is to prevent her getting benefit.

40,571. Is there not an enormous pecuniary interest for them if they look at it from the point of view of their funds to do anything which lessens the amount of the sickness?—Certainly, I entirely agree. If they would only see it in that way, it would be the wisest thing they could do to support a scheme of this kind.

40,572. Are you not rather by your action taking away this pecuniary interest from the approved societies?—I do not think so, because the test of incapacity covers their work. They do not come into touch with the woman until she is really incapable, and then she has gone past the point when preventive work can be done.

40,573. If you leave things as they are it is to the interest of the approved societies so to modify their arrangements for dealing with pregnancy that the illness shall be removed?—That assumes a standard of intelligence amongst approved society officials which I am afraid does not exist.

40,574. You are appealing to the public to provide you with this money, are you not?—We believe that it is a national service.

40,575. Is it not really rather a good idea to have two strings to your bow? Are you not cutting away one string altogether by removing from the friendly societies a great deal of the inducement which they ought to have to deal with this thing as pregnancy?—No. It does not appeal to us in that way, because we feel that they are doing it so badly, not because they wish to do it badly, but because they have not the machinery.

40,576. Have they not had quite an insufficient opportunity? Surely the poor friendly societies up to now have had no time for looking at great principles like this underlying their work. They have only been able to deal with the Commissioners and all their difficulties and troubles. Your scheme at any rate, however valuable it may be, should not remove from the friendly societies such pecuniary inducements as at present are open to them to do away with the sicknesses of pregnancy?—Is it not a rather significant thing that none of the old voluntary societies have attempted to deal with this pregnancy question? The difficulties are so great that they are recognised as being practically insurmountable under a system of that kind. We feel that we have sufficient experience to justify us in coming forward with a demand for a change.

40,577. (*Dr. Carter.*) You do not base the whole of your superstructure simply upon the evidence you gave us of the facts and conditions attending pregnancy and child-birth with which you opened your case. You are basing it far more upon other general inquiries which you have made?—Yes.

40,578. Because you admit that some of those facts would want further investigation before they could be accepted?—We submit this summary as an unfinished summary knowing that the investigation is not complete, but our general idea of the trend of events is based upon a much wider view, of reports that we have read, and so on.

40,579. You detailed to us the inquiries you had made from the women who, as a matter of fact, are selected as having some official connection with your society. I understand from one part of what you were saying that you had made certain inquiries from the midwives and doctors as well?—We are still making inquiries. I have met the various associations of midwives and have interviewed a very large number of individual midwives, and I have met the Association of Inspectors of Midwives and the Registered Medical Women's Association, and we have also interviewed a very large number of medical officers of health and people practising in connection with maternity.



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40,580. Such inquiries from doctors and midwives and medical authorities generally would be more on the general question and not with respect to the particular cases on which your other evidence is based. You would not inquire of a doctor or a midwife who actually attended these particular women as to their experience of the confinement?—No, they would be general cases, but we have also interviewed a number of panel doctors who are practising and attending women who are insured.

40,581. But you did not attempt to get a doctor's report on a specific case. You had no correction as to what the doctor might have to say as to why the children were unhealthy?—No.

40,582. Whether, for instance, there was syphilis in many cases of sickly and undersized children. You have not corrected on that basis?—No.

40,583. Nor as to what in fact there might have been in the way of hereditary or previously acquired disease which affected these totals, either in the mother or the child. They are not corrected in that way?—No.

40,584. You could not give any figure as to what proportion of such pregnancy and confinement casualties occur among well-to-do classes?—No, we could not. The only thing is that quite obviously the women connected with the Women's Co-operative Guild—the women who are capable of dealing with co-operative stores—are not the very poorest women. We have taken a section of women who are not the very poorest, so that we are, I think, justified in assuming that their condition is, on the whole, better than the condition of the poorest women who have not even the aids that these women say they have been able to get. For example, we have very carefully not taken notice of cases of very bad husbands. We have rather taken those cases quoted here, where it has been definitely recognised that the husband has been a good husband, and has taken his share in whatever sacrifice was going on in the house.

40,585. Have you considered how far, if the scheme of national insurance were extended to the dependants of the present insured persons, so that the whole family of insured persons would have a doctor provided for them, that would alter your view as to the adequacy of the national service?—I do not think that it would alter our view of the necessity for special treatment for pregnancy. I think it is generally admitted—at least doctors have admitted to me quite frankly—that the general practitioner has no special knowledge of pregnancy complications. It requires specialised training.

40,586. Would you say that a general practitioner would have any less general knowledge of pregnancy complications than he would have of the special diseases which occur in connection with all his other work? Specialists might be required for special cases arising in the ordinary medical treatment and special cases might arise in connection with pregnancy in which the doctor might wish to refer to some other authority, but in the main his work as a doctor would give him competence to deal with the ordinary pregnant woman?—I think he would be entirely competent. That seemed to be the general opinion in dealing with ordinary pregnancies, but it would be extremely advisable to have at the maternity centre a second opinion which might be consulted in the case of specialist's advice being needed.

40,587. In so far as it may be expected that with the development of the National Insurance service special centres for special reference in case of difficulty in connection with ordinary diseases would arise, it would be no more or less necessary in connection with pregnancy cases, and if you had this special service for one case that might also apply for pregnancy. It is all part of the same scheme?—Yes, except that in the case of the pregnancies it is very urgent that something should be done very quickly for the mothers to get this advice and treatment because of the tremendously long and wide-spreading results of neglect. We feel that it would be simpler while we are waiting for an extension of the National Medical Service to all

dependants that we should at once go on building up these centres under the Public Health Authority.

40,588. But do you not think a great deal of the ground which you have been trying to cover would be met by the natural extension of the service to dependants, with possibly additional and perhaps generous pregnancy benefit *ad hoc* for all pregnant women?—I think, of course, that that would be a very great advance on what we have got at present, but I feel that the things a woman wants to know are such little things that it would not occur to a doctor to tell them. What we need is not only a panel doctor and not only a medical examination, we need the work which we have proved has been so valuable and which is being done by the health officer in advising the mother about her daily work and that sort of thing. There are things connected with pregnancy—the silly little things the mother does that she need not do if she knew better—which would not come within the purview of a medical man's advice, and which would under a maternity centre.

40,589. But if it is necessary to provide a centre to which a woman can go and ask silly little things, surely that part of the amenities of life to the insured person could be available without so large a disturbance of the general insurance scheme. It might be provided with a parallel service even by voluntary means?—It is going to be provided, I am quite sure. It is growing up now. Quite apart from anything you do under the Insurance Act, this National Service, for advice and treatment in motherhood, is going on under the public health authority. It cannot be kept back, and it will affect millions of women, whereas your problem only deals with 700,000 married women. In dealing with any reconstruction under the Insurance Act it would be extremely valuable to link on these 700,000 women with the general movement for the education and treatment of married women, which is now going on, and all the money which is being paid to the pregnant women could be so much better expended if it was paid through the medium of this officer who has practically established herself in the home and is now giving this advice, and who, I am quite sure, will be extended to all districts as soon as any sort of encouragement from the central authority is given to the local authority. It is not as though I were suggesting something that is entirely new and has not begun. It has begun. It is going on now every day in a good many big centres. Thousands of mothers are gaining the advice and treatment that they need, and helping themselves to become healthy women, where for the lack of it they would have become unhealthy women with unhealthy children.

40,590. Perhaps you will agree that any system which tends to establish a national service of family doctors is more desirable than a national service of medical centres generally?—Are the two things contradictory?

40,591. No?—Your point is domiciliary visiting rather than additional centres. Our reason for suggesting the centre is that we do not quite see where the doctors are coming from for house to house visiting. Doctors tell me that whereas they could examine and advise probably so many women in a morning if they met them at a certain point, if they had to go from house to house they would not be able to deal with a third of the number. Of course, we should like to have the doctor going to every woman's home. It is entirely a question of expense. It is so much cheaper to ask the patient to go to the doctor. That is the point of the maternity centre.

40,592. (Miss Wilson.) You said that you wanted it to be at the option of the mother what sum should be paid per week, and the period would therefore vary during which she is receiving a weekly sum. Were you thinking of the sum being limited in any way?—Limited to not exceed 10s. but that it should be drawn 5s., 7s. 6d., or 10s. a week.

40,593. Just the three alternatives?—Yes. It seemed to us that if there was no administrative reason against it we saw no reason against it ourselves.

40,594. You have not yet got a definite idea as to how long a period you want taken after the confine-



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ment?—We want at least four weeks; we think that our evidence is tending strongly in the direction of six weeks, but we are still collecting evidence. We are quite satisfied that it must be at least four weeks after confinement.

40,595. In the same way do you mean to give her the option, then, of taking 5s. for six weeks or 7s. 6d. for four weeks, or do you mean to limit the option as regards the period to the time before confinement?—We see no reason from our point of view to limit it at all to either time.

40,596. Give her the option on either side, only with a certain limit, say four weeks, or six weeks, which must be after?—Yes.

40,597. Supposing by some error of judgment on the part of the doctor or the woman, or for some other reason, she only had, say, one week before, would you give her the rest of the time after?—Yes.

40,598. How are you meaning to deal with cases of bad illness after confinement, I mean really long illnesses which would not be met by the automatic payment, however it is arranged, connected with confinement?—There we are simply limited to the capacity of our resources. I should like to say that, of course, as long as the woman was ill she should have attention, we should secure to her that although the money might come to an end she would still continue to have the advice and treatment.

40,599. You are not setting aside a sum to deal with these cases as you are setting aside 2l. 10s. for the early cases?—No.

40,600. You are not thinking of any pool to deal with those cases?—No.

40,601. Then in the case of a miscarriage, are you limiting the period of payment in any way?—No. That question of miscarriage is one upon which we have to get a great deal more information before we could really pretend to have an opinion as to what is or is not a miscarriage. There is the greatest difference of medical opinion as to what is a miscarriage. We find that some doctors would say that still-birth at six months should be considered a birth, and other medical opinion has differed from that. It is a very difficult point. I should not make any arbitrary limit about the period during which a woman should receive assistance during pregnancy, but there would have to be a limit at which the 5l. would become operative. I am not proposing that 5l. should be paid for every miscarriage for instance.

40,602. You have not separated miscarriages in your mind from what we call the 2l. 10s. pregnancy?—No. We class miscarriage with the 2l. 10s. pregnancy.

40,603. You say women have been in the habit of going very little to doctors before their confinement. Has not the fact of medical benefit changed that to some extent?—I am speaking particularly of that huge group of women, who are outside insurance, when I make that statement. I should hope that it has considerably changed that with regard to the insured women group, but we have no evidence on this point.

40,604. You are aware, of course, that they have been going to doctors in order to get certificates, and you do not mean to suggest that they have got no advice in the course of their visits?—Yes, I do, in a great many cases. The conditions under which certificates are issued in some crowded consulting rooms prohibit any idea of special examination. They do not get the kind of advice which will help them.

40,605. You are making a definite suggestion of insufficiency of treatment?—Even under the Insurance Act, yes. I give it as an opinion. I do not give it as a statistically proved fact.

40,606. You have made no inquiries among the insured women?—No, not on that particular point.

40,607. You say you want the 30s. maternity benefit still to be paid as a lump sum, and yet you said that you did not believe very much in lump sums. You preferred weekly payments. I am not quite clear why you want to keep it as a lump sum instead of pooling it?—I want to keep it as a lump sum because the doctor's bill is a lump sum and the midwife's bill is a lump sum. The 30s. is looked upon by the women now

undoubtedly as a means by which they meet their professional charges for attention.

40,608. You said you thought that women during pregnancy, if they were receiving either the 5l. or the 2l. 10s., ought not to be doing heavy work. Are you contemplating any kind of inspection to see that they abstain from heavy work during that time or not?—Yes, the kind of inspection which is now going on in connection with infant consultation centres. The health officer makes visits and discusses with the mother the things that she really ought not to do in the interests of her child. It is a kindly inspection and not in any sense an inquisitorial inspection—it is an instruction.

40,609. You are not contemplating more than an instruction in this case?—No.

40,610. When you were making inquiries from your mothers did you get any information as to whether they had been mainly confined at home and whether they wished their confinements to take place at home or whether they were anxious, where it was possible, to be sent to maternity homes?—There is a great difference of opinion amongst married working-women on that point. A great many of them say that if they could only get away from home and be saved the worry and noise of the children all about them, they would get well quicker. Others have a shrinking from going to an institution. It is largely due to the housing conditions. Where a woman has room to be confined at home she almost invariably prefers it, but where the house is very crowded she feels that she could get well quicker if she was away in a quiet place and would like to go to an institution. I do not say that that is rigidly so, but that is the line which it appears to us to take.

40,611. In the cases where they want to go to maternity homes if they can afford a small payment, is there a shortage of beds or is it possible for them to be taken in?—There is a very great shortage of beds. I wish it had been possible before I came here to get further particulars about Aldershot, which I believe is a very striking illustration of this fact. They have a very large barrack population, and in the married quarters there is no possible room or convenience for confinements, and the women have to be taken to a hospital a considerable distance away, involving a drive of four or five miles. There is no conveyance arranged for taking the women, and the hospital refuses to take them in until labour has begun because of the shortage of bed accommodation, with the result that I am told cases are not infrequent of the baby arriving in the cab on the way to the hospital, and so on. We find that in quite a number of districts—in the district in and around Queen Charlotte's Hospital—the women were very glad to go to the hospital, because they had had experience of it. In districts where they have never had any experience we sometimes get the opinion that they would dread going into a strange place. Wherever we have experience that there is hospital bed accommodation, women have been glad to avail themselves of it, and there is a tremendous shortage.

40,612. More so for married than unmarried women?—Really more so, because of the number of rescue home people who try to provide beds for unmarried mothers. I have not the statistics, but it is my general impression that there are more beds available for the unmarried than for the married mothers.

40,613. You are contemplating the provision of better accommodation in that respect which they could pay for out of the five pounds?—Yes, if they had that sum they would gladly pay. If they could, for instance, get payment of 7s. 6d. a week they would go into an institution for a fortnight.

40,614. You are thinking of institutions which of course are not self-supporting?—I am really thinking of municipal maternity hospitals, of which I think there will be a very great number.

40,615. Which charge a certain payment, but are not maintained by the payment?—No. We think that there is every indication that there will be more opportunities given to train medical students in connection with maternity work. There will be a greater demand for maternity doctors, and in connection with



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the clinic there would almost necessarily have to be maternity hospitals which would also help in the training of students. I am told that there is very little opportunity in this country for medical students to be adequately trained in maternity work at all.

40,616. You said something about the women getting nursing as well as advice. Were you thinking of separate maternity nurses or nurses who would take these cases as well as others?—I was thinking of the much higher qualified midwife who had had a certain amount of nursing experience, and who would practically live in the house for ten days.

40,617. Is she acting under the doctor?—I want her to—she is not at present.

40,618. Then she would cease to be a midwife, and would really become a maternity nurse?—Probably she would.

40,619. You are thinking of the separate persons, not as part of a municipal scheme?—Yes, as part of the municipal scheme.

40,620. But not the same as any other municipal nurse—not as the same nurse. You are thinking of two sets of municipal nurses, one, a maternity nurse, and a nurse for other purposes?—Yes. Definitely maternity nurses with definite maternity training and holding a C.M.B. certificate.

40,621. You are thinking of these as belonging to the staff of the municipal authorities, or in some cases belonging to nursing associations with whom an arrangement is made?—I should say in thickly-populated urban districts they would belong to the maternity centre staff, but probably in rural areas for some time to come it would be advisable to make arrangements with district nursing associations, as, for example, they are doing in Herefordshire and Hertfordshire.

40,622. You are leaving that question open for the maternity nurses and the other nurses?—Yes.

40,623. I am not quite clear whether you want to make the money payment in any way conditional on taking advice, or, at any rate, on receiving advice?—Yes, I want to make the money payment conditional. I want it to be an inducement to them to get advice early enough, to make any payment from the 2*l.* 10*s.* conditional upon their receiving advice, and acting upon the instruction given them by their maternity adviser.

40,624. Do you mean that to apply to unmarried women as well as married?—Yes.

40,625. Would you penalise an unmarried woman if she did not notify the case and did not come for advice at an early stage of pregnancy, and cut her off from getting any sickness benefit or possibly part of the 5*l.*?—She does not get anything now unless she notifies. She cuts herself off, does she not? I feel that the whole thing, from the health standpoint, becomes futile unless you couple it with coming for advice and treatment.

40,626. The fact that one is conditional on the other is your main argument for putting them under the same authority?—Yes.

40,627. It is a more potent argument than any objection you have to the approved society?—It is; because we want to do preventive work, we have a very strong objection to the approved society dealing with pregnancy at all. We think that it is utterly unfit.

40,628. Still, this connection is part of your scheme, even if the approved societies were all you would like them to be?—We should still want it for that reason.

40,629. You contemplate as part of your scheme that the same money payment will be made to the

uninsured woman, either married or unmarried, as to the insured woman?—We do not contemplate it at first; that will have to come very much later on. We want the advice and treatment made possible for uninsured married women, but we can hardly hope to get a sufficient sum of money to give them the money payment which an insured married woman is entitled to receive.

40,630. To begin with, you would expect the local authority to have to make inquiries whether the woman was uninsured or insured?—Yes. We expect them to keep a card index of all cases, on which it would be stated whether the woman was insured or uninsured.

40,631. And the number of her payments and so on?—Yes. She has to produce her book, has she not, in order to get benefit? I should propose that an insured woman should be required to produce her book to get payment.

40,632. She would be handed over by her approved society for this purpose with her book to the local authority?—Yes.

40,633. You have heard the suggestion that instead of your scheme the maternity and pregnancy benefit should be administered by the insurance committees. Have you any observation on that?—I have considered it and it seems to me that it is a roundabout way of reaching the public health authorities. As far as I can ascertain, the best results in tuberculosis are obtained where the money really passes under the effective control of the public health officials, and the insurance committee does not attempt to set up separate machinery to deal with it, but uses the public health machinery.

40,634. You would be against the separate use of machinery?—Yes. But if as a matter of name the money simply passes through the insurance committee to the public health authority, it would be a matter about which we should have no opinion.

40,635. If it was a case of the insurance committee doing it themselves, you would feel the same objection would apply as to the approved society?—Absolutely.

40,636. Have you found among the women you have come across a very large demand for women doctors?—Yes, I was rather interested to see that. Apparently there is a very strong demand, because they want to say things they have never been able to talk over with a man doctor, and they feel that they would get so much more help and advice if they could talk frankly to a woman doctor.

40,637. You think that this is true only of the more intelligent women whom you have been dealing with—the more educated women—or is it true of the very poorest as well?—Mostly of the women who have begun to think about the responsibilities of parenthood. It is with the women who really want to know how to do things better that this demand occurs, and I do not think the very poorest women have thought about it one way or the other.

40,638. (*Chairman.*) Is there anything you would like to add?—There is a most encouraging feeling on the part of those women who have begun to think a little about the need for greater co-operation in this matter. They are seeking this treatment not at all from the standpoint of wanting to get something for nothing, but because they want to know better how to do their share of the work. We feel very strongly that there will be a very real response on the part of the mothers themselves to any effort which is made by the municipality or the nation to help them to become more healthy mothers.

The witness withdrew.

Mr. WILLIAM EASTMAN (*member of the London Chamber of Commerce*) examined.

40,639. (*Chairman.*) You are governing director of Messrs. Eastman and Sons, Limited?—Yes, they are dyers and cleaners.

40,640. And you occupy an official position in the London Chamber of Commerce?—Yes. I am the representative of the Chamber on the Advisory Committee.

40,641. How many work-people do you employ?—In the works about 800; men and boys, women and girls.

40,642. Are they all insured persons?—Everyone over 16 years of age.

40,643. Are there many under 16?—Perhaps between 50 and 100.



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40,644. Tell us how many women and men there are, roughly?—About two-thirds women and one-third men.

40,645. Are the women single or married?—Singularly few married.

40,646. I suppose they are in constant employment?—Yes, pretty well throughout the year.

40,647. The people you take on remain with you?—Mostly, until they are married in the case of women.

40,648. They leave when they marry?—Yes, in most cases. We do not encourage married women in the works.

40,649. Will you tell me what your experience is as to abstentions, looking at the matter from an employer's point of view?—I have made inquiries of several foremen and forewomen in different departments of our works, and the majority are of opinion that there have been more abstentions from work on account of alleged sickness since the Insurance Act came into force than before, but that it has not been to a serious extent, and that the real malingering has been almost nil. Slight ailments which would previously have been disregarded have induced visits to the doctor, which means that they now do that which they would have done before, if they could have afforded it, and they cannot be blamed. It is to be attributed to some extent to a desire to get something back in return for the payments they have made, and especially among the younger people. There was a curiosity as to the sickness claim, and there was a desire among many of them to make a trial of it if they could have the chance. It has not been more marked in one sex than in the other. Among more highly paid workmen there has not been more abstention than before, for among them insurance payments when sick seldom equal the wages, but among labourers earning from 25s. to 30s. and some classes of women the sick benefit from the trade unions and slate clubs or alternatively the friendly societies and slate clubs which is very common in London, and in addition the payment under the Act often makes it more profitable and certainly more pleasant to be mildly ill than to be well and at work. Our own experience at these works is probably rather exceptional. There are nearly 20 departmental foremen and forewomen over 800 workers continually employed. They are all well-known to each other, and abstention from work without good reason would soon be detected and an attempt made to check it. In works under these conditions there can be very little malingering.

40,650. If they do stop away, it causes inconvenience?—Yes, to the room in which they are engaged.

40,651. They have got much the same work to do?—Yes. When it is the busy season they stop to finish and in slack season they can go away as soon as they are finished. If two or three are away the 18 or 20 remaining will soon make inquiries as to why they are away.

40,652. I suppose there is always some scarcity of labour?—No, none at all.

40,653. Can you take on other people to fill their places?—No.

40,654. You do not know what things they have been suffering from?—I cannot say.

40,655. You have made some inquiries among other firms?—Yes, I thought that the evidence I had to give myself was hardly worth your consideration, and when you asked me to come here I thought I would submit and send round questions through the London Chamber of Commerce to 50 and 60 firms, and of them 27 have been good enough to make an immediate return. They comprise some of the best firms, and I have summarised their answers and put them in a schedule which I have handed in.\*

40,656. What do they say, roughly?—They are divided in opinion. In some cases I know there has been an antipathy to the Insurance Act from the very initiation, and naturally they do not look on any part of it with favour. There are others who have given it great approval from the beginning. I think, perhaps,

there are political motives. Some say they have not been injured in the least and that there has been no more illness. There is an undercurrent of that kind which one cannot specify in the reports, but, as a rule, you will find that the firms are about divided. Some of them say that there has been no difference whatever, and some say that they have suffered more or less, in most cases slightly. In two cases out of the 27 they say that the sickness has been clearly more. One is the case of the firm of C. E. Morton & Co., and the other is Courtalds, a very large firm, which says that the illness is quite 50 per cent. more. As a rule, the firms are fairly divided in opinion. Spicers, the wholesale stationers, say that there has been no difference whatever, and it is the same with others.

40,657. Those statements in some cases relate to London, and in others to outside manufacturers?—I think there is only one some distance from London, and that is Courtalds of Braintree, silk manufacturers, who employ about 2,000 girls.

40,658. Then I see Coleman's of Norwich?—Yes, the Wincarnis people.

40,659. Is there anything more you would like to tell us?—It did not appear to me that the employers could give much evidence. We only feel the question of malingering when we are inconvenienced by it.

40,660. That you have not been?—Personally I have not.

40,661. Do you think that there is any special feature about your business that prevents you being like other people?—There is a more friendly family feeling among our workers. We know the people and they know us. It is a closer preserve. People are there 5, 10, 15, 20 years. There is a fair moral standard in the whole of the works. The employers have been favourable to the Act from the beginning, and I think that that tends to make it easy in working.

40,662. You think that where those conditions do not prevail you may expect to find some inconvenience?—Yes. I thought too, though I must confess it is not borne out by the evidence, that there would be more sickness and abstention from work in the rougher trades than in the more refined West-End trades. For instance, I thought if a woman felt unwell she would not go to work if that work was particularly exacting, but that if she were in lighter employment, such as dressmaking, she would say, "I will pull through." I am astonished to find that there is no outstanding difference of that kind attributable to the nature of the trades.

40,663. (Mr. Warren.) In your opinion, does the deprivation of the first three days act as a check on excessive claims?—Yes, there are two notes on the schedule to that effect. I have no personal experience of it. There is a note I think from Howards.

40,664. The opinion is held that if those three days were paid there would be an increase in the claims for benefit?—Yes; that is the opinion given by Howards, a firm of chemical manufacturers.

40,665. Do you think that, generally speaking, there is an inclination on the part of insured persons to get something back in return for the payments they have made?—There certainly was for the first six months amongst the younger people.

40,666. Is that inclination dying away?—Yes, it has altogether died out as far as my experience goes.

40,667. There is a common expression used that many of the insured persons are "getting back" on Lloyd George. You may have heard the expression?—Yes, I have heard it. I have had experience in slate clubs for over 20 years, and there is a certain percentage of men who make a habit of getting back all they paid every year.

40,668. But so far as National Insurance is concerned, would you definitely express the opinion that that inclination is on the wane?—Yes, it is absolutely gone.

40,669. May we take it that that is because the insured persons are better understanding what national insurance means?—Just so, the certainty of the payments is now pretty well recognised.

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[Continued.]

40,670. Do you find generally in your own particular works that the question of sickness benefit has no attraction for the more highly paid workmen?—No. If a man receives from 35s. to 2*l.* per week, then what he gets from his friendly society and his slate club, which is very common in London, and the Insurance Act will not make up his wages, but the same thing does not obtain with the labourers earning from 25s. to 30s.

40,671. In the case of the more lowly paid labour there is a certain temptation, in your opinion?—Yes, there is a strong temptation, as is evidenced in these reports which I have supplied.

40,672. That is due to what is termed over-insurance?—Yes, that appears in Tate's, the sugar refiners.

40,673. Would you urge from your experience that steps should be taken to prevent over-insurance?—Yes, if you could do it. But how could you do it? It could only be done through the friendly societies or the slate clubs. In the slate club attached to our own works, one of the rules is that a man shall not be a member of more than one other slate club, but now the Insurance Act practically makes two in addition to the one.

40,674. It could only be done by restricting the number of societies to which a person belongs, or the amount they could receive in the aggregate?—That is the only way, but how could you go to the length almost of discrediting thrift. Why should a workman be debarred from insuring as much as he liked if you do not debar men in the higher grades from insuring their lives for fabulous amounts.

40,675. But you distinguish between sickness benefit and death benefits when you are speaking of the employers and the more highly paid persons insuring their lives?—Perhaps so.

40,676. They are generally insuring for death benefit?—Still leaving the comparison out of the question, is it wise to restrain the desire of the working classes to be thrifty?

40,677. You think that there is an inclination on their part to be thrifty?—I qualify that. I think that among the more educated of them there is a fair thriftiness.

40,678. Do you think that the National Insurance Act has interfered with that spirit of voluntary thrift?—I think that it has rather increased it. I was rather astonished when the Act came into force about this. There was a slate club with which I was connected and in which we thought that the fact of having to pay 3*d.* in the case of women in addition to the slate club contribution of 6*d.* per week would prevent them retaining their membership in the slate club. For that reason they were offered half benefit and half subscription of 3*d.* in the slate club, but only about two of our 100 availed themselves, and the remainder preferred to pay the additional 3*d.* for the insurance in addition to the contribution of 6*d.* to the slate club.

40,679. Would you regard a slate club as a fair type of mutual thrift?—Yes, I think so. They are extremely popular in London, and they are, I suppose, almost a London institution, but membership of slate clubs is astonishing.

40,680. We may take it that true thrift is making provision that will last a man at any rate throughout the whole of his life?—Yes. Slate clubs, of course, do not do so, but they are extremely popular among the working classes.

40,681. You think that National Insurance has not acted as a deterrent to voluntary thrift?—No, not in the West-End, nearly all the slate clubs are retaining their membership.

40,682. Is that so of friendly societies?—I have no experience, but I have of slate clubs, and they have not lost. In a decently managed slate club perhaps two-thirds goes back at Christmas, and although it is perhaps an undesirable thing, yet that Christmas share-out is awfully popular. They will put up with any amount of fines, and do not look at the amount of the subscriptions, but the amount of the share out is the question.

40,683. I presume that you are not in a position to offer us any evidence in regard to the medical benefits under the Act or certification?—No, my works are in a district, Ealing, where the doctors stood out perhaps longer than in any other suburb in London. They were immensely prejudiced against the Act, and held together to the last against it. Many of them, to my personal knowledge, have come completely round and changed their point of view entirely. Still there are some who are giving certificates, and this is talked about and well known, much too freely, arising a good deal from their antipathy to the Act.

40,684. Are the doctors beginning to realise the monetary benefits of National Insurance?—In all quarters.

40,685. (*Miss Ivens.*) You have men as well as women employed in your works?—Yes.

40,686. Can you give me any figures as to how they compare, and can you say whether the women are away more than the men?—No, I think that there is no difference.

40,687. Would their wages approximate more or less?—No, the skilled men are highly paid, but the wages of the assistants and labourers would perhaps be from 50 per cent. to 75 per cent. more than the wages of the women. The women average from 16s. to 18s. paid all the year round, and the men from 26s. to 36s.

40,688. In spite of that the women are not more away from their work than the men?—No.

40,689. (*Dr. Lauriston Shaw.*) As an employer, what is your view of what constitutes incapacity for work? We have had very different views as to how ill a man ought to be before he should be regarded as incapable of work. Has an employer some views of his own, as to how ill a workman should be before he is justified in taking sickness benefit? I suppose you would recognise that it is not necessary for a man to be absolutely incapable of lifting his hand in order to be kept away from work?—I do not know. It is a difficult question. After all, it greatly depends on the hardness or the softness of heart of the foreman or forewoman, and a good deal may depend on the fact that perhaps the worker has been in the works for 15 or 20 years, and the forewoman might be easy with the worker.

40,690. Do you think that it would be reasonable for the man to have sickness benefit because if he came to the works he would certainly not earn his wages on account of the slowness of his operations?—I do not think that an employer under those circumstances would consider the sickness benefit at all. From his point of view it is a question, "Can that man earn any money that he is being paid?"

40,691. Would you rather feel as he was contributing towards sickness benefit, that if he could not earn the money, it was reasonable he should stay away and have the benefit?—We should leave that to himself, to his own conscience.

40,692. You could not feel aggrieved if a doctor said, "No, I cannot possibly give you sickness benefit, although I see you cannot do a day's work you must go and earn it"; would that be reasonable?—It is exceedingly difficult to answer. I am only answering for myself.

40,693. We want to deal fairly with this matter, and the employer pays something towards sickness benefit, and I wished to know whether he had any views on the subject?—I have no views on the matter. I leave it in the hands of the panel doctor.

40,694. You would not wish to see a man working in considerable pain?—He would not be allowed to work; it would not be profitable to the employers; the man could not do his duty if he were in pain.

40,695. Would you feel justified in sending home a man who was obviously in pain?—Undoubtedly.

40,696. Although he said, "My approved society says that I am not ill enough to have sickness benefit"?—Yes, I think I should feel justified in sending him home.

40,697. From the humanitarian point of view, and from the point of view that it was not a satisfactory thing to have a man in pain, and a man who could not



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do a full day's work?—No, I should not care to have him about. Other reasons come into calculation. For instance, at any moment the man might collapse.

40,698. You would not like to have a man there running the risk of serious injury?—No, it is a bad example for other people to have a man manifestly unfit for work working amongst them.

40,699. It would set a bad rate of work?—Yes, there would be considerable sympathy for the man amongst the other workers, and which, very likely, might result in some action being taken by them.

40,700. You say that you have not many married women?—Singularity few. Perhaps out of about five hundred or six hundred women I do not suppose there are more than 12 or 16.

40,701. You have had no experience of having to make any regulations with regard to illness through pregnancy?—No.

40,702. On the point about the interference with a man's right to insure himself to any extent he liked, are you aware whether in other sorts of insurance, business men, for instance, are at liberty to insure against fire and so on to any extent?—I am not quite sure that an insurance company would take it.

40,703. In ordinary commercial insurance you insure against a certain definite risk? You insure against sustaining a loss?—Yes.

40,704. Does it not seem reasonable to you that sickness insurance should be insurance against the loss of wages?—Just so, but in cases instanced the insurance is more than the wages, from 25 per cent. to 50 per cent. more.

40,705. Do you think that that is reasonable?—No, I do not, but how could you check it? In our own works the slate club forbids members to belong to more than one other club. That worked well enough before the Insurance Act came.

40,706. If the employer was able to do that, why could it not be done now?—It was not done by the employer, as the club is managed by the members'

own committee. We are only responsible for the cash as treasurers.

40,707. The men are now responsible for the Government of the country, could the Government not agree to say that no man shall be insured for more than the amount of his wages?—You could not carry it out. This club tried it on a small scale, but it has no power to prevent its members doing otherwise. The secret of course might come out, but a careful man could hide it.

40,708. Would it not be possible to make a regulation that if a man was found taking more sickness benefits than wages —?—That he would be turned out of the club—he would risk it.

40,709. You agree from the necessity of the morality of the people that it is desirable that they should not be insured for more than their wages?—Yes, if by any means it could be done, but I do not see how you can do it.

40,710. (Dr. Carter.) Have any of the firms from which you are making reports had any special medical provision for their employees? Did they employ a special doctor, or was there free choice of any doctor? It is not made known in the returns.

40,711. Do you know whether any of them did provide a special medical officer?—I do not think they do, but it is not specified.

40,712. You are not able to say that the greater number of claims applies more to firms with a special medical officer than where there is free choice?—No, there is one firm here—Clarke, Nicholls and Coombe's of Hackney Wick. They treat their people very fairly, and I think that they work on the co-operative principle and a percentage of the profits goes to the workers. Previous to the passing of the Insurance Act they paid their employees two-thirds wages when sick for six weeks and they still continue to make the insurance allowance up to that amount. They say, "It may be partly due to this that there has been really more sickness in our case."

40,713. Have they a special medical officer?—I do not know.

The witness withdrew.

Mr. J. N. BELL (*Secretary of the National Amalgamated Union of Labour*) examined.

40,714. (Chairman.) You are the secretary of the National Amalgamated Union of Labour?—Yes.

40,715. Is that a registered trade union which has been approved as a whole for the purposes of the Insurance Act?—Yes.

40,716. How many members have you in England?—About 22,000, and of that number about 189 are women.

40,717. What do the men work at?—They are generally unskilled workmen.

40,718. What does that mean?—They are engaged mainly in work that men do not serve their time to; that is the best definition I can give.

40,719. Give me a sort of general description of the work they do?—I have a list here: shipbuilding, engineering (boiler-shops), brick-works, timber carrying, chemical works, carting, gasworks, boiler covering, municipal workmen, flour mills, foundries, ship repairing, cement works, docks, manure works, glass works, lead works, steel works, colliery surface workers, coke-oven men, and window cleaning. Take, for instance, shipbuilding, you have boiler-makers and shipwrights and skilled workmen in various trades. The boiler-makers are far and away the greatest number of skilled workmen. We have great numbers of men employed as helpers, who are told by the boiler-maker what to do and where to strike. Some of them are semi-skilled, some are engaged in wielding a hammer. The angle smith is engaged in fitting frames for use in building a ship, and those require to be adjusted, and some of these men with their hammers knock them into the exact shape wherever the angle smith tells them.

40,720. I take it that a large proportion of your members are on the Tyne and Wear?—We have, I think, on the Tyne and Wear 11,011 members.

40,721. That is pretty well half of your membership. They are, I suppose, shipbuilders' labourers and boiler-makers' assistants?—Yes. The position is rather curious. The Tyne is rather remarkable for the very diversified nature of its industries. With the exception of colliery surface-men, there is hardly any industry I have mentioned that you cannot find on the Tyne. At the same time, the colliery surface-men are a very considerable number, and we have about 3,000 of them.

40,722. I was leading up to the question of what wages your members get, but their occupations are so miscellaneous that it would I suppose, be difficult to say?—They range from 21s. to 34s. per week. There is one particular class of shipyard helpers who are getting 33s. and 34s. per week.

40,723. Unskilled men?—Yes.

40,724. That is about as high an unskilled wage as is paid?—No, there are some men who make a little more than that, helpers in the ship preparing trade make a little more, and we have men engaged in copper works and in chemical works who perhaps make a little more.

40,725. What are they paid so highly for, great strength or some kind of skill?—The wage is perhaps more nominal than real. In these times they may be making 30s. or 34s. or 35s. per week, but sometimes the work has to be broken off, the plater may be off work through some cause or other, and also the work has to be very highly organised and there are so many points to be watched that it is very easy for the work to get disorganised in a shipyard.

40,726. Everybody has in a sense got to wait on everybody else?—To a considerable extent. I have known men laid off for want of material, because they have not got the angles in from the angle mills, and so



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on. There is apt to be a good deal of broken time. Then, again, when a ship is launched hundreds of men engaged on it may be thrown out of work, and a new ship has to make considerable progress before all the men can get back.

40,727. There is broken time in which the men are doing nothing?—Yes.

40,728. You have handed in a statement showing the cost of your sickness benefit during 1913. As your women members are so few out of your total I shall disregard them in the figures?—I have omitted them. I am afraid I could tell you very little about them, we have so very few of them.

40,729. I am going to take the men's figures only. I see that the figure for the first quarter was 2·17*d.*, and the second quarter 2·67*d.*, and the third quarter 2·46*d.*, and the fourth quarter 3·37*d.*?—Yes.

40,730. You also put in a statement showing the average cost for the month of December 1913, and you say that in England the average cost per week per member is 3·40*d.*?—Yes.

40,731. The net result of these figures is, if they are not weighted by something else, that there has been progressive procedure to the bad?—Yes.

40,732. Is that so, or is there some other fact to account for it?—I think I can explain. In the first quarter there was evidence that the members had not discovered the benefits. During the first month I was astonished to find how very little money was wanted. When they discovered there were benefits, everybody who needed them, to say nothing of those who did not, applied for them. That fact made the first quarter a light one. I am quite sure it was due to that. It was a winter quarter. The next two summer quarters are higher, but yet there is not such a very considerable increase.

40,733. The second quarter is much higher than the first quarter, and the fourth quarter is even higher?—The fourth quarter was, we may say, the first quarter in which everybody knew what was to be had, and it was a winter quarter, and if you notice the average in December is higher. There is one thing to be said about that last quarter, however, and that is that there was an increase in benefits. I have pointed out that since October we have had increased benefits. To what extent that affects us I cannot tell as it is a very intricate matter, and we should have to pick out every case and take a lot of things into account to find out exactly what is the position, and that would take time.

40,734. You could not even make a guess? Do you know what proportion of your membership is affected?—No, I cannot unfortunately, but we are approaching the point when we will be able to do so.

40,735. Do you know anything about the first quarter of this year?—No, we have not had that worked out separately.

40,736. Your society is divided into branches?—Yes.

40,737. Which have no relation to the Act and are not branches under the Friendly Societies Act?—No.

40,738. Do you take out comparisons between the branches in the country to see how you are getting on?—Yes, in quite a number of branches we can tell without any difficulty at what industry the men are engaged. In others they are mixed. We had every branch worked out for the summer months of 1913, and there was great variation in the cost, and some of them appeared to be excessive in their claims. I ran over a list of those only yesterday to find out in the main what industries they were engaged in, and, of the 49 branches that I could easily identify the industry in which the members are engaged, I find that 36 were branches whose membership is exclusively or almost exclusively made up of shipyard men, ship-preparing men and colliery surface men. Those are in different branches.

40,739. You would not have colliery surface men and ship preparing men in the one branch?—No, they are widely separated, the colliery surface men are hundreds of miles away, ours are in South Yorkshire and in Derbyshire.

40,740. Have you any in the Durham coal-fields?—No.

40,741. You found that those were the three trades with which you had the heaviest experience?—Yes, but I should point out that we have a big membership, and there is room for a big number of branches, but still, those three trades will account for a good part of the membership to be found in those 49 branches. There are perhaps 60 or 70 branches which are above the average, but all over the country I have taken them out just as they stood, and out of 49 I could identify the industries that I have detailed in the 36.

40,742. What do the colliery surface men work at?—They are engaged at screening coal, and all kinds of miscellaneous work about a pit top.

40,743. What are their wages?—It depends upon the particular job. They make from 1*l.* and 30*s.* to 2*l.* a week.

40,744. It is rather remarkable that you find your heaviest experience amongst your better paid people?—We have quite a lot in the aggregate of other people who are as well paid. The proportion may be just as high amongst others. There is another industry, cement works, in which the proportion seems to run pretty high.

40,745. Have you traced any particular diseases to that trade?—No, I have not, but both in the shipyards and in the case of colliery surface work the men are very much exposed to the weather.

40,746. Do you think that there is much in that?—I think there is something in it. I can speak more confidently when we get to investigate it more closely, but such complaints as rheumatism and bronchitis are pretty rife, and also with anybody engaged in cement works.

40,747. That is another case where there are special things connected with the work which cause irritation, I should think?—It is exposure to the weather which does lead, as far as I know, to rheumatism pretty frequently; but until the matter is investigated, one cannot say what the proportions are.

40,748. Do you think anything is due to the habits of the men? Do you think some of these lots of men are steadier than the other lots, or not?—The colliery surface men are pretty steady, but the shipyard men are not quite so steady, I should think.

40,749. But these periods of rather strenuous work alternating with periods when there is none at all, are rather bad for the men, are they not?—Yes, it is rather bad for them. But you have to set against that the fact that, during the past year or two, the shipbuilding people have been regularly employed; at any rate, more so than usual.

40,750. The Tyne and Wear yards have been full of work, I understand?—Yes, for a longer spell than I have ever experienced.

40,751. Where is your head office situated?—At Newcastle-on-Tyne.

40,752. What do you do there? Do you control the proceedings of the branches at all?—Yes. We get the money from the Commissioners, to begin with. We do not allow our branch secretaries to use the money of the union which they collect in the branches for trade union purposes, because we want to keep it separate from the other. They make a weekly return to us of the men to whom the money is paid, and the weekly total.

40,753. Do they pay and draw from you, or how do they manage?—They make an application to us from week to week for what they require, based on the amount required for the previous week.

40,754. Did you provide them with an amount to start with for the first week?—Yes, they had to see what claims they had, and then they sent along and asked us for the necessary amount; that is how they started.

40,755. But you do not control the claims; you do not see them until after they have been paid, do you?—No.

40,756. Do you see them after they have been paid at all?—Yes, the claim forms come in for every week.

40,757. That is the form which the branch secretary signs and sends in, showing how much he is paying, is



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it not?—No. I have brought a batch of our forms with me, if you would care to see them (*handing in forms*). These are the weekly sheets the secretaries send up to the head office. Both sides are used, one for a list of names, and the other as a balance sheet.

40,758. A list of the names of people to whom payments are made?—That is so.

40,759. Do you ever see the certificates on which the secretaries pay?—Yes.

40,760. When do you see them?—They must be sent in to us every week.

40,761. More or less on *this* document\* (*indicating*), I suppose, and you check them one against the other?—That is so.

40,762. Do you go through the certificates yourself, or is that done by somebody else in your office?—It is done by someone in the office.

40,763. Does he do anything when he has been through them?—Yes. If we think there is anything wrong with a certificate, or are doubtful about it for any reason, we write to the secretary concerned, and tell him not to pay any more money until he knows something more about the case. I should like to point out the difficulties, if I may. As one of our secretaries puts it to me, in reply to the questions I sent him (of which you have copies, I think): “I have given a fair and honest statement, but I cannot fight the doctors.” That is his way of putting it.

40,764. Have they tried to fight the doctors, do you think?—Yes, some have.

40,765. With what satisfaction; do they get anything out of it?—No; they complain generally that it is of very little use standing up against the doctors, because if a doctor says a man is sick, it is very difficult to combat his statement.

40,766. Yes; but do you think they try to combat it?—Some of them undoubtedly have tried.

40,767. Only some of them?—Some of them do not try very much, I am afraid. One man says in his reply to me, “Some doctors grant certificates too readily,” and he then goes on to say that he has told one doctor so quite plainly.

40,768. Do you think the general attitude is that there they are, and they may as well pay the money out?—No. In some cases it may be so; but they have been too much warned and written to about it for it to be general. We are always writing to them and telling them to be careful and so on.

40,769. What do you do; do you go round and see them yourself?—No, I do not go round. But we have introduced lately on Tyne and Wear, as an experiment, sickness inspectors, as we call them to distinguish them from the men who pay the money weekly. Their business is to go round to the men's houses. No warning is given, but the man who writes up our sickness register will look over the claim forms and doctors' certificates and select the cases. It has come to this now (although it has only been in existence for a very few months) that any man who is sick for more than two weeks has got to be visited specially, except, of course, in cases where a man is known to be exceedingly ill, and likely to be sick for a considerable time. The sickness visitor is supposed to inform the branch secretary of any case which seems to be suspicious, and we send one of the sickness inspectors along to see the patient. These sickness inspectors are appointed quite independently of the sickness visitors. Any trifling or doubtful case is visited after the second week, and perhaps sooner.

40,770. These sickness inspectors are whole-time men, are they?—No; we were afraid to appoint whole-time men, because, if they did not suit, we might find it difficult to get rid of them. We appointed some part-time men to do the work in the evenings, and to cover limited areas. We thought that if we paid them a certain rate per visit there would be no great harm done, as we wanted to find out whether they produced any good effect. Up to now I am bound to say that there has been some improvement.

40,771. You mean that some people have gone off the funds who would not have gone off otherwise?—Yes.

40,772. Were they cases where the men ought to have gone off; they were not bullied off, or anything like that, I suppose?—They were cases which ought to have gone off. We were able, at no very great expense, to bring these men to the office, and have a talk with them before they commenced their work. They were told that we did not want to put anybody off the funds except those who ought to go off. I do not think any attempt has been made to get a man off the funds who ought to be receiving benefit.

40,773. Have you, in consequence of what these inspectors have said, come to think that doctors have given certificates they ought not to have given?—I think so.

40,774. When you have found that out, what have you done yourself? These inspectors are the servants of the head office, and their reports come to you, do they not?—Yes.

40,775. Have you gone to the doctors in Newcastle about it?—No.

40,776. What made you abstain from doing so?—I did not see the use of it. I may say we have had no complaints against particular doctors, because we have not asked for them. But I have spoken to one or two doctors; indeed, I have spoken to my own doctor about this very matter. He acts as an independent referee for the —, and I have had a little chat with him over it. He was urging that we would have to do the same thing in our society, or, as he put it, we should be very badly let down. “But,” I said, “why have we got to employ somebody as the — do? If we pay for the panel doctors, why should we pay for another doctor to look after the “panel doctors?”

40,777. What did he say to that?—He hesitated, and I did not get a direct answer at once. But, after a little more conversation about other topics, I put it to him again, and then he told me that the difficulty was, if a doctor too often refused certificates, although he thought they ought to be refused, he would lose the patients and the doctoring of their families as well, so that it was rather a serious matter to him. I have been told the same thing by another doctor; and I have heard from officials of the society, who have had conversations with doctors in regard to this matter (not by way of making complaints), that they have got the same reply.

40,778. The situation is rather this, is it not: There were two classes of doctors who came on the panel; firstly, people who had been working for the old friendly societies in the past; and, secondly, people who never did any work of the kind, nor any contract work, before. If the first lot give certificates recklessly, it must be from wickedness. But the other people who were new to the job would probably have been better, would they not, if they had been hustled a bit?—They might have been.

40,779. Do you think that they quite realise what the situation is? I think they want a little talking to, do you not?—I have heard of one man who grants certificates pretty freely. Sometimes one may be quite sure of a thing without being able to prove it. There is one man I know of who is a little too much given to having drinks with his patients at the public-house; and yet, I suppose, if we tried to convict him of that before the medical sub-committee of the district he belongs to, we should have some difficulty in getting people to come forward and prove these things.

40,780. Do you not think in that case if you could get that man before his professional brethren, that they would very quickly be down upon him?—I am a trade unionist myself, and I do not give away people in my own society generally.

40,781. I know that that is the trade union point of view, but I find great difficulty in understanding it; because I belong to the strictest trade union in the world, and if we detect people doing things they ought not to do, we are extremely anxious to hustle them out?—I am doubtful about it. I feel so strongly upon that matter that I am going to suggest that if medical

\* Not printed.



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[Continued.]

referees are to be appointed—and the Chancellor of the Exchequer is trying to provide for them, I think—I think the societies should have something more to say about the appointment of these people than they have up to now. If they are to be appointed by some authority over which the societies have no control, or very little, or the control of which is so mixed that they cannot do anything very effective in regard to it, I do not think the appointment of medical referees will be such an advantage as if the societies had a say in their appointment.

40,782. What do you think they would like to say; what have you in your mind?—I mean the societies should have power to say: “You are too easy going in this matter; you are putting people on the funds who ought not to be on and are getting benefit when they should not.” You have asked me to confine my evidence to England, but I will ask you to pardon me if I go to Ireland. A medical referee was appointed for Belfast for the whole city; it is not very much use appointing one man for such a place as that. We sent some cases to him, and we were told that we would have to wait at least three weeks before getting a reply. So we have appointed in Belfast a man of our own whom we pay. Another society with offices in the same building as ours has been very badly bit, and I think that they had the loan of our doctor. Our official there writes that cases which our man struck off and said were fit to go to work have been put on again by the medical referee. I think if these people are to be appointed we should have a little more say in regard to them than is the case of the panel doctor.

40,783. The difficulty is this, that it is a great deal easier to put a person on and to keep him on when he is on; it is much easier for the doctor, the insured person and the local society's officials, is it not?—Yes.

40,784. Do you think there is something of that in it?—Yes, undoubtedly. I am not suggesting that all doctors are dishonest. But it is, as you put it, easier to put them on. If a doctor is doubtful whether a man is really fit to go to work or not, I suppose he would give the man the benefit of the doubt in the kindness of his heart.

40,785. You tell me your experience when you put on these sick inspectors was on the whole favourable, and you are satisfied that it was not brought down improperly?—No, it was not brought down improperly. We know our men pretty well, and I am quite sure about that.

40,786. What is the view of your members? Are they anxious to get all they can or to look after the interests of the association they are in?—It is hard to say. There are undoubtedly some who are anxious to get all they can; about that there is no doubt.

40,787. It is the general point of view I am thinking of. You in effect said that you could not trust one trade unionist to drop on another?—That is so.

40,788. Well what about that?—He is not likely to do so to any very great extent. Here is the qualification I want to put in connection with the appointment of the doctors and medical referees. We appointed our sickness inspectors from the centre, and if we felt that they were slack for the business or easy going we should get rid of them, or we should tell them at any rate that they should look a little more sharply after their work.

40,789. It is not the least use having all sorts of stringent regulations and rules if everybody is slack all the time?—But if you place a man between two fires—there is his sympathy with the member, and on the other hand his living or at any rate there is some payment—he will begin to think about himself as well as the fellow he wants to be sympathetic to.

40,790. You do not think that he would ever do it from any other motive?—The average man will try to do what is fair unless the pressure is such as to make him unfair.

40,791. Do you think the fact that he is his brother trade unionist is the sort of pressure that will make him be unfair? I should not have made the suggestion. You made it?—Yes, to some extent.

40,792. That is the great difficulty from our point of view?—That is so.

40,793. We might recommend all sorts of strict things, but it is of no use doing that if the officials are not going to carry them out because they love one another so much?—We can interpose the kind of person who is not interested in any way. We can also interpose the man who might be interested unfairly, but who is going to suffer for it himself if he is unfair.

40,794. Your branch officials are the persons who pay in the first instance sickness claims; what about afterwards?—They may pay improperly for one week.

40,795. For no more?—Not so far as we can detect at the centre.

40,796. They are all people directly elected by those whom they pay, are they not?—Yes.

40,797. How often are they elected?—Every year.

40,798. If they were very stiff on the payment side they might run some risk of losing their jobs, might they not?—They might, but I do not think that it amounts to very much. In our case, not by any means all of our trade union members are insured. Those secretaries have an appointment for the union work as well as for the insurance work, and the same meeting which elects them for the one job elects them for the other. The attendance is rather apt to be meagre at these meetings; it is mostly people who take a keen interest in the management of the branch who turn up, so that there is rarely a big meeting. As long as there is nothing very flagrant done by the secretary to offend the members he is not apt to be shifted. We have very few changes.

40,799. You do not think that he is apt to be afraid of that?—No, I do not think he is.

40,800. I have heard of secretaries in that position who have said, “Well, it is all very well, I can refuse, but what is going to happen to me”?—I do not think in our case it is so. I simply say I do not think it applies, because we have so many members who are not insured with us and have a hand in the election of the secretary.

40,801. Is there anything you would like to add?—I have mentioned about the industries. We shall go more closely into that matter, and if we get anything worth sending on I will send it to you. I sent you along a statement of the number of people who were visited during one month by means of these sick inspectors. Out of 211 people visited, 40 declared off as soon as the inspector reported, and 39 declared off between the time we told the inspector to go and the time he got there. Not too much must be attached to that, because at first they did not know there were these sick inspectors.

40,802. So those were probably quite genuine cases?—Yes; we put down the genuinely ill at 132. I applied another test to them over the whole area covered by these inspectors. In the month preceding the appointment of these inspectors, missing one week after that so as to give them an opportunity of getting fairly to work, there was 815*l.* spent; and in the month following only 779*l.* spent, or 36*l.* in round figures less spent in that month.

40,803. In these seven branches?—Yes, in these districts. We have arranged them in districts in this paper corresponding to each inspector's area.

40,804. What was it that made you send the inspector to these particular 211 people? Do you know why you took this particular lot?—We picked them, in the first place, from a number of people who had been on for a considerable time, and, in the second place, those whose doctors' certificates seemed to indicate a trifling ailment, such as a cold or something like that, which made us suspicious. We sent first of all to those branches which showed excessive sickness; then after that we extended our operations to all branches, whether they had excessive sickness or not, because there might have been doubtful individuals in those branches which were costing very little; in that way we covered the whole district. I wanted to test it, and I thought the best way to do so was to find out the gain in money—because it is difficult to get exact results from those who declared off—but that, again, is not altogether to be trusted. I find in one district, the district of South Shields, that in the month following the appointment of the sick inspectors, 12*l.*



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more was paid than in the month preceding. We do know that that is one large branch in particular which is very well looked after. The secretary is a member of my executive, and we know he is not the man to let anybody escape him if he can catch them trying to do anything unfair. But there was a big increase in his branch, and we are of opinion that it was genuine, although we cannot account for the rise. The net effect of it, taken over this area, in which there are 11,011 members, is that there was 36*l.* less spent in the month following the appointment of the inspectors than in the month preceding it. On the whole we get better results from the appointment of an independent medical referee in Belfast. But I may say that there is a combination of both methods, because, owing to the compactness of Belfast and the small area over which men work and live, we find it possible to appoint a full-time man as our branch secretary. His was more of an appointment than an election. We have thrown all our branches into one for insurance purposes. We pay the secretary precisely the same as we pay here, so much per head. It allows him about 30*s.* per week, and he has some spare time in which to do something else for us. Our own trade union official is working in the same office; he has had friendly society experience and rather prides himself on it, and between them they do look very closely after the people, so that the results there are rather better than where we have inspectors and have no independent medical referee. I have a series of notes here of replies from branch secretaries to those questions I sent them. I put three questions. I suggested three possible reasons for the excessive sickness, and then wound up with this question: "Can you suggest any other cause for the larger percentage of sickness in your branch?" To some of the replies I should like to call your attention. Here is one from our branch No. 31 in Newcastle, which is composed almost exclusively of dock labourers. In their reply they have been very careful to sign the paper they sent in, not only by the branch secretary, but by the two sick visitors, and they apparently want to emphasise what they have to say: "We find 75 per cent. of the benefits paid to members living in property unfit for human habitation."

40,805. That is a very wide statement?—It is very strong, but I know a little of the area in which most of the men live. The nature of their employment is such that they cannot or ought not to live very far away from their work, and they are living in an area which notoriously contains a lot of old bad property. I went there once during a municipal election and I do not want to go there again; the smells were very bad. Another branch secretary says (most of his men will be shipyard men): "Slackness of work, four con- sumptives, want of good food, clothing and home com- forts in the winter time." From another shipyard branch there is a very different reply. The secretary says that the claims on the benevolent fund show more sickness this year. We have a little benevolent fund of  $\frac{1}{4}$ *d.* per week for trade union purposes, and their experience goes to show that there has been more sickness of a genuine kind in North Shields, where this branch is situated, than in previous years. From our branch No. 63, consisting mainly of colliery surface workers, the secretary replies that he has two men off with chronic rheumatism, and that he has another case this week of a young man, 35 years of age, who has been ordered to bed with heart trouble as the direct result of excessive overtime. He is a colliery mechanic, and there are no slaves like colliery mechanics when work is good. I think this should be an incentive to an eight-hours' day. One or two other branches put down the excessive sickness to the large percentage of old men.

40,806. Probably the claims are not excessive, then?—No, possibly not. We are just completing our statement and writing up the reserve valuation amounts, and then when we get them sorted out we shall know better.

40,807. When you have done all that the Commis- sioners will tell you, will they not?—Yes. There is one thing I should like to know from the Commis-

sioners. I wrote up some time ago to the Commissioners asking what the cost was supposed to be of the extra benefits granted after October. I was told in reply that the Commissioners had under consideration the possibility of issuing a memorandum on the subject. I have not had it yet, and the cost, estimated as men- tioned here (I am afraid I have not put it quite clearly), of sickness benefit, was supposed to be originally 2·39*d.* per week.

40,808. That is taking no account of age?—That is for persons becoming insured at the age of 16.

40,809. The figures you have given us are very interesting, but in order to be reduced to their proper bearing it will be necessary to go all through the reserve value work and find out what the proper experience would be. It is only when that has been done that you can compare the figures accurately. Unless there is some very curious thing about your society, some accident of excessive age, or something of that sort, probably you have got about the average experience?—I am afraid it may turn out to be rather above the average of old men.

40,810. But the more old men you have the better for you?—Yes, and the more reserve values. The reason I have for thinking that is that there are numbers of men who, when they get on in years, finish with their trades, and then try to get labouring work. There is a certain amount of sympathy for them and they get these jobs.

40,811. They leave their old skilled union and come into yours, do they?—Yes.

40,812. (*Mr. Davies.*) On the first page of your out- line of evidence, you say: "It is very difficult to come to any definite conclusion from the above figures as to whether the cost of sickness benefit is excessive or not." After the evidence you have given us this afternoon, do you still hold the view that you are not certain whether you have excessive sickness or not?—The absence of definite knowledge as to the number of old men we have makes it difficult for me to say. The last quarter of 1913 is the one I attach most importance to. We get away from the summer, and there is no question of the men not knowing all about their opportunities of getting benefits, and it ought to be the best test. I do not know what those extra benefits should cost. Perhaps I may just emphasise this point for the moment. We book up every week in certain books the total amount spent in a branch from these weekly returns. We insist upon having them or we do not send them any money. We wanted to get some grip on that kind of thing, and that is why we centralised it. If we knew what the normal cost of 100 members should be, we should simply pencil into that book the number of members, and what they ought to cost for the month or the quarter. And the man writing up the book would watch that, and, if he saw that a branch for two or three weeks was spending above what they ought to spend, then we would get on the track of that branch.

40,813. May I take it, then, that the reason you appointed inspectors, was that you had an idea that the cost was excessive and that you wanted to reduce it?—Yes; we were afraid they were excessive. You see 2·39*d.* (if that were to be taken; but, of course, that is applying to the people insured at the age of 16) is below our figure. We were above that. There was a tendency for the cost of benefits to increase, and we knew of two individual cases. There was one thing brought it to a head, a very bad case in one of our branches where we were very suspicious that something had gone wrong. An investigation made by the union's own official proved that we had a very bad secretary there. We paid the benefits directly from the head office for a few days, and had a very big drop in the cost of benefits as the result. It then occurred to us that we ought to make an investigation. We went round to the individual members, and found that many of them were not in their houses when they should be at night. One thing we thought of in appointing part-time men was, not only were we not taking them away from their work and could get rid of them if they were not satisfactory, but the fact that they did their work in the evenings would lead to the



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discovery of breaches of the rule as to being out after hours.

40,814. You put this sick inspector on because you found that amounts were being paid which were greater than ought to have been paid?—Yes.

40,815. Is not the complaint of the trade unions generally not that the man does not get so much money in times of sickness, but that he does not get the attention from the doctors that he ought to have?—I have heard some complaint of that kind I am bound to say, but we have not had many from secretaries. I have heard complaints that members have not had the attention they should have had, but we have not had so many complaints of that sort. The general complaint is that certificates have been given too freely.

40,816. Did your union deal with sickness benefit before the Act came into operation, or only the trade union side of the business?—We only paid an accident benefit.

40,817. So that really all your people were fresh to dealing with sickness benefit?—Yes, with sickness benefits; although the payment of accident benefit corresponds pretty closely, it is easier to prove an accident than sickness, because somebody may have seen the accident. But when it comes to the length of time a man is on, you are able to deal with that.

40,818. But you are keener in the case of an accident, because you can clear it off your funds in the way of compensation, can you not?—No, we pay 6s. a week in case of accident.

40,819. Is it your opinion that the experience you have been having will become less now by reason of keener oversight and better knowledge of the Act?—The experience we have had of the inspectors points in that direction. But the great majority of the men who pay the benefit, were what we called accident stewards, previously to the passing of the Act; that is to say, men accustomed to paying out this accident benefit. It was convenient for them to take on this work, because they could pay the different benefits in going the one round.

40,820. Could it be said that this apparent excessive sickness benefit shown on your list arises from an administration at all?—I do not think that we have suspected it. Take North and South Shields, for instance. We know in our ordinary work that the branch officers of those two districts are particularly strict. There is no part of our union where they are more careful about carrying out the rules, and looking closely after people. There was this sudden increase of sickness after the appointment of the sick inspector in South Shields for instance, and I mentioned one branch where the secretary is known to me personally as a very careful man, and yet we have had this excessive sickness, in spite of that apparently.

40,821. Have you a decent sized membership in the Hull district?—No; we have a half score of members there, but no branch.

40,822. Where is your large membership as against Hull?—Newcastle, Tyneside, and the Wear and Tees district.

40,823. You have no large membership elsewhere outside of Belfast?—Yes, on the Clyde.

40,824. How does the experience on the Clyde compare with that of Newcastle?—The Clyde is not doing so well as it did, but it was less than England: it was the lightest.

40,825. Would it be fair to say in regard to the incidence of sickness, comparing the Clyde with Newcastle, that Newcastle would be heavier, and that the reason for it is that the doctors give certificates much more readily in the Newcastle area than on the Clyde?—No, I should not say that, because we have had very bitter complaints from the Clyde about the doctors giving certificates too freely. Our full-time official reported cases where men were standing in a queue, waiting to see the doctor for a certificate, or whatever it was, and there could not have been time for the doctor to deal properly with each case.

40,826. Have you any members in Durham and Northumberland?—They are in Tyne and Wearside mainly, in the big industrial districts

40,827. How does Durham compare with Northumberland in regard to certification?—Just about the same.

40,828. Do they work on the same lines?—Yes.

40,829. Have you gone carefully into that?—I cannot say much about that, but I do not see any difference in the cost.

40,830-1. (Mr. Wright.) Did I understand you to say that a large number of the members of your union have made some other society their approved society for the purposes of National Insurance?—That is so; not perhaps one-half, but something more than one-third.

40,832. Do you put any hindrance in the way of your members transferring to any approved society?—No, not if they will give a rational kind of reason. We do object in some cases. If a man threatens that he is going to leave us out of spite, or something of that kind, we are going to object in that case. But if a man wants to remove for convenience because he is working somewhere else we do not object.

40,833. Supposing his work lies where you have not a branch, you do not object?—Exactly.

40,834. Have you lost or gained by transfers?—We have rather lost than gained, I think. Our loss has not been very great, but I am not quite sure how it balances out.

40,835. Is consent given or withheld by you as the chief secretary, or by the branch secretaries?—It is given from the general office.

40,836. Do you accept anybody as a member of the approved society who is not a member of the union?—Yes, we never laid it down that they had to be members of the union; but we did discourage them taking people in who were not members of the union. Some have left the union since. One of the reasons we sometimes get for a man wanting to transfer is that he is no longer a member of the union. We do not accept that as being a sufficient reason. We say that we are still prepared to look after him, and we see no reason to transfer; but he is transferred in spite of us.

40,837. As a matter of fact, did many persons join your approved society who were not members of the union?—Not many, not at the beginning that is.

40,838. Do you know anything of the experience of other trade unions with regard to sickness benefit?—No, I cannot get much definite information from anybody. They make complaints about the members in a general way about the terrific quantity a year they have, and so on, but there is nothing very useful, and in some cases where I have asked people whom I thought would have been able to give me definite information, they did not seem to have reckoned up their percentage to see what it has cost.

40,839. Is there any other approved society connected with a similar union to yours, a general union?—Yes, taking insured members.

40,840. Yours is a sort of general trade union?—Yes, for unskilled workmen.

40,841. Is there any other union of that sort?—The gas workers and the general labourers have a separate section of their own. Then there is Mr. Tillet's Union which is connected with Mr. Appleton's Federation.

40,842. Where there are branches in a district of one or more of these trade unions is there competition between the two branches?—Yes, for trade union purposes. I am bound to say I have found no difficulty over the insured members.

40,843. Why do you say that?—There has been no competition over insured members as such. There has been competition for men as members of the trade union, and the only way to account for that is that we are primarily a trade union, and the activities of our full-time officials are directed more to getting members for the trade union side than for the other. Some of us, I think, have taken up this insurance work partly in self-defence. We want to keep the connection with our members so far as possible, if we can. We were concerned at the beginning with this, that if they went away from us they were being asked to pay another 4d. a week to an



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insurance company. When the pressure came, that 4d. is not easily found, and the tendency might be to sever the connection with us, and we wanted to keep them as far as we could.

40,844. You recognise, then, that the trade unions are not the best sort of organisations for the administration of a National Insurance scheme?—I do not know about that. I do not see any special reason why it should be so. We appointed a separate staff for the purpose.

40,845. In every branch?—Not in every branch. We did not appoint a separate staff in every branch, but we have a separate staff for overlooking, at all events. There is this advantage a trade union has, that it gets knowledge of a man, independently altogether of the sickness work. The branch secretary knows his man on more sides than one, and he knows the knave. I was talking to one of our branch secretaries a month or two ago, and he told me with some glee how he and his treasurer had had their eye on a man they thought might be getting more sickness benefit than he was entitled to. The treasurer found him one evening after he ought to be indoors coming along with some beer. He said to him: "Now I have got you, you old scoundrel," but the man said, "No, you have not, because I have just declared off." That is one of the advantages a trade union has, that the officials know the general character of such a man as that.

40,846. That was merely detecting a man in breaking some rule which said that he should not be out after a certain hour. One thing you said about the work of your officials was that they were primarily doing trade union work?—Yes.

40,847. With regard to your smaller branches where you have no whole-time officials, what do they do exactly with regard to the administration of sickness benefit. What is their duty?—Their duty is to draw the necessary money from headquarters, to receive the claims, to pay, if the claim seems to be in order, for one week at any rate until they report to us, and to report to us the amount.

40,848. And they have no special aptitude; they are no part of the special staff appointed to administer the Act?—No, they are no part of the special staff appointed to administer the Act.

40,849. In your opinion of necessity they attach more importance to the trade union side than to the insurance side?—I did not say that as regards our local officials. What I said was that our full-time officials, our men who go out to organise, were men interested in getting people into the union, that is in getting them insured. That has been particularly so over the period when insurance was taking effect because there was a period of good trade, and for an unskilled workmen's union there were exceptional opportunities of getting members. Our full-time officials do not wish to be taken away from that work. So far as the sickness is concerned, the interests of the branch officer are pretty equal.

40,850. Is the pay about equal?—It is rather more for insurance than for the other work.

40,851. You said just now that you only took up—you were speaking of trade unions generally—that insurance work in self-defence to prevent your members going to other organisations, and perhaps leaving your union thereby?—That is so.

40,852. Should you welcome any suggestion that the administration of State insurance should be taken out of the hands of the approved societies?—No, I should not like to commit myself to that at the present stage. I would like to have a little longer experience of it before I said that.

40,853. Is that because vested interests have been created?—No, I do not think, so far as trade unions are concerned—I cannot speak for the others, of course—and particularly an unskilled workman's union, that we can say we have a vested interest.

40,854. But you recognise that the present system is competitive, and that societies are competing one with another to get members?—To some extent that is going on.

40,855. In some cases secretaries would hesitate to be very strict with their members because of their fear of losing them by transfer?—There may be cases of that kind.

40,856. Do you think there are cases?—I have not dropped across one. I can only surmise that it may be so. I have no specific evidence.

40,857. But you do recognise that secretaries are human and are being paid more for the State insurance work than for the trade union work; the same thing applies to friendly societies. The secretaries are being paid more for the State than for the voluntary work?—I do not know what the friendly societies are doing, nor can I say for the trade unions. I believe in the gas workers' union they will be paid quite as much for the trade union work as for the friendly society work.

40,858. At all events they are paid a capitation fee of so much per head per annum?—Yes.

40,859. And if they lose their members, they lose part of their remuneration?—Yes.

40,860. On the other hand, if they attract members, they increase their remuneration?—Yes.

40,861. And they are all competing one against the other to get members?—To a certain extent, yes.

40,862. And there is the same system with regard to the doctors?—Yes, they have said so flatly.

40,863. So you realise on the one hand that you have societies competing to get members, and possibly the secretaries are afraid really to do their duty with regard to sickness benefit lest they should lose some of their remuneration?—Yes.

40,864. And the same thing applies to the doctors?—Yes, I have heard the assertion made much more frequently with regard to the doctors, whether it be true or not. In regard to the secretaries, I cannot say.

40,865. Do you not think that possibly the doctors hear the assertion made more frequently with regard to the friendly societies just as we hear it made more freely with regard to the doctors?—There is this to be said in regard to branch secretaries in competition for members and being afraid of losing their remuneration. All our people have been warned very thoroughly of the possibilities of levies, and our secretaries know very well that if we should have to make a levy or reduce our benefits, it would mean driving our members out, and if a society got a bad name for its insurance side it would get a bad name for the trade union side.

40,866. (*Mr. Warren.*) Your officials recognise that it is for the interests of their particular society that they should administer National Insurance scrupulously and carefully?—Yes I think they realise that pretty well.

40,867. We may take it that they are of average ability, and that although they may have had difficulty in the beginning, they are making themselves better acquainted day by day with the administration of the Act?—Yes.

40,868. And they realise that it is to the advantage of their members and to the advantage of the society that they should so work National Insurance, as you have said, to avoid any question of levy, or any bad odour being attached to the union?—Yes, most of them would take that view. There is always a minimum, of course, who are careless, but it would be so in regard to the majority of them. They have been left no room for doubt upon the point because they have been told of the consequences pretty frequently. In pestering them for information we have taken occasion more than once to use this as our excuse for doing so, that we are bound to look very closely into this matter, because if we get to a levy it is going to be very bad for our organisation.

The witness withdrew.



## FIFTY-EIGHTH DAY.

Thursday, 21st May, 1914.

At 3, Queen Anne's Gate, S.W.

PRESENT :

SIR CLAUD SCHUSTER (*Chairman*).

Mr. WALTER DAVIES.  
Dr. ADAM FULTON.  
Dr. LAURISTON SHAW.  
Mr. A. C. THOMPSON.  
Mr. A. H. WARREN.

Mr. A. W. WATSON.  
Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.  
Mr. ALEXANDER GRAY (*Secretary*).

Miss LOUISA WILSON (*Sick Visitor of the Tunstall Benevolent Burial Society*) examined.

40,869. (*Chairman*.) Are you a sick visitor for the Tunstall Benevolent Burial Society?—Yes.

40,870. How long have you worked for them?—For nine months, and for the National Amalgamated six weeks.

40,871. Before you worked for the National Amalgamated, did you work for the Tunstall Benevolent?—Yes, I returned to the Tunstall society because I had an opportunity, by taking a post as visitor for the Potters' Insurance Company with the Tunstall society, of obtaining full time employment, and enlarging my experience.

40,872. When did your connection with the Tunstall people begin for the first time?—Last June.

40,873. What have you been before then?—I had not been employed for about 10 years, because I had a house with boys in the Civil Service—nine to fifteen boy clerks; it was opened specially for them. When the age limit was reduced, I was obliged to give up the house because vacancies were occurring so constantly that it was impossible for me to make it pay.

40,874. Was that in London?—Yes, in Shepherd's Bush part of the time, and part of the time in Clapham.

40,875. When did you first go to the Potteries?—In April of last year.

40,876. You had not been there before?—I had been there long before that on a visit.

40,877. What took you there?—I had a friend who was temperance advocate in connection with the Wesleyan church. There were weddings in the family and she wanted me to be there at the time. I saw this advertisement for the sick visitor; it was work that I was anxious to take up, so I remained with my friends and took up this work as a spare time visitor.

40,878. When was that?—Last June. I stayed with the Tunstall society three months; then I went to the National Amalgamated, and stopped with them about six weeks.

40,879. Were you a whole-time visitor with the National Amalgamated?—Yes.

40,880. Then you went back to the Tunstall society and are with them now?—Yes.

40,881. As a whole-time visitor?—No. I am part-time with them and part-time with the Potters' Insurance Company. That is a company for insuring against the providing of compensation for the lead workers.

40,882. To insure the employers against liability under the Act of 1906?—Yes.

40,883. When you are with the Tunstall Benevolent Society what do you do?—I visit members on funds, more particularly the suspicious cases. I do not get the really genuine cases to visit.

40,884. Who tells you to go?—I receive instructions at the office and the names of the people and then visit them in their homes, and, if necessary, interview doctors with regard to cases which are at all suspicious, because I see many things which the doctors do not see.

40,885. Do you go to the office every morning?—No, but I go whenever it is necessary; it is not always necessary.

40,886. Do they send for you?—Not often. I go when I consider it necessary and I take these cases.

40,887. How often is that?—Perhaps about twice a week; it is not always necessary to go twice a week, but if I have any special cases I go to the office.

40,888. Does the office give you a list of names?—Yes, I have report sheets for each member, and I make a report on each visit.

40,889. On those to whom they have told you to go?—Yes, they give me the names of the members.

40,890. It originates with them?—Yes.

40,891. What makes them tell you to go to a particular person?—The claims in the district are heavy and many of the women think that they have a right to the insurance just because they have paid in. The majority are not really very strong-looking though they are not ill, and they are rather given to imagining illness and exaggerating their condition, and of course the doctor cannot say that a patient is not suffering if she says she is.

40,892. Who picks out the particular cases?—The secretary to the society.

40,893. What makes him pick out these particular cases?—He considers it desirable that some cases should be visited apart from the suspicious cases, to give them advice sometimes.

40,894. Apart from the suspicious cases?—Apart from the suspicion that might rest on them, it is sometimes desirable to find out whether they are lacking nourishment.

40,895. Do you do that also?—Yes.

40,896. What makes the secretary pick out these particular cases?—The agent is sometimes able to tell him what kind of people they are, whether they are spendthrift, drunken, or anything of that kind, and then he sends me to find out whether the conditions are what he suspects.

40,897. Who is the agent?—They have a large number of agents at work.

40,898. Do you only do two days' work a week?—I put in as much work as is necessary.

40,899. What amount of work is necessary?—I sometimes find it necessary to do three days and sometimes more than that at holiday time.

40,900. Do you do it all times of the day?—Yes.

40,901. What area do you cover?—The whole of the Potteries, but more especially Tunstall, Burslem and the Golden Hill end; the Tunstall, Burslem, Hanley district in particular.

40,902. Is it all inside the county borough of Stoke?—Most of it is inside, but there are cases outside in Newcastle and the adjoining villages.

40,903. Do you go from house to house?—Yes.

40,904. Are they close together?—Sometimes the cases are quite close, and it is possible to visit a dozen cases during the morning. Yesterday morning I had



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five cases which took me nearly four hours including going to and from residence.

40,905. What happened in these five cases? You went first and got the list from the secretary?—I received the list by post yesterday morning.

40,906. What was in the list—just the names of the people?—The names and the ages.

40,907. But not what is the matter with them?—Yes, they give me that to guide me as to what to expect.

40,908. Do they give you the certificate?—No, they just write that out.

40,909. Is it copied from the certificate?—Yes.

40,910. What did you do then yesterday?—I went first to Burslem and saw a case in High Lane. She was a young girl who was working in the leadless glaze and was ill with anæmia. She had been in good health until recently, when she developed anæmia, but that has nothing to do with the work at which she is employed. The doctor thinks that it is a condition which is natural to her age; she is 17. I saw her, and she proved a genuine case.

40,911. Had you ever seen her before?—No.

40,912. How did you get this information about what the doctor said?—I asked her, and she told me herself. I ask them for particulars so that they may guide me when visiting the doctor, if necessary.

40,913. Was she pleased to see you or was she cross?—They are seldom cross. I have no trouble whatever in visiting them.

40,914. How long has she been on?—About a week.

40,915. What made them pick her out?—She works in dipping house—non-lead I discovered. There are cases which I do not know anything about, which are bedridden, and cannot therefore do what is breaking the rules.

40,916. How long did you stay with her?—About ten minutes. I had to wait a little while her mother fetched her.

40,917. Where was she?—She was sitting in the garden or yard, reading.

40,918. The mother was in the house?—Yes, the mother was washing and the girl was sitting in the yard, reading. A book was in her hand, and she appeared as though she had been reading.

40,919. Was it a poor house?—No, it was rather a nicer type of house on what is called the Park Estate.

40,920. You were talking to the mother and girl?—Yes, I talked to them both.

40,921. How did you manage to persuade yourself that you were quite confident it was a genuine case?—Her appearance was suggestive of that. She looked as though she were in ill-health, but that it was not of long standing, because her body appeared to be well nourished, and her arms were firm.

40,922. How do you judge of the body?—I admire the arms and say how nice they look, and I feel them, and that gives me an idea.

40,923. What is the next case?—The next case was nearly half an hour's walk away. I walked to the place; this was a case where a woman had been ill and had returned to work and had been compelled to go back on the funds because she fainted when she went to work, and the doctor advised her to have another week or two.

40,924. What was her trade?—I think that she was a transferer. The sanitary transferer's work is rather heavy, but the ordinary transferer's work is quite light. It is just transferring the pattern which is on paper on to the ware and a journeywoman transferer has not heavy work, but the apprentice transferers have the washing.

40,925. Was this woman a journeywoman transferer?—I should think so from her age.

40,926. How old was she?—About 26.

40,927. Was she a married woman?—Yes.

40,928. What was she supposed to be suffering from?—She had a miscarriage and had been off for some time and she then went back. She had had about six weeks' pay while on the funds and then she thought she would be fit to go back. Of course, if I find cases

where I think they are not fit to go back, I advise the people not to do so for another week because I consider it good policy.

40,929. How long did you stop with her?—I stayed about ten minutes with her.

40,930. Was she pleased to see you?—Yes.

40,931. Had you seen her before?—Yes, I had seen her once before when she was in bed.

40,932. What did she say? Did she ask: "What do you come here bothering for"?—No, none of them say that, except those who deliberately malingering, and not to me, but they sign off and tell the agents they "cannot be bothered having the visitor calling at all times." I think that they are pleased, because I talk to them and am very much interested in them. I generally manage to make them feel that I am friendly.

40,933. You talked about what was the matter with her?—Yes, she explained that she had been to her work and that the weather was rather trying and that it had made her faint. She had just been to the doctor, and she showed me her medicine and told me that he thought she should stay on a little longer. I make them show me the medicine, when doubtful, and in several cases it has not been taken. I judge whether there is reason for suspicion.

40,934. You are firmly of opinion that that was a genuine case?—Yes.

40,935. How did you come to that conclusion?—I saw her when she was ill, and she was exceedingly ill; I saw her yesterday, and she was still looking frail.

40,936. How many children were there?—I believe that she had one child.

40,937. What was the next case?—Then I went to another case, a woman who had been confined and received the maternity money, and had then gone on the funds after the month was up. When we have cases like that I go to see them, because we find that so many of the women have no medical attendance during the month, and do things like washing and cleaning, and then they are not fit to return to work at the end of the month and they go to the doctor and get a certificate of disability and we have to pay out. Probably if they had medical attendance during the month, they would be very much better. Of course, that is a serious aspect of the case.

40,938. How long were you with her?—When I went to her house, she was out and I had to make inquiries in the neighbourhood. They sent me to her mother's, and I found her there, and stayed about a quarter of an hour with her, talking about the children and advising her not to have her baby sleeping in the same bed as herself, but to get a banana box or an orange box and make a little cradle, and I told her what food to take to get her strength up.

40,939. What was the matter with her?—Debility after confinement.

40,940. How old was she?—She would not be 30. She had two children. The little boy was very healthy and the baby seemed to be healthy too. It was a very satisfactory case; she could explain that she was not strong. She had had a doctor, as it happened—it does not often happen—and the doctor who attended her was one who does not put them on the fund unless they are in need of it. He is a careful doctor.

40,941. What was the next case?—I then went to a case in the Back Sytch, as it is called in Burslem. I found that the woman had returned to work on Monday, so I only stayed a few minutes; but wherever I am I inquire about the sanitary arrangements, and, as it is in one of the back streets, I was anxious to find out what sanitary conditions there are; I found that they are rather indifferent. From there I went to Hume Street to a woman who was suffering from hysteria and pregnancy. The doctor had put her on the funds because he thought that if she was at home for a night she might get better and return to work, she said. She said she is in a very healthy trade.

40,942. What is that?—She works in the clay in a tile factory. She said she suffered no ill-effects from the clay. She was very healthy; she has had eight children; seven are living and are healthy; one died through being scalded; she is a very healthy-looking woman herself, but she said she went to work



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on Wednesday and felt very faint, and they carried her home, and the doctor advised her to stop at home for a week or two to get her strength up. She wishes to return to work, as she earns good wages—14s. or 15s. a week—and it is an advantage to have that money, as her husband is not earning very good wages.\*

40,943. You persuaded yourself that these were all genuine cases?—Yes.

40,944. You saw no doctor in these cases?—No.

40,945. Have you had instances of cases that were not genuine?—We had the case of a woman who was transferred from the Prudential before Christmas, which was doubtful. Immediately the transfer was effected she went on the funds, and she remained on the funds for about four weeks.

40,946. What was the matter with her?—A gastric ulcer. Then she was confined and had no medical attendance for five weeks. Then she went on the funds again and no contributions whatever had been received from her by the Tunstall society. She said that she had been applying to the Labour Exchange for work three weeks before she went on the funds and was unable to obtain employment, and she was out of employment. Taking all those facts together made the case doubtful. She is a married woman with three children, including a baby. I went to see the doctor with regard to that case, and he told me that, whatever there might be peculiar about the case, the woman was genuinely ill, and, of course, we had to accept that. He is a doctor who is very ready to give us any information with regard to the patients if necessary, and we feel that if he says that a patient is ill, it must be so. That woman is now receiving sickness benefit.

40,947. That is another genuine case. Can you tell us about a case which was not genuine?—There was a woman on the funds for lumbago. I called several times at her house. On one or two occasions the children said that she was out and I said that I would wait. They said that she would not be home for some hours. I called again unexpectedly the same afternoon and she opened the door herself. She was in the middle of whitewashing, so I told her she could really have very little lumbago if she was doing whitewashing. She said she was not doing it but that some other woman was, but she was covered with the whitewash, and she could hardly have got into that state unless she was helping with it. I called on the following Saturday night at 8.30 and went in, and she was out. She then signed off on Monday, went on the funds again, and I called another night at 9.15, and she was out. From information received from the neighbours, it seemed that she was in the habit of breaking every possible rule, so I spoke to the doctor about her. He said, "Of course, when they say they 'have lumbago, you cannot say that they have no 'pain,' and he thought perhaps it was due to her age, as she was a middle-aged woman, and that she might really be suffering from lumbago, but when I told him I found her whitewashing, he said that if she had lumbago, she could not whitewash. When she found out that I had called and found that she was out at 9.30 o'clock, she immediately sent in her declaring-off note.

40,948. You had given her a long run for her money. You had called three times before you became so stern as all that?—My visits covered two periods of sickness claims. Our society is not harsh; it does not wish to deprive any member of what is due, but at the same time it does not wish to pay out money that is not really due to the members.

40,949. Is that the only non-genuine case?—I have several here.

\* I was not entirely satisfied, and called the following week after giving evidence, and then visited the doctor who stated that the member applied for certificate three times and he refused, as he could see nothing the matter apart from pregnancy; then she had faints and he gave her a certificate for a week, but told her he considered her fit. I then learned that she was at home 14 weeks over last confinement, and drew sick benefit, yet at confinement had no medical attendant. He thought she would try and do the same this time.—L. W.

40,950. Did you have a row with that woman?—No, I never have rows.

40,951. Do they never have rows with you?—No. I think I have not had more than six such cases altogether. Two cases were due to mistaking me for somebody else. In one of those cases a man, who mistook me for another lady, was angry with me for what he thought I said to his wife, and he held his fist to my nose for about five minutes.

40,952. Did that frighten you very much?—No, I was laughing inside, but I did not let him see that; he did not frighten me because I knew that it was all his bullying. He was a big collier; some of these men are very noisy, but they would not hurt me and I was obliged to laugh because it was so ridiculous to see this great man threatening me with all sorts of things, and after he had finished I said to the man—"You 'have made a mistake. I am not the lady who you 'suppose I am.' He turned to his wife and asked, 'Is that so?' She said, 'Yes, you have never seen this 'lady before.' He looked uncomfortable and the next time he behaved like a lamb. That woman was on the funds for gastritis; I saw the doctor about it. He said she was really ill and vomiting blood. I went to inquire from her and I asked if she ever vomited blood. She was most indignant at the idea of vomiting blood, and said that she had never done such a thing in her life.

40,953. What was the meaning of that?—I suppose that she told the doctor one story and had forgotten what she told him, and then told me another.

40,954. Did you get her off the fund?—She signed off. I had one woman who denied her identity. She was cleaning the doorstep and I asked for this woman, Mrs. —, and she said she had gone to the doctor. I said, "It is rather late for the doctor," and she said "Perhaps she has gone for a walk." I said, "But you are Mrs. —?" "Oh, no," she said. I said, "When will she be in?" She said, "Not until 12." I said, "You are Mrs. —? Do you not live here?" She said, "Yes, I live here." I said, "Will you let me 'see the sheet that was signed by the doctor? May 'I come in?' She brought the sheet and began to tell me what had happened to Mrs. — when she lived in another street. The visitor called at Mrs. — in the other street, after hours, and did not see her, and after a little conversation, in which she had been telling me all the things that had happened, I said, "If you are not Mrs. —, who are you?" She said, "I may as well own up—seeing you have twigged me," and so, of course, she had to own up that she was Mrs. —. She threw her sheet at me, saying, "I do not want your insurance."

40,955. Do they sign off there and then?—Sometimes I say to them, "You are better, and can do some 'work; you had better sign off now. I will take your 'sheet to the office." Of course, if I think it necessary to report them for breaking rules, I do so; but if I think that it is a mistake I just tell them not to do it again, and that if I find them doing it again I shall be compelled to report them.

40,956. Have you been to see the doctor in many of these cases?—Not a very large number, because I try to do without them if I possibly can. The doctors' time is valuable, and I do not trouble them more than I am compelled.

40,957. Do you find sometimes cases of women being compelled to sign off?—I have not found that with the Tunstall society.

40,958. Did you find it with other societies?—I only saw two doctors in connection with the National Amalgamated, because, generally speaking, I can manage without them.

40,959. You seem to suggest that there are two classes of doctors, doctors whom you class as careful, and doctors whom you class, I suppose, as not careful?—Some sign certificates very much more easily than others, and the illnesses for which some of the certificates are given are very slight.

40,960. Have you found women with what you would call slight ailments on the fund?—Yes, with influenza cold or catarrh, and when I have gone to see these cases of catarrh they have no appearance of catarrh at



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all. One woman was on with pleurisy. I called in the morning about 12; it was a very cold day. The sun was bright, but the wind was very cold. I strongly advised her not to go to the doctor that morning but on the following day, because she would be a day stronger and perhaps the wind would be gone away. I was on the car at Fenton, which is quite half an hour from where she lives, at ten past nine at night and this woman got on the car. She had evidently been some distance, because she was carrying a bag, and it would be almost 10 o'clock before she would be home.

40,961. What did you do about that?—I did nothing. I just said "Good evening." I did not ask her how she was. She signed off next morning.

40,962. Do you think that there is a certain amount of loose, bad certification?—There has been, but since I have interviewed doctors and explained matters to them, I have found there is less difficulty in the matter, but there is still room for improvement.

40,963. Are they all willing to see you?—Always, except on one occasion, and I am at a loss to account for it. This man refused to give any opinion or to hear anything that I had to say. When I returned home I wrote him and informed him of my reason for the visit. I told him that sometimes there were cases where payments were delayed for inquiry as cases that reasonably led to investigation, and I saw many things that perhaps a doctor might not see, and that it was sometimes helpful to both to have an interview, and that that was the reason I called, and that I was making this explanation and according to him the courtesy that was denied to me, because I thought that he might be under some misapprehension as to what had been said to the patient in question, because I found when I made inquiries after calling at his house, and I went to the patients, that they had been misrepresenting me to him; so I put the difficulty down to that.

40,964. What happened then; did he answer?—No, I have received no answer yet; that was only on Saturday.

40,965. Is that a man whom you had seen before?—Yes, I had seen him three times before, so I think that there must have been something said by these patients to vex him, and that he would probably hold me responsible. That is the only case in which I have ever had any trouble.

40,966. Taking it generally, you think that not only is there some loose certification, but that there is some attempt on the part of women to get what they are not entitled to?—Yes, decidedly.

40,967. Consciously?—Sometimes consciously. I have had one case of a woman who had just paid up the 26 weeks. She was working at the workhouse; she had been on the funds about six weeks. When I called on her she denied her pregnant condition, and said that her place was open and she could return to it whenever she liked. She had 18 weeks' benefit. During that time I had gone to the National Amalgamated, and so I did not visit this case. When I returned I found that she was still on the funds. I went to see her, and questioned her, because I suspected the condition. She denied it. I saw her doctor, and the first thing he told me was that she was advanced, and that that was really all that was the matter with her. I called again to see her, and she then admitted it. She had had 18 weeks' sickness benefit, and was able to do her housework and attend to her family just the same as usual, but the certificate was signed for anæmia. I called on her employers and found her place was filled the week after she gave up. Before I left Tunstall I advised her what to take in the way of food, and I said, "Perhaps you will be well enough in another fortnight or three weeks to go off the funds"; but when I returned she was still on, and that was quite a normal case.

40,968. Do you think that there is any large proportion of people who are getting benefits to which they are not entitled from the Tunstall society?—Not a large proportion, because the visiting is strict, and the outdoor staff work well with the management.

40,969. Is every case visited sooner or later?—Unless it is a case of, say, consumption, or a case of known disability that really cannot be questioned;

then I do not visit. Many go off the funds before being visited.

40,970. You are the only visitor?—I am the only visitor for the women; there is a male visitor.

40,971. All the women are visited by a woman?—Yes. No man ever visits a woman.

40,972. Not even to pay?—Yes, of course, they call at the door with the money, but they do not visit at the house.

40,973. They only knock at the door, and hand in the money, and get a receipt?—Yes. Of course, if the woman is about they may see her; but our agents are very careful, and they are picked for that reason. If a man is found doing anything wrong, or even questionable, he would be censured and, if necessary, dismissed. The society does not tolerate anything that is not quite straightforward; that is really why I like to work for it.

40,974. What kind of a society is it?—It is a registered friendly society transacting ordinary, industrial, whole life, and endowment business up to 300l. as a maximum, and collecting premiums only within a radius of 10 miles from the registered office. It has a membership in the life assurance section of 48,000. It has no sickness benefit attached to it except the National Insurance Act benefit.

40,975. It is a collecting society?—It is not registered under the Collecting Societies Act, but under the Friendly Societies Act only.

40,976. When you were with the National Amalgamated, did you visit in the same places?—The Longton, Stoke and Newcastle district, and adjoining villages.

40,977. And do just the same thing?—Yes.

40,978. Did you think that there were a great many people who were receiving benefit improperly?—Claims for sickness benefit had to be very sharply looked after. I visited those cases chiefly at night, and I could find out whether they were breaking the rules and indulging as they should not.

40,979. Did you find a great deal of indulging?—I found very few cases of drunkenness among the women.

40,980. (Mr. Warren.) The society which you now represent is the society of which Mr. Peter Bloor is the secretary?—Yes.

40,981. It has been operating for a long period in the Potteries purely as a burial society?—Yes.

40,982. For the purpose of its own protection it came in as an approved society under the Act?—Yes.

40,983. Generally speaking, its operations are mostly with women and children?—They have a fair number of men, I believe, but I do not know very much of the Burial Society.

40,984. Most of the women you have to deal with are engaged in the various grades of pottery work?—Yes, and occasionally as domestic servants and as workers in the fustian and cotton mill.

40,985. Do you experience much difficulty with domestic servants?—I have very few domestic servants, and many of them go on when they are out of employment. They come home and are out of place, and if they can manage to go on the funds, sometimes they do.

40,986. You have no difficulty in visiting them when they are in their own homes?—I have not.

40,987. You have never visited any of them in their situations?—Never.

40,988. They nearly all go home when they are ill?—Yes.

40,989. (Dr. Lauriston Shaw.) Your society does not give any benefits beyond the State payments?—It does not; it has no other sickness or maternity benefits. We have very few cases where they would be doubly insured.

40,990. What are the wages of the people whom you visit?—They range from 9s. to 18s. and 20s. It depends on the class of work which they are doing.

40,991. Have you found any of them who have less than 7s. 6d.?—I have not, except very young girls who are just beginning. The lowest wage as a rule is about 9s.



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40,992. I suppose that the nearer the sickness pay is to the wage, the greater the temptation to go on the funds?—Yes, because they have to pay to have their children minded, and if a woman is only earning 9s. or 12s. and has to pay 4s. 6d. to have her children minded, she would prefer to receive 7s. 6d. and stay at home, and not have to pay for minding the children.

40,993. You find from visiting these people that that is really a serious temptation?—It is, and of course the women sometimes are ailing. When they are not very strong, it is really a temptation to them to remain at home.

40,994. Suppose we made an arrangement that people should not receive more than two-thirds of their wages, what alternative benefit would you suggest should be given to them?—I find that a large number of these women when they are sick apply the benefit to the general household expenses instead of supplying necessities for themselves. They lack nourishment, and perhaps the nourishment could be provided sometimes instead of the money, but then there is the difficulty that they may dispose of it, or that they may feed the children or other members of the family with it.

40,995. Have you often heard people say that insured persons remain sick because the treatment given by the doctor is not sufficient?—No.

40,996. Do you think that women complain because doctors are so busy that they cannot treat them properly?—There are no complaints whatever. I think it is rather the reverse. I have cases here in which the doctors visit every day, or every two days, cases of long standing. I have one now which has been on since January. The mother is a widow; she has one sister, an invalid; she herself is in bed, and the only support of the family is her other sister, a dressmaker. She is receiving sanatorium benefit, 1 lb. of butter, 2 dozen eggs per week, and a pint of milk a day, as well as her 7s. 6d. The doctor is calling every day or every second day; they always assure me that the doctor is most attentive.

40,997. Do you find that these people are willing to grumble at things which they do not like?—They are not a grumbling people.

40,998. Am I to assume that the reason they do not grumble at the doctors is because they are not a grumbling people?—No, I think the doctors are attentive on the whole. Most of the doctors with a large practice have an assistant.

40,999. Have any of these people become wet standing out in the street waiting in the rain for the doctors?—I have never seen them do that. The accommodation is sufficient, and they have three surgery hours a day.

41,000. Do you think that many of the doctors have very large lists?—Some of them have, I believe.

41,001. Even so, you do not hear complaints?—No, I have no experience of them standing in the street; I have never seen them do so, and I am up and down continually.

41,002. If you find them out late at night, do they say "This is the only hour in which I can see the doctor"?—No, because the doctors' hours are from 9 to 10 in the morning, 2 to 3 in the afternoon, and 6 to 8 in the evening.

41,003. (Dr. Fulton.) You attach some importance in your statement of evidence to the ignorance of women as to the proper care of their health, and also their ignorance of the comparative value of foods?—Yes.

41,004. Do you find many of them trying to live on unwholesome food?—Yes, they have little idea of what is nourishing. I suppose because of their work during the day there is no time to provide a mid-day meal. Almost every working-class street in the Potteries has a fish and chip shop, and in the middle of the day these women go to the fish and chip shops, especially the young girls, as they cannot go home to dinner, and they buy the fish and chips, and you see them eating them as they go along the street.

41,005. That is the mid-day meal?—Yes, I have very seldom seen a proper mid-day meal spread at the dinner hour, and I have been in a great many houses

during the dinner hour. They have a good "feed" at the week-end, and "make-shift" meals the greater part of the week. Fish and chips, bacon, and cheese, sausages and cheese cooked together, and large quantities of tea. There is little variety.

41,006. Is there any provision made in the works in the Potteries of a place for the employees to take their meals in?—Only a few, except the workers in lead and in certain other trades; these have each a mess room. The provision for that is very good; there is a room where they wash their hands, another room in which to hang their overalls, and another room in which to hang up their garments, and those that I have seen are good, and I have been told the same by the women themselves. Then there is a separate room for them to take their food in, but, apart from the lead workers, there are very few factories that have mess rooms for the general workers. That is why I suggest that cheap mid-day meals near the factories would be a great advantage.

41,007. Do many of these girls live a distance from the factories?—Yes.

41,008. They have no opportunity of going home for a mid-day meal?—No.

41,009. Do some of them go into work with wet clothes?—There is a place where they can dry them in some of the factories, but no general provision.

41,010. Their over clothes?—Yes.

41,011. What about their feet?—They have not complained.

41,012. Some girls travel by tram car?—Most of them walk. Some of them live within walking distance. I generally notice that the footwear of the women is good. I think the danger in that respect is not great. Some, very poor, wear clogs, but these are not in general use, except at home.

41,013. Do you consider that a great deal of the stomach trouble and anæmia of working girls is due to want of suitable food?—Yes.

41,014. Will they drink milk, if they have it?—I cannot say. I complain of the milk supply because of the conditions. The milk is very often sold in private houses. There are men who come in from the surrounding districts with their carts, but much of the milk is stored in back sculleries, and the sanitary arrangements are not many yards away, and I consider that very objectionable.

41,015. Have you the tub system of closets or the water system?—Most of them have the water-closet system. They are changing the system. The reason I mention the sanitary arrangements is because in some cases the provision is scanty. There are ten houses to four places in some streets, and I regard that as an immoral condition.

41,016. And one that is also likely to lead to constipation?—Yes, and also to infection.

41,017. Do you think that, from your experience of visiting, restriction should be placed on women with regard to the amount of work which they do in the house?—I think it desirable.

41,018. What would you suggest?—If I find a mother washing her child which she has been told is forbidden, I would say that that was a good mother's natural instinct, and she may do it, but she may not scrub floors or clean grates.

41,019. Would you allow her to make beds?—I think that that is forbidden.

41,020. Or sweep floors?—It is a very difficult question, because if you allow them any licence they will go to the full length.

41,021. That is your experience as a sick visitor?—Yes.

41,022. So that if any rules are made they must be very strict?—Yes.

41,023. Your idea is that if they are drawing sickness pay the money should be used to pay someone else to do the work?—That is the question, unless they have older children; it is a very difficult question.

41,024. You think that a great deal can be done by judicious and persistent visiting?—Yes, by visitors who have a sympathetic attitude towards the patient.



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41,025. Or apparently sympathetic?—Of course, I am very much against the visitor who gives the idea that she has the right to enter the house uninvited.

41,026. You want to find out the truth?—Yes.

41,027. In doing that you find that you can help the doctor considerably?—Yes.

41,028. You have mentioned a case of lumbago. You feel that the doctor honestly believed that the woman had lumbago?—They are very clever at simulating.

41,029. You think that your duty would be to see whether her conduct was that of a person who had lumbago?—Yes, and if I go unawares, I may find her doing something which shows that she has not lumbago.

41,030. If you tell that to the doctor he will accept your word and will be glad of the information?—Yes, they all tell me that they would be glad to hear anything of the kind.

41,031. (*Miss Wilson.*) What sort of reports do you write for the Tunstall society?—Just brief reports stating the time of my visit and the date, and whether the certificate is being signed weekly by the doctor. I ask how long it is since they have seen the doctor, and if I find that the certificate has been signed without the doctor seeing the patient, and that she is capable of going to the doctor, then I report the matter. Of course, in cases where the patient is bedridden, the doctor may know that it is not necessary to see her on the day on which he signs the certificate and I accept that, but if the woman is capable of getting to the doctor, and she has not seen the doctor, and he has signed the certificate and has, perhaps, not seen her for three weeks or a fortnight, then I report the matter.

41,032. If you found that the woman was doing some sort of housework which you did not think she ought to be doing, what would you put in the report?—I would state the exact thing which she was doing.

41,033. You would not say that she was doing housework; you would say that you found her washing, and so on?—Yes. If the woman were washing or cleaning her grate or scrubbing a floor, I would state definitely what kind of housework she was doing.

41,034. In those cases in which you thought that the woman was really ill, though she was breaking a rule, what happened?—I should report it, but I should qualify the report by saying that the woman is ill and that if she could give a reasonable excuse when reported, she should be excused.

41,035. What do the society do in those cases; do they fine or suspend?—They generally send for her, if she is able to come to the office, and see what she has to say about it. We do not usually suspend for the first offence.

41,036. Do they fine for the first offence?—I have not heard of any fines up to the present.

41,037. They have not fined at all: it is either suspension or passing it over?—Yes, except one case of fraud, when prosecution resulted.

41,038. Is that the case with the National Amalgamated?—I have not quite so much knowledge of their methods, because I had no direct dealings with their offices. Everything came by post and I was not often aware of what happened after I sent in my reports.

41,039. When you were working for them, you did not have power to declare people off the funds themselves?—If they were willing to sign off.

41,040. You were told to ask them if they were willing?—I would not sign any member off who I considered was not well, but if I considered them fit and they were willing to go back to work, they would sign off. If they refused to do so, I reported them as fit for work.

41,041. Was there any particular difference in your instructions from them and your instructions from the Tunstall society, or was the procedure practically the same?—It was very similar, but I received more instruction from the National Amalgamated as to declaring-off.

41,042. Were they more anxious that you should get them to declare off?—No. We were told in the circulars that if they were fit to return to work to

endeavour to get them to declare off, but there was no pressure brought to bear upon me in the matter.

41,043. There was no pressure brought to bear on you to get the people to return?—No pressure, only the suggestion that if they were fit to do so, and I should have made an effort without. Many did do so because I caught them breaking rules.

41,044. Were you asked to look out for particular diseases, such as debility, and to declare them off?—No. I had no instructions of that kind during the term in which I worked for them.

41,045. Did the people resent the visits then?—No, only in the case that I mentioned, in which the man thought that I was someone else.

41,046. That was when working for the National Amalgamated?—Yes. As soon as they found that I was not the same visitor I had no difficulty at all. It was unfortunate, but it was a mistake.

41,047. You did not work for them very long yourself?—No, only six weeks, but I had the opportunity of going to this other position with the Tunstall society and the Potters' Insurance Company, and I accepted it.

41,048. You had worked with them before and preferred it?—Yes.

41,049. Were any of your cases for either society sent to a medical referee?—I could not say as regards the National Amalgamated, but there was only one sent for the Tunstall.\*

41,050. Did she go?—She did not, but signed off instead.

41,051. Was she sent at your suggestion?—No.

41,052. You do not know about that case?—I do not.

41,053. You said that you asked questions to find out if in any case the woman had not sufficient nourishment; why did you do that?—To see if that is the cause of her sickness. I had a case of a widow with two children. The doctor signed her certificate for debility. I called to ask how she was. She looked very thin, and on making inquiries I found that she had been living very sparingly in order to provide for the children. I reported to the society that she was lacking in nourishment. I do not know whether anything has been done.

41,054. What sort of thing is done in those cases? Why do they want that information?—That is such a recent case that I have not had an opportunity of hearing the result.

41,055. Why did you give them that information?—They did not instruct me to find out whether she had sufficient nourishment or not, but I made inquiries myself because the woman looked ill-nourished.

41,056. You do not know what steps will be taken in a case like that?—Not at present.

41,057. Were you instructed by the National Amalgamated to ask any special questions of unmarried women who they think are possibly pregnant, or to find out whether an unmarried woman is pregnant or not?—I have had to ask that question and to find out for both societies.

41,058. Could you tell us about one or two of those cases in detail?—One was a case of a young woman who was a potter's sponger, and she was earning about 9s. or 10s. a week. She was in a normal condition.

41,059. What was the certificate?—I believe it was debility, but I saw the woman and she looked quite a sturdy young woman, and I questioned her. She knew that pregnancy cases were not allowed for unless they were ill, but she had gone to the doctor hoping that she might be able to get some money. She told the

\* A second case was sent to medical referee and was declared fit for work.

She had, previous to confinement, received sick benefit. I visited her then, and finding her quite a normal case, she was considered as just pregnant and payment ceased.

After confinement period she claimed further benefit. I visited twice; at second visit found her at housework; she offered to go on her knees if only I would not report her, and behaved so obviously for the occasion that the desired effect was lost. Enquiries among neighbours revealed a further breach of rules—going to picture palaces, to last performance, and arriving home at 11.30 p.m. Medical referee declared her off.—L. W.



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doctor that she felt ill. I inquired into the condition of things and found that she was thinking of marrying the man, but he was a drunkard and not very much good to anyone. I advised her. I said that it was a pity she should sacrifice her future for the sake of getting married, merely to save her name, and she quite agreed. I have not heard whether she did marry, because I did not visit her again, but cases of that kind are fairly frequent.

41,060. In that case would the society have paid sickness benefit or not?—They paid maternity benefit, but she was not really ill enough to claim sickness benefit.

41,061. In that case she would not have been on the funds in any way?—No.

41,062. What is the practice with regard to the payment of sickness benefit to pregnant unmarried women?—If they are ill, they are paid. In the case of an unmarried woman who had a gathered breast we paid seven or eight weeks' sickness benefit before she was confined.

41,063. You do not make any distinction between the married and the unmarried?—No. Cases of that kind were incapacitated entirely.

41,064. Or cases in which there has been a miscarriage with an unmarried woman?—Not up to the present. We had a case a little while ago. A girl had a miscarriage and applied for sickness benefit. The case was held over to make further inquiries. The secretary was uncertain whether it should be classed as misconduct or merely as miscarriage of an unmarried woman, because the woman was shortly to be married to the man, and the case is still standing over, I believe.

41,065. There has not been any cases in which it has been refused to an unmarried woman on the ground of misconduct?—Not that I am aware of. I have had no cases to deal with except where circumstances were normal.

41,066. Can you tell us a little more about pregnancy cases? You have visited married women as to whom you have been in doubt as to whether they ought to be on the funds or not?—We have had several of those cases. When I first started visiting, there was a large number of pregnant women who had received benefit. The majority of them were quite normal. So when I visited them and found that they were quite normal as far as I could tell, I reported it and the money was discontinued, and maternity benefit was paid when confinement took place.

41,067. What do you mean by normal? Is it absence of incapacity?—Cases in which they are able to do housework and attend to the children and go about, but stop at home of their own accord.

41,068. There was no real incapacity?—No.

41,069. That is what you mean by being normal?—Yes. They were not obliged to stop from their work. They stopped of their own accord. There was no real incapacity.

41,070. Do you find many cases in which women have been turned away from their work not because of any incapacity, but because the foreman or master does not care to have them about in that condition?—There are not many cases, but there are a few, of course, in the dipping houses and one or two other employments who are sent away because of their condition; they were able to attend to home duties, but it is undesirable for them to remain at such work.

41,071. That is for another reason; that is the lead poisoning?—No.

41,072. I meant simply for their appearance?—Not very often. I have had very few cases of the kind.

41,073. The cases you are thinking of are cases of women who have stayed at home themselves and in which there has been no real incapacity?—Yes. We had a case a little while ago in which the woman had stayed at home for five weeks before she applied for sickness benefit. Then she thought that she might as well have the sickness benefit, and she applied for it, but as she happened to be a normal case it was not given.

41,074. Have you had any case in which you found it difficult to make up your own mind as to whether they were incapacitated or not when they were pregnant?—Yes, one or two cases, and I visited them a second time before a decision was come to.

41,075. Did you ask the doctor in those cases?—Yes, in one or two I have had to ask the doctor.

41,076. Do you remember the details of those well enough to be able to tell us about them?—I am afraid not, because they do not come very often.\*

41,077. You have a suggestion in your statement of evidence to exclude pregnant women from the sixth month from outside employment, the cost not to fall on the approved society?—The societies find that the maternity claims are so heavy. They have very heavy maternity claims.

41,078. Do you mean maternity benefit or sickness in connection with it?—Maternity benefit, and there would be a very heavy pregnancy claim, if it was allowed.

41,079. Are you suggesting, then, that the societies should not have to pay at all in any case, but simply that the women should stay at home from the sixth month?—I spoke to the doctor about it and he said that the sixth month was rather early, and that from his experience the seventh month would be early enough.

41,080. Were you thinking of all employment?—Of heavy employment, work that entails standing all day or lifting heavy weights.

41,081. Then you suggest that they should have no money during those two months unless they are absolutely incapacitated?—Yes, but that is another difficult question, because the homes sometimes depend very largely on these women.

41,082. Of course, good food is very important to them at these times?—Yes, exceedingly important.

41,083. You make that suggestion only because you think that there is not enough money to pay them, and not because you think that they ought to have no payment?—Yes. In many cases I think it desirable that the woman should be provided for in some way.

41,084. If the society could afford it?—Yes.

41,085-6. But you think that at present the funds only allow the societies to pay in cases of incapacity?—Yes, I presume so; of course, I have nothing to do with the financial working of the Act. I should like to say with regard to the housing conditions of the people, that they are not so bad as in some districts I visited. My chief objection is that they are so draughty. The houses are all practically on the same plan. The stairs are invariably in the darkest part. The front door, the middle door, and the back door are all in a line, so that when the women sit in the doorway the draught is on their back. They have both doors open, and that is a cause of a great deal of the bronchial trouble. They keep very heated houses. The fires are enormous; and when they have been sitting by a very hot fire, they will sit in a draught and so contract colds which might be dispensed with. I suppose that there is not one house in 200 that has a bath. The lack of cleaning conveniences accounts, I

\* Member, pregnant, on funds for gastric catarrh; did not appear totally incapacitated; said she hoped to declare off directly she recovered, and would not remain on till confined. I made second call, then visited doctor. He said member had been very unfit, was much better, and he would sign her off. Her husband wished her to remain on and was somewhat assertive, but the doctor's decision was accepted. Member then had maternity benefit and was on funds after confinement for short time, as she is not a strong woman; her claim was allowed to give chance for complete recovery.

Another, pregnant, member, suffering from piles, claimed benefit. I was doubtful about incapacity, her own doctor was away, his assistant signed her sheet. She walked to office, pushing mail cart from Burslem to Tunstall three times. I saw doctor; he considered her claim genuine. I called one morning, found her "dollying" at wash-tub. I called after confinement, end of third week, she was scrubbing. Her claim before confinement had been paid on doctor's recommendation, but as she had so frequently broken rules during that time, and was again doing so, her pay was stopped.—L. W.



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think, for some of the dirty conditions. There is little encouragement to the people to be very clean, and they are exceedingly ignorant about health matters, especially with regard to children. Some have a rooted idea that bathing is not good. The beds very often have either to be facing the window direct or between the door and the window, so that if the patient is lying in bed and wishes to have the air she has to have a draught. The houses are low. They are only two

stories. That gives a free circulation of the air, and there are not the smells to be found as in some towns where the houses are very high. The people are not idle, as a whole. The worst conditions prevail among the women who do not go to work, the women who stay at home and idle. I have not seen the worst side of the life of the poor. The working women, as I find them, are industrious, hard-working, and very ready to do the best they can, as far as they know.

The witness withdrew.

Mr. E. LLOYD JONES (*Provincial Corresponding Secretary of the Manchester and Salford District of the Manchester Unity of Oddfellows Friendly Society*) examined.

41,087. (*Chairman.*) You are provincial corresponding secretary of the Manchester and Salford District of the Manchester Unity of Oddfellows, and secretary of the Thomas Collins Lodge for men and the Grosvenor Lodge for women?—Yes.

41,088. How many lodges are there in the district?—Twenty altogether. Fifteen for men and five for women.

41,089. And their membership?—4,830.

41,090. That is 412 voluntary, 1,108 both voluntary and State, and 3,310 on the State side only?—That is so.

41,091. How does it come about?—The district originally, prior to National Insurance, was only about 950 strong with 11 lodges. We added to our ordinary membership about 600, and we enrolled over 4,000 for National Insurance pure and simple.

41,092. There is very little left of the old voluntary side?—It is practically a new district. It is practically 5,000 against 1,000.

41,093. With new officials?—No, they are practically the same. The permanent officials are the same.

41,094. They are in quite a different relation to the lodge than they were before?—Yes.

41,095. You have 4,830 members to look after instead of a much smaller number?—That is so. I was at that time doing ordinary work as a printer, and the other was merely a hobby. I was district secretary at a salary of 12*l.* per year.

41,096. What are you now?—As a district secretary I get a salary of about 75*l.*, and then the two lodges would make about 150*l.* between them, but out of that I have to pay an assistant. The pay for National Insurance work is not such that you are overpaid as a lodge secretary.

41,097. At any rate, it has become your whole-time work?—Yes, with the three sections.

41,098. As far as these districts and lodges are concerned, what is the relation of the district to the lodges?—The district of course exercises control over the lodges, and receives all communications from the head office. It carries out their instructions. The district is representative of deputies from each lodge.

41,099. What does it do?—It is for the distribution of moneys from the head office for National Insurance, and the voluntary benefits are combined together to spread the liability for funerals.

41,100. That is its only function on the voluntary side?—In the main and for supervision.

41,101. What sort of supervision?—To see that the general rules of the society are carried out.

41,102. What do you do if they do not carry them out?—We make them.

41,103. How do they make them?—By passing resolutions that they must do these things. If they do not they can fine them. If they do not carry out such duties as contributing under the right tables, they make them. If they do not administer the funds properly, of course they make them.

41,104. What do you mean by making them?—If they refuse to do it as a lodge, they combine them with another lodge that will do it.

41,105. What happens then?—There is a better carrying out of instructions.

41,106. How often has that happened?—So far as my own district is concerned, there was one lodge, a

rather small lodge, which did not meet regularly in accordance with the rules. Its funds were dwindling away, and my district ordered it to amalgamate with another lodge with the sanction of the head office.

41,107. Of the central committee?—Yes.

41,108. The actual life of the lodge is the life of a self-contained unit?—It is for the ordinary benefits.

41,109. For the State benefits too?—Not altogether. For instance, they do not have such funds as they like. The district decides what funds they shall have for benefits.

41,110. How do they decide that?—The district gets so much money from the head office, and every month they send a return to the district of the amount of money they have spent.

41,111. Who do, the lodges?—Each lodge does, and the district raise that amount each month to a balance equivalent to two shillings per member for the following month. If there are any excessive payments made they want to know if there is any extraordinary reason or if there is any reason.

41,112. The actual governing thing is in the lodge itself, is it not?—It is.

41,113. Who pays the claims?—The lodge.

41,114. Who sees the claims before the lodge pays them—anybody at all?—The lodge secretary.

41,115. The district secretary does not see them, does he?—No, but if there are any excessive claims there has to be a report.

41,116. How does he judge whether they are excessive or not?—The committee of management of course consider that. If one month the claim of the lodge is 15*l.* as against 5*l.* the previous month they want to know the reason of the increase, and what the diseases are which have called for such excessive claims.

41,117. What sort of reasons do they give?—They say, for instance, during cold weather that there is more influenza and more colds.

41,118. It is a nice friendly interchange of opinion?—To a great extent.

41,119. That is all it comes to?—Yes.

41,120. There is no real control?—No.

41,121. We have really to look at the lodge to see how the thing is done?—Yes.

41,122. Take the Thomas Collins Lodge; that is your own lodge, you have there 1,250 members?—There are 1,250 in the Thomas Collins Lodge.

41,123. Can you tell me how many of them are State members?—There are only 60 for voluntary and State benefits, 6 for voluntary benefits and 54 for combined benefits, and the remaining 1,100 odd are for State benefits only. All with the exception of 6 are insured for State benefit. That is 1,244.

41,124. Just tell me what your experience has been? How many have been on sickness benefit, and what have they drawn?—We have paid in sickness benefit the sum of 631*l.* 11*s.* 1*d.*, and the maternity claims have amounted to 92*l.* 1*s.* The average cost per member for sickness benefit has been 10*s.* 3½*d.* per annum.

41,125. What does it come to per week per member?—Less than 2½*d.*

41,126. And maternity benefit?—Maternity benefit is 1*s.* 5½*d.* per member per annum.

41,127. What is the average age?—34½ years.

41,128. Do you say that that is a good or a bad experience?—It is not exceptionally bad. You might



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call it a moderate experience. It is not a good experience. It is a little bit above the ordinary. I should say that a good experience would be something like 9s. or 9s. 6d.

41,129. Why do you say that that would be a good experience? What makes you fix it at that?—I am judging from the previous experience of the ordinary society. A good experience of the old society would be about 8s. 6d., and I am allowing 6d. or 8d. per annum for taking all kinds of lives, because prior to national insurance they were a select sort of life.

41,130. You say that, really, you have not much to complain of, and not much to congratulate yourself upon?—No, we have not, taking into consideration the fact that the lodge is situated in a thickly populated neighbourhood.

41,131. What are these people mainly?—They are all kinds, but mainly of the labouring class. It is a poor neighbourhood, but to counter-balance that I have a fair number from warehouses.

41,132. What do you mean—clerks or warehousemen?—Clerks and warehousemen.

41,133. Then you put in a list of things on which you have paid?—These are the diseases that have appeared upon the certificates.

41,134. Some of these are rather remarkable. Do you mean that this is the actual illness specified, and that no more appeared on the certificate?—Yes.

41,135. Looking at abscesses. Do you mean that you have paid on six abscesses without knowing what kind of abscesses they were?—Two of them were shop assistants, and of course a shop assistant with an abscess on the side of the face is not a nice man to be in a shop. I maintain that in a case of that sort the man is incapable of work.

41,136. I did not say that he was not; I wanted to know whether you knew nothing more than that it was simply an abscess. Did you know whereabouts in the body the abscesses were?—Two have been on the neck.

41,137. You did get on the certificate "Abscess on the neck"?—Yes, and one case was in the seat, arising from hæmorrhoids. Of course, a man having an abscess of that sort could not work. Inquiry is made in each case.

41,138. Did it appear on the certificate?—No; it was just abscess.

41,139. Then you made inquiry?—Yes, I inquire of whoever brings the certificate.

41,140. Or of the doctor?—Not always from the doctor, only occasionally.

41,141. What about synovitis? Did you make inquiries or pay on that?—We paid on that.

41,142. Without inquiring where it was?—Yes.

41,143. There are thirteen cases of catarrh?—I take it that there are various kinds of catarrh. There is bronchial catarrh, sick catarrh—

41,144. Did you pay in thirteen cases of catarrh without having anything more on the certificate?—Yes, we have done so.

41,145. Do you think that it is your business to find out what it means, or do you simply look to see if the doctor certifies the man incapable?—I have realised these last few months that it is absolutely necessary to inquire into every certificate and to get to the doctor direct if necessary.

41,146. When you got thirteen cases of catarrh and nothing more written on the certificate, did you not make any further inquiry?—Only from the individual, and any report that may be made from the sick visitors.

41,147. I cannot understand what "guthocarditis" is?—The doctors are not the best of writers, I believe, and I find that there are some mistakes.

41,148. Did you pay on "cephalgia"?—I do not remember making any inquiry about that case.

41,149. Do you know what it means?—No, I do not.

41,150. "Plumbism 1." Did you pay on "plumbism"?—Yes, that I take it is a kind of blood poisoning.

41,151. What was his occupation?—He was an underground labourer.

41,152. How did he get plumbism underground?—He could not give me any information in that respect. I asked him if he could not claim compensation.

41,153. You did apply your mind to that question?—Yes, I asked him if he could not claim compensation, and he said that he would try, but the only information that he could get was that it did not arise out of his employment.

41,154. Did you pay on six certificates for nervous debility?—Yes.

41,155. Without inquiring?—I know that one or two were bad cases. They were weakly sort of creatures at the best of times. Otherwise, of course we have been under the impression that we have to pay on all doctors' certificates, and that they were sufficient proof of the sickness, but of late we have realised that the society has the power to refuse even the evidence of a doctor's certificate.

41,156. I would not say that. Please do not go away under a misapprehension. I do not say that the society has the power to refuse the evidence of the doctor's certificate. I should say that it had the duty to weigh the evidence offered by the doctor's certificate?—It lies with the society as to whether they accept the doctor's certificate or not.

41,157. Look at the next one. It seems to me rather curious—"chancere"?—I have referred to that specially.

41,158. I do not understand what it means?—It is a case arising out of syphilis.

41,159. Did you not know that when you paid?—No, I did not. I noticed the word, and I pronounced it wrongly. Afterwards, I obtained a medical dictionary, and I realised then what it meant. In the first place I went to the doctor and asked him what it was, and he told me. I asked him if he thought that it was acquired, and he said, "No, it is not." I said, "We have no right to pay on it," and he was not paid any more. He had had about ten or twelve weeks.

41,160. "Injuries, 26." What does that mean?—There are various kinds. For instance, a man comes and says that he was hanging pictures up on a Sunday and as a judgment he fell off the chair and dislocated his arm. There have been several similar cases.

41,161. Have you in each case investigated the matter to see what was actually the fact?—Yes.

41,162. You do not mean to say that all you found on the certificate was the word "injury"?—I have also had a case where a man has had a nail in his boot, and it has caused inflammation. He has had to go without his boot for a week or two. I have classed that as an injury.

41,163. Then this statement "Injuries, 26," means that in 26 cases you have had certificates with injuries on and nothing more?—It covers all sorts. It covers cases where I have made inquiries as to whether the man is entitled to compensation or not. There was, for instance, one case in which a man slipped off a tram-car coming away from a football match in a crush, and had his face battered, and was not fit for work for a week or two. In a case of that sort we make inquiries.

41,164. What I want to know is whether by putting down here "Injuries, 26," you want to convey to my mind that the word written on the certificate was "injury" or whether there was something else written on it?—There are various ways. "Injury to foot," "Injury to arm," and things of that sort have been put in.

41,165. They are all inquired into?—Yes. I have had a man who has damaged his foot with a nail.

41,166. Now turn to women. What is your experience among them?—We have paid in sickness benefit 470l. 4s. 5d. We have only paid two maternity claims for the year, but four members have in addition received the four weeks' sickness benefit as members of the Grosvenor Lodge.

41,167. What does the experience work out at?—11s. 4½d. per year.

41,168. What does it come to again per week?—A little over 2½d.

41,169. What is the average age of the women?—29½ years.



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41,170. How many are married?—96 of them were married at the commencement of the Act, or have been married since that date.

41,171. Did you say how many there were altogether in the female lodge?—826.

41,172. And 96 of them are married. What are these married women employed in?—They are mainly machinists in underclothing, and that sort of thing. Some of them are office cleaners and work just in the morning.

41,173. Charwomen, and things of that kind?—Practically charwomen, office cleaners.

41,174. I see that there is a very heavy influenza claim, and also a heavy anæmia claim. Have you investigated the anæmia cases at all?—We did not investigate them at the start as much as we ought to have done.

41,175. Were they long or short claims?—Some of them were as long as ten and eleven weeks. We have asked for a second certificate in some instances, and the "anæmia" has been repeated.

41,176. Were they married or single women?—Both.

41,177. I see that you say that the average amount received by each married woman in respect of sickness benefit was 4*l.* 0*s.* 2*d.* against the average amount received by the single women and widows of 2*l.* 10*s.* 11*d.* The married women's claims have therefore been very much heavier?—Yes.

41,178. Which are the things in this list of complaints that the married women suffer from?—There have been five or six married women who have been certified by the doctors to be suffering from anæmia two or three months after pregnancy began.

41,179. Have you any reason to doubt that they did suffer from anæmia?—Judging from the appearance of many of them they must suffer very much from that kind of thing. They are bloodless-looking creatures, many of them.

41,180. There are two cases which are simply put down "pregnancy," and nothing more?—They are cases of married women who have received the sickness benefit of four weeks.

41,181. It is not pregnancy at all. It is after confinement?—It is maternity benefit.

41,182. Besides that I notice in this list that you have put down "Maternity, 3"; what does that mean?—The intention was to put them together.

41,183. Those claims were paid by the society with its eyes open?—Those were cases where the women were entitled to it, because their husbands were insured persons receiving the 30*s.* maternity benefit. They were entitled to the four weeks' sickness benefit as long as they stayed away from work.

41,184. I thought that you told us that four women received sickness benefit. Now you say that it is five?—There were four.

41,185. What makes the five?—The maternity and pregnancy cases are mixed up. There are six cases referred to here.

41,186. It is six now. That makes it worse?—There are two who have received maternity benefit and four who have received the four weeks' sickness benefit.

41,187. That makes six?—There are six altogether.

41,188. It does not quite correspond with these figures?—There are five there.

41,189. What is "internal decrease"?—That is a mistake.

41,189*a.* What is it a mistake for?—It is internal disease.

41,190. You mean that you have paid on internal disease and no more?—We have done so in that particular case.

41,191. Did you make inquiries what it was?—I asked her what it was at the time, and she said that it was something in the nature of an ulcer. The doctor had not christened or diagnosed it at the time, but she told me that she would be better able in a week or two to say what it was.

41,192. How long did she stay on the fund?—Three weeks.

41,193. Did he go on calling it that name?—I asked for a certificate with the disease stated, and as I received

a certificate "Due to pregnancy," of course the benefit was stopped.

41,194. What does "puerulent" mean?—I could not make sense of many of them.

41,195. What is "phils"?—Piles.

41,196. "Nilgranic" I take to be migraine?—Yes.

41,197. I am trying to find out whether you have extracted certificates you can understand or whether these names represent apparently what was on the certificate?—I must say that I have had two or three certificates with migraine on it since that time and refused to pay for it.

41,198. What made you do that?—I understand now that it is simply headache.

41,199. Have you any women on your staff who help you with the women's side of the thing?—No, only the committee of management, which is entirely composed of women.

41,200. Have you got a woman sick visitor?—Yes, two of them.

41,201. Whole-time people?—No.

41,202. Are they insured members of the lodge?—Yes, both of them.

41,203. Are they paid?—Yes, at the rate of 4*l.* per annum each.

41,204. What are they?—One is a machinist, and the other is an office cleaner.

41,205. Both at work?—Both at work.

41,206. So that they can only visit out of working hours?—Yes.

41,207. They can never catch anybody out?—No, they report every fortnight, and, if they have any doubt, they say so, and I make it my business to go.

41,208. Do you not think that it would be rather a good thing to have a woman who could discuss with the women what these internal complaints are. I should think that it was very embarrassing for you?—Yes, and I have been told to mind my own business when I have asked a question of that sort. The only answer I give is "I am doing so. Please attend a meeting on such a date," and the women deal with it themselves then.

41,209. I should think that it was sometimes rather awkward for you?—Yes, I quite realise that. When a woman brings a certificate with "gastritis," and I ask her "Is she pregnant?" she tells me to mind my own business. I was told that twice in one week. I told her I was her servant, and that it was my business to ask her, but if she did not like to answer she could attend a meeting of the committee of management on a certain date, and they would get to know.

41,210. Do you say in the first place that your people are claiming benefits to which they are not entitled?—I maintain that.

41,211. What causes you to say that?—For instance, some of these anæmia cases.

41,212. Men or women?—Women particularly. There have been three who have been pregnant, and they are really not anæmic in the proper sense. It arises out of their condition. I maintain that they could not receive sickness benefit simply and solely for the reason that they are pregnant.

41,213. That is a common subject of controversy. They take one view and you take another as to their rights, but it was not what I meant. Do you think that people make claims pretending to be ill when they are not, or exaggerating their symptoms?—It is very difficult to say in many cases definitely, but I know of two or three instances where I have distinctly told the woman that she is as well as I am, and looks as well as I do. There is nothing really the matter with her, only she is out of work; I suggested to the sick visitor that she should call on one woman in the daytime, but she said that she could not, and I obtained the services of two married women, and they had a walk round. They tried two or three times at the house, and they could not get in because the people could not hear them, for the noise of the machines going in the house. They reported this, and they were quite satisfied that the woman was working.

41,214. That is deliberate fraud?—Yes.

41,215. What did you do with her?—We could not bring it home. We could not prove it, only of course



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to the satisfaction of the woman. It is one of those things you cannot take into a court of law. There was one woman one side of the door and another woman the other side, and you could not say that you had seen this woman working.

41,216. The court of law in this particular case is the lodge?—Yes, and they decided that she was not entitled to benefit.

41,217. Did they fine her?—No. They first of all instructed me to obtain independent medical advice, which I did. As it happened, this particular doctor knew this woman, and he told her that she had better declare off at once. She would be no better doing nothing than if she were at work.

41,218. That is one case, but one swallow does not make a summer?—No, but there are other cases where women have been out of work. When I ask them straight if they are working, they say "No, I have nothing to do." One or two of them have brought their certificates in and have said, "I have got some work to go to, and I will declare off." When I have asked them why they did not declare off before, they have said that they had no work to go to. Although you can report it to the lodge you cannot give evidence that the woman is imposing on the funds of the society, because it is too late to obtain independent medical advice as to whether she was ill or not at the time.

41,219. It looks rather like more sick-visiting does it not?—Yes, we want more sick-visiting.

41,220. What about the men?—The men are harder to find out even than the women, because a man can always stay in in the evening, and in the daytime he can knock about the parks for the sake of his health. We cannot follow them about the town, but we know in some instances they are working. When we do find them out we stop their benefits.

41,221. Have you caught them working?—No, caught them looking for work. Recently a man was suffering from eczema. His face was an awful mess five or six weeks ago, and he was very bad. A fortnight ago I asked him to get a new certificate, and the doctor told him to look for work and refused to give him a new certificate, but at the same time the doctor signed the continuation sheet that the man was still incapable of work.

41,222-3. I do not see the difference between giving a new certificate and signing the continuation sheet?—The difference is this. On the new certificate you would have to state the specific disease from which the man was suffering. The other simply states "I hereby certify that so and so is still incapable of work."

41,224. Owing to the above-named disease?—No, there is nothing on the continuation sheet to that effect.

41,225. Is a man's conscience so elastic that he is prepared to give a continuation certificate, although not prepared to give a new certificate?—That is a fact.

41,226. In ordinary circumstances he would apparently have gone on getting the continuation sheet signed by the doctor or initialled by the doctor week after week, and have drawn his benefit week after week?—Yes, he would have done so.

41,227. What was the particular necessity which made him want a new certificate?—It was myself.

41,228. Why did you attach importance to a new certificate as against the continuation sheet?—Because I saw that the condition of the man was different. His face was clean of eczema, and it was mainly on his face, and I thought that he could go to work.

41,229. Why did that imply a new certificate as against going on with the sheet. Was it to bring it more sharply to the doctor's attention, or what?—It has that effect.

41,230. It is incredible that a man should go on signing a continuation sheet when he is not willing to sign a separate certificate?—They do so.

41,231. He does not like the trouble, but apart from that it seems incredible?—In this particular instance he did. In another instance where I thought that a man had been well enough for some time, I asked for a fresh certificate, and the doctor would not give one. He simply declared the man off right away.

41,232. That is what you wanted?—That is what I wanted.

41,233. And you were satisfied?—This particular doctor distinctly refused to give him a fresh certificate or declare him off, but he signed the continuation sheet.

41,234. You say that men and women are trying to get things to which they are not entitled, do you?—Yes.

41,235. Of course you can only guess at it, but you think it enough to affect your funds?—It must have an effect on the funds. During the last six months I have refused at least a dozen certificates.

41,236. What made you refuse them?—For instance, a doctor states "chest affection." I keep the certificate and I send the man back for a certificate with the specific disease. Two instances of that kind have lately come to my notice. The doctor in the first place put "bronchitis and pleurisy." He is a man about ten stones in weight, and he came up the stairs much sharper than I could. I asked him where the pleurisy was, and he said that it was here, pointing to his neck. I am not much of a medical expert, but I thought the pleurisy was not situated there. I went to see the doctor, and he said, "You Oddfellows are too particular. 'Other societies would have paid on the 'chest affection,' and you refused it."

41,237. Do you mean that you think that the doctor was deliberately and corruptly making up the statement that he was suffering from bronchitis and pleurisy, and that he knew he was not?—I do not think any such thing of the doctor. I think this particular doctor did not take sufficient pains to make sure that the man was suffering from pleurisy.

41,238. What happened in the long run? Did the man get paid?—We refused to take the second certificate as well.

41,239. On the ground that you did not believe it?—Yes.

41,240. What did the man do?—I do not know. It is a fortnight or three weeks ago, and he has never bothered me any more.

41,241. Do you think that it was a fraud?—I do not know that it was exactly a fraud. The man might have been bad for a day or two, but he thought that he would have a week or two's sickness benefit. My idea is that the man has obtained work since, or has looked for it a bit quicker than he would have done if he had got 10s. for a week or two. In the second case the same doctor refused to give a second certificate to the man, but the man went to another doctor and he got a certificate for "bronchitis." Judging from the man, the sound of his throat, and the way he spoke, he must have been suffering from some chest disease. In this case I thought that the man ought to get rid of it in this fine weather in a few days, and he did declare off in about ten days. I do not think that the other man would have declared off in ten weeks, if he could have stayed on. I am beginning to know the members fairly well now, and, as far as I possibly can, I judge each one on his merits.

41,242. Did you pay on the second certificate obtained from the second doctor?—Yes.

41,243. Although you knew that the first doctor had refused it?—Yes.

41,244. Are people doing that generally in Manchester now?—It is the first case I have heard of, and of course it is hearsay. It is common talk in Manchester that if you cannot get a certificate from one doctor you can from another. Of late, since the issue of the new medical tickets they have exercised this precaution, that the doctor who has the ticket presented to him first signs it, and that is proof to a second doctor that the man has been somewhere else. It is then for the second doctor to settle the matter for himself as to whether he gives the certificate or refuses it after he has inquired why he left the first doctor.

41,245. You think that the second doctor in this case did not know that the man had been anywhere else?—I do not know.

41,246. You do not suggest that there is any evidence that he did know?—There is no evidence to that effect. The position is that the man has not had his new medical ticket.



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41,247. Is it since the new ticket that this has happened?—It is since the new medical ticket came into operation, but I cannot say for certain that this man had his medical ticket. There are a number of them who have not received them even now.

41,248. It is the only case you have come across of a man going round looking for a certificate?—Yes, direct evidence.

41,249. What do you say about the doctors?—That of course is a clear instance, but there is a general feeling that certificates are obtained much too easily.

41,250. What do you base that on? You have given us a lot of instances, but those are only instances?—Yes, they are just instances.

41,251. What is really at the back of your mind?—A number of people have been to me and have said, "So and so would not give me a certificate and some-body else would." They have distinctly stated it, but when I ask those individuals to send me word to that effect they are very chary of giving me any real information in that way.

41,252. Does not that make you doubt whether it is true?—When I hear the same thing from others, I am inclined to think that there is a certain amount of truth in it.

41,253. Nobody would suggest that there is not something in it, but the question we have to consider is how much is there in it. Is it generally true, or are there only two or three wicked men doing it somewhere?—I believe that there is some truth in it. I believe that many of those doctors would give a certificate on anything.

41,254. Why do you not run them down?—It is a difficult job to run them down. For instance, many of the highly paid doctors in Manchester were formerly the 6d. doctors. They even practise at 6d. a time now.

41,255. That does not make it any more difficult to catch them?—Yes, it does.

41,256. Why?—They know what they are about. It takes a thief to catch a thief.

41,257. Cannot you get a thief or two to catch them?—There is a sort of feeling among the doctors that they will not do it.

41,258. It is no use telling me that the well-established doctor in Manchester, who has got his reputation to lose, is anxious to see his whole profession besmirched by the conduct of a 6d. doctor or any other doctor. A doctor is like other men, and he does not like his profession called names, and you would think that he would put the man down who is doing it?—I believe that he would, but if that doctor says that he is sorry and admits his mistake, there is an end of it.

41,259. Have you had instances of that?—Yes.

41,260. Tell us of them?—I have reported them. For instance, one report is that a doctor post-dated a certificate.

41,261. Whereabouts did that happen?—In Manchester last August or last July. It was a case of this sort. A man was bad with bronchitis for two or three weeks. He went to the doctor and the doctor would have declared him off, but he told the doctor that until the following Monday, which was August Bank Holiday, the works would be closed, and the doctor post-dated the certificate. It was August 4th and he altered it to August 5th because the man told him that he could not go to work until the Tuesday. I went to see the doctor about it. I was rather severe upon him, because when I went to the surgery I was rather surprised that anyone should go to such a place to be cured of a disease. I told him that he was not acting honestly to do such a thing, and that I should report him to the committee. It was reported to the committee. Several doctors in conversation said that of course they had a perfect right to post-date certificates, because they had an idea that a man would be right in a week and they were the proper judges whether a man would be well in a week. When I pointed out the circumstances of the man's works being closed, they said that it did not make any difference. The committee accepted the doctor's explanations and regrets.

41,262. He did regret it?—I suppose that he did in a fashion. It would be only natural for him to do so

to get out of it easily. He expressed his regret and a circular was issued by the medical committee that this must not be done in future.

41,263. That was all so much to the good so far as it went?—To some little extent, but as a matter of fact it is a thing which has been going on very recently.

41,264. Have you had anybody doing it very recently?—Yes.

41,265. Have you reported him?—Yes, to the insurance committee. That was for ante-dating certificates.

41,266. What happened to him?—The man called on the doctor on March 5th, and he was in Liverpool on the 7th looking for work. He did not see the doctor again until March 24th. The doctor signed the man's continuation sheet on March 24th for March 12th, 19th, and 24th, and declared him off fit for work at the same time. I reported this to the insurance committee, and it was brought before the medical service sub-committee. I appeared and stated the case that the lodge were of the opinion that this man was not a fit person to receive medical treatment as he was well and had been well for weeks, and that the doctor had no right to ante-date the certificates. The doctor made the excuse that he told the man to go for two or three weeks' change of air. All that was the matter with the man at the beginning was that he had burnt the back of his hand at home on the Sunday. Seven weeks afterwards the doctor advised the man to go for a change of air. A later letter states that the man was run down as the result of this, and that he recommended a change of air. The man told me that the doctor never told him anything of the sort. If he had told him to go for two or three weeks' change of air, he would have told him straight that he could not afford it. He was only a labouring man, keeping his mother, and he could not afford to go. The man told me that he told the doctor that he had been looking for work and had not been able to get it, but that being well he wanted to declare off. We refused to pay further than March 5th.

41,267-8. What did the insurance committee say?—They accepted the doctor's explanation. They did severely talk to him. I have not had the written reply of the committee, because the matter has not been reported to the committee definitely. We considered that it was a case where the insurance committee should penalise the doctor. We told him that the matter rested with the insurance committee. That means that the medical service committee would state your case to them and then they can do nothing simply but accept the man's excuse and tell him he has not acted according to the regulations, and then you have to try him again at the full committee meeting if you want any penalty.

41,269. That is not trying again. What happens is that the medical service sub-committee report to the full committee, which then decides what action it will take?—There is no recommendation of any penalty by the medical service sub-committee at all.

41,270. It is no use saying they cannot do anything, because they can?—They distinctly told me that.

41,271. They cannot do anything themselves, but they can recommend whatever they see fit to recommend, and in certain places they have recommended the insurance committee to strike him off the panel. The insurance committee has made that recommendation to the Commission and the Commission have struck him off the panel?—I do not know that this is a case where the man should be struck off the panel altogether.

41,272. It is on its way, is it not, from the sub-committee to the insurance committee?—Yes. It will be reported to the general committee next Tuesday, and of course, being a member of the insurance committee, I shall have an opportunity of raising the matter myself.

41,273. Do you say that the system which is adopted in Manchester and Salford affects the certification worse than the systems which are adopted in other parts of the country?—Yes, because it pays to keep a man on the list.

41,274. Can you give me any facts which support your allegations?—A patient goes to a doctor and



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wants to declare off. I know of half a dozen instances where they have gone to a doctor and he has said, "Have another week." That week has become two or three weeks. I have gone in two or three instances to the doctors and asked what reason they had for refusing to declare off. The reason they gave was that if the person went to work again he would break down. One case was bronchitis a week ago and the other case was anæmia three or four months ago. I have known this particular woman for years. She will be anæmic all her life to all appearance, and even a week or two would not make much difference to her. Her occupation is that of an office cleaner. I learnt, of course, that although she wanted to declare off the funds the reason she wanted to do so was so that she could do her housework and be free. She was an honest woman evidently. The doctor thought she had better stay on a bit longer.

41,275. Why do you say he was induced to do that?—He was induced to do it because it is a new charge every time. Instead of getting so much for the year he gets 2s. a time, or so much as the funds will allow for each visit for consultation.

41,276. Have you any more evidence to produce? You say that the doctors are bad and careless and do not certify properly because they do not care, and in Manchester they are doubly bad both because people leave them unless they give them certificates when they ask for them, and also because it is to their interest to have as many visits as possible?—I do not altogether say they are all bad and careless, but I maintain that a very large number of them are bad, and not two or three as we used to think they were. In Manchester there are 40 to 45 who take charge of half of Manchester, and the other 240 or 250 take the remaining half, and it is those 45 who are doing the mischief.

41,277. I want you to realise this, because it is a very serious matter. That is a charge that in respect of a number of these people they are deliberately guilty of wilful fraud and not that they are just silly, and do things carelessly, or are not up to their work. This really amounts to an allegation of absolute wicked fraud. I call it theft?—I maintain that it is to some extent an absolute fraud to have 40 or 50 people crowded in your surgery.

41,278. That is using fraud in a figurative sense. I am using it in a literal sense. A man who gives a certificate to a man and keeps him on the fund in order to induce him to come and visit him again in order that he may draw a shilling or two shillings from someone else's pocket is a thief in a literal sense, and that is the charge you are making. People use the words fraud and thief as terms of abuse. I am using them as descriptive terms of their conduct?—I do not think that you can exactly call it a fraud. It is indifference and carelessness.

41,279. No. Indifference and carelessness perhaps in giving certificates to which people are not entitled. When you suggested that it is done in order to induce that particular man to come back to them a week hence, so that they may draw a shilling, that is just as much a fraud as if a man puts his hand in my pocket and takes a shilling out?—It amounts to that, I quite realise, and if you cannot minimise it otherwise, I am inclined to think it is so.

41,280. If that is so, it is a very serious thing. If that sort of charge is made and persisted in, you ought to address yourselves in Manchester to pressing these cases to their utmost, not in the case of one man here and there, but in the case of all this fraud?—It would mean 10s. a time for medical examination in every doubtful case, which the societies cannot afford to pay out of their administration allowance. While there are no medical referees appointed by the State or the insurance committees, they have no other remedy than to ask and pay another doctor. We should have sent several cases to an ordinary referee, whereas I cannot recommend the lot to go and pay 10s. a time for a special examination, because the administration fund will soon be swallowed up.

41,281. You know that the Commissioners offered the societies the liberty to put aside a certain sum, a

penny a member, out of their funds as from the beginning of August last for the purpose of a referee?—I do not know that.

41,282. I want you to understand the great seriousness of the charge you are making. I do not want you to make it just at large as one calls people bad names when one is cross with them, but it is a serious allegation?—It is a serious allegation, and it would be a very costly job to prove it every time.

41,283. You have only to prove it once as far as that doctor is concerned. That is enough?—Yes, as far as that doctor is concerned, but they have the upper hand, because they know the condition of the persons better than the officials of the society do, and they are in a position which we cannot attain altogether, except by an independent examination, and if we have a separate medical examination in every case, instead of, as in some instances, bullying them out of the benefit, it would have been a very costly work, and I do not see how they can undertake it.

41,284. (Dr. Fulton.) With reference to certificates, do your members send in a declaring-on form on the first day of their illness? Has your declaring-on form to be signed by the insured person?—Yes, on receipt of the medical certificate a declaring-on form is sent to them. The medical certificates are provided by the insurance committee to the doctors, and the societies have the declaring-on forms, where the person states that he has been incapacitated from work, or has worked up to a certain date and is incapacitated through illness. That is presented and there are spaces where we fill in whether they are entitled to benefit, whether they are in hospital, and other details. We fill up the rest.

41,285. A member does not get it until he presents his medical certificate to you?—No.

41,286. And suppose the doctor does not give him a certificate on the first day, you do not get the member's declaring-on note until whatever day the certificate comes in?—No.

41,287. Do you think that the medical certificate should be issued on the first day of incapacity always?—I think that it ought to be issued on the first day, and if the disease is not certified, the doctor can say so. If he has not made up his mind and has not diagnosed the case, altogether he can say so. It may be left blank, if he states that he is not sure, but he will report in a day or two. There is nothing to prevent him doing so.

41,288. Were you the secretary to the lodge before the Insurance Act came into force?—Both these lodges came into existence as a result of National Insurance, one on 15th July and one a week later.

41,289. Have you ever been an official of a friendly society before the Act?—I have been a district secretary for altogether 14 years. I was secretary to a small lodge which did not last very long, but that is all my experience as a lodge secretary.

41,290. What was the custom then? Did you get the certificate on the first day?—Yes.

41,291. Do you think that the giving of the certificate on the first day is likely to put people on the funds who would not go on till the third day?—No. I do not think so, because the doctors have that option of saying, "The member is unfit for work, but I will let you know in a day or two."

41,292. You do not think that the issuing on the first day would actually lead to excessive claims?—No, because there are a number who have gone to the doctor on the first day and have declared off on the third day.

41,293. Do you pay from the day on which the medical certificate is issued, or from the day on which the member's declaring-on form is dated?—We pay in our district from the date of the doctor's certificate provided the member has not done any actual work on that date.

41,294. How do you find that out?—The member's declaring-on form states up to when he worked.

41,295. So that if a doctor saw a patient on a Monday night and dated it for the Monday night and you did not get that certificate till the following day, would you simply pay from the Tuesday morning?



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—If the man declared that he worked till between two and three o'clock on the previous day—if he had done any active work for four or five hours—he would not be paid for that day.

41,296. In the Manchester Unity it is within the right of each individual lodge to make its own rules about handing certificates?—As a rule the district decides it. The lodges in the district agree.

41,297. You are cognizant with the forms in the Manchester and Salford area?—Yes. The old certificates were printed by anybody. The doctor would buy a stock in a book for himself at so much a hundred. They simply certified that the member was so-and-so.

41,298. But they always gave the diagnosis?—Yes. Other societies provided them for the doctors.

41,299. Did any of them refuse to pay unless the doctor had seen the patient before 12 o'clock in the day?—The lodges in the Manchester and Salford district used to state that if a member had worked up till twelve o'clock there was no sick pay for that day. If he had obtained the doctor's certificate before that time he would be paid for the whole day.

41,300. Do you think the stricter the regulations are with regard to the issue of certificates the better?—Yes.

41,301. With reference to your experience before the Act can you tell me in your lodge, or in your experience of the district of which you were secretary, what percentage of your members went on the funds in the old days?—It used to run about 300*l.* for 900 members.

41,302. 6*s.* 8*d.* a member on the average, which would be about four days. Have you any idea what it was in Manchester apart from that?—No, I have not.

41,303. 10*s.* for men and 11*s.* 4*d.* for women is your present experience?—The 10*s.* for men is for sickness benefit pure and simple.

41,304. That means roughly six days in the period up till now?—Yes.

41,305. And for the women it means about nine days?—Yes. 11*s.* 3*d.* is nine days' pay. It is really more when you take into consideration the 5*s.* benefit. It is fully ten days, because a large number of these are young people drawing the 5*s.* benefit.

41,306. So that their experience is about 50 per cent. more than that of the men?—Yes.

41,307. Would you say that the high sickness rate is due to more women going on the funds or to their staying on longer when they are on?—They are longer on than the men.

•41,308. You think that your experience should be about 9*s.*?—According to the actuarial estimate, 8*s.* 8*d.*

41,309. That would be a sickness experience of about 2*d.* a week per member?—Yes.

41,310. About five days?—Yes.

41,311. You are aware that that is a very low figure?—I am only aware that I have to take the scientific estimate and accept it. I am not qualified to enter into details and to get at the rate myself except in a general way.

41,312. As district secretary you did not look at the figures from that aspect at all?—No, I never riddled them out.

41,313. You never published the average days sickness per member?—No.

41,314. Would you be surprised to know that before the Insurance Act many well-managed friendly societies had an experience of ten days?—They have it now in many places. High up north their experience is much higher than it is even in Manchester.

41,315. Even since the Act?—Yes. The experience of Manchester for nine months as regards the Manchester Unity was 8*s.* 4*d.* as against 9*s.* 9*d.* in Blackburn, under the State section.

41,316. How do you account for that?—I suppose that there are more women on the funds in Blackburn, and there must be more men as well. I am not prepared to say what they do in Blackburn; although the Blackburn district of our own society is a well-managed district, and is the biggest in Lancashire.

41,317. You think the excess is largely due to compulsory insurance and to the bad lives coming in without medical examination?—To some extent the bad

lives coming in have caused an increase naturally, but I still maintain that it is due to the ease with which certificates are obtained.

41,318. You mention here that 15 men had 26 weeks' full benefit?—Yes.

41,319. That would work out at about 195*l.* Were they mostly 10*s.* members?—All.

41,320. Out of a total payment of 631*l.*, so that 30 per cent. of your sickness pay went on these people who had their full 26 weeks?—Yes.

41,321. Were they principally bad lives when they joined?—No, there were not above two of them that we should consider bad lives. One was a man with varicose veins; he had very bad legs. Another was a good healthy man who knocked his leg at home against a bucket and it developed into a very bad leg. Another was a case of a man who should have obtained compensation. He tried but did not get it, on the ground that it was not due to any accident but to a disease of employment. It was a case of plumbism.

41,322. The man with varicose veins would have varicose veins when he was accepted, would he not?—Yes. He was 58 years of age. He would be a bad life.

41,323. Do you think most of those 15 cases were genuine?—I do not. Three of them in particular were not genuine cases, and one of them was supposed to have been suffering from bronchitis and was bad during the whole of the winter. As a matter of fact I do not think he was as bad as he made out to me, but he could always get a new certificate whenever we asked for one, for bronchitis. He was a painter by trade, and of course when the busy season came on he said the doctor advised him to take on light work. He thought he would be able to get work.

41,324. Did he go to work?—Yes. He brought a stamped card in the other day and wanted a new one because he had another job which would want a 6*d.* stamp on.

41,325. How many weeks had he been off the fund before he started work?—A week. That was from Wednesday to Monday.

41,326. Do you think he has bronchitis?—He may have bronchitis, but I have seen men with bronchitis and asthma in the printing trade who have lived as long as I would like to live. They have been old men suffering from bronchitis and asthma for years. I do not know that it is sufficient for incapacity.

41,327. What about the women? You had 11 on for 26 weeks. Were they all 7*s.* 6*d.* cases?—All except one. She was 21 years of age just at the finish.

41,328. They drew something over 100*l.* out of 470*l.* About 20 per cent. of your sick pay went on these eleven. How many of these were genuine cases?—Take away the two who had a long period—most of the time in fact—arising out of maternity, and I think that they were all genuine cases, with those two exceptions and the young one. That was the case of an out-worker whom we stopped getting her sick pay, but since that time she met with an accident and drew the remaining three or four weeks.

41,329. Were all these good lives when they entered?—To all appearance they were.

41,330. Were they ill before they became entitled to benefit, do you know?—I do not know that they were. This young woman, I learnt from the doctor who conducted the special medical examination for us, had been an old patient of his, and she used to come once or twice a year for a bottle or two. There was nothing very much the matter with her, and she looked a healthy girl.

41,331. Have you any knowledge whether these people continue to be treated by their medical man after they declare off the fund?—Only in about two cases. One was a woman of about 50. She is still being treated.

41,332. So far as the others are concerned are most of them at work?—Yes.

41,333. Are they still being treated?—I do not know that they are being treated.

41,334. You realise that although they may declare off the funds they may still be getting treatment?—That is a matter we do not always inquire into, because it does not really concern us



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41,335. Does it not concern your charge that the doctors keep them on simply to be able to get the shillings out of them?—It concerns us that way, but you cannot stop them from going.

41,336. They still get the shillings even if they are declared off, and the doctor says they must go on getting medicine?—Yes.

41,337. Have you any idea what proportion of the people in Manchester seek medical benefit?—I did not take the figures down. If you will accept a very rough statement which I saw the other day, 1,100,000 consultations took place, 250,000 visits were made, and practically 1,220,000 prescriptions were issued.

41,338. How many people were these given to?—I do not know, but from the statement of the doctor whom I met a week ago, there are 90,000 people visited out of 270,000 in three months.

41,339. That is to say that a third of all the insured persons received medical attendance in the first three months?—Yes, according to the doctors' figures.

41,340. And your experience is that in the twelve months 17·28 per cent. of your men went on the funds and 18·26 per cent. of the women?—That is so.

41,341. There is a very striking difference, is there not? There must have been a good many shillings earned from people who never went on the fund at all?—That is right. Of course, the number of shillings has not altogether to do with the number on the funds, because it is not necessary for a man to go on the funds when he goes to see a doctor.

41,342. So that if 33 per cent. go in three months, you may take it that 80 per cent. or 90 per cent. go in the year?—I suppose the percentage would be the same for the year.

41,343. They overlap. People go two or three times over. So far as separate individuals are concerned, it would not be an extravagant estimate to say that 80 per cent. went to see the doctor during the year?—I think it would. I think that is excessive altogether. I do not think a third of them go.

41,344. If figures were shown you, would you believe it?—I should have to believe them as far as figures went, and, of course, figures will work any way.

41,345. But a record card can only show one thing, that such and such a person has been to see him?—That is so.

41,346. I will take 60 per cent. If the record cards show that 60 per cent. of the insured persons visit doctors during the year for medical attendance, and that of your members only 17·28 per cent. of your men and 18·26 per cent. of the women went on the fund, it would show a margin of at least 42 per cent. who were visiting the doctor and who were not going on the funds of the society at all. You say that doctors keep the members on the funds so that they can get a few more shillings out of them. Whether the doctor gives a certificate or whether he does not cannot have much effect on his income, for two reasons. First of all, he can still get the people to come after declaring off the fund if he so wishes, or he can put in double the number of attendances that he might have done under the capitation system; and, in the second place, in any case, so far as your lodge is concerned, it can only affect 18 per cent. of the membership?—It affects 60 per cent. of the membership just the same. The payment of actual benefits does not affect them. That does not alter the average and the payment as regards medical benefits at all. It does not alter our position at all.

41,347. Your position is that the Manchester system leads to increased claims because the doctors will keep the patients longer on the funds in order to make more money. That is your charge, is it not?—Yes.

41,348. I want you to tell me to what extent it can influence it, because as against 18 per cent. of your members who declare on the funds there must be another 40 per cent. who go to see the doctor who do not declare on the funds at all?—That does not affect our position as paying the sickness benefit.

41,349. It takes away a great deal of the ground from under your feet?—I do not think it does. It is not necessary for the doctors to declare a man on the funds in order to give him attention.

41,350. That is just my point?—Naturally, if the certificate is given with ease and he can continue on the fund, it does not follow that it affects the doctors at all.

41,351. What evidence have you? If you have only 18 per cent. going on the fund, and, on your own figures, a third going in three months to the doctor, there must be two or three times as many people who go to see the doctor as he puts on the funds?—I daresay there are two or three times more people who are not well and require treatment now they can get it with ease, and it is natural, of course, for them to go to the doctor instead of going for 2d. worth of salts.

41,352. The doctor does not give them all certificates?—The question of incapacity does not arise in every case.

41,353. You suggested in your outline that too many young women of an anæmic nature and weak physical force are able to obtain certificates as being unfit for work, when they are no worse than they were prior to the introduction of National Insurance, when they continued at work. Surely, the Insurance Act was to improve the health of these people?—Yes, that is right, but not too many of them. They should not be encouraged to go on the funds when they really do not need to go on the funds, or to stay away from work.

41,354. If it was for their benefit to stay away from work?—They are very picked out about their benefit. For instance, a young woman with anæmia works at a machine all day. The doctor told her to go out as much as possible. I do not know if there is much benefit in obtaining a doctor's advice in that case. She gets the advice to go out as much as possible, but she does as much at the machine as she possibly can as well, and if the doctor gives her a certificate and she gets her 7s. 6d., would not that be a benefit? He has done so in more than one instance.

41,355. She goes on working the machine at the same time?—Yes.

41,356. That is a matter for the sick visitor, is it not?—They have not been able to obtain admission to the house because of the noise of the machine.

41,357. (Mr. Warren.) This morning, several questions were asked as to the powers of districts and of the Unity. I am sure that you would not wish the Committee to understand that neither the Unity itself nor the district have any power or control over the branches?—I hope I did not give that impression.

41,358. There are rules in the general rules of the Manchester Unity, enabling the Unity and the district officers to take action where they deem it necessary?—Yes. If anything is out of order.

41,359. They can fine the branches?—Yes, and the officers, lodges, and districts.

41,360. And they can expel them?—Yes.

41,361. And they can take the books and other matters belonging to the branches?—It is in the power of the district to take the books from the branches and deal with them as they think proper—hand them over to independent officials, or in any other way bring the defaulting branch to amend its ways.

41,362. So that, whilst the branches have a large element of autonomy, yet, at the same time, they are subject to some considerable control and oversight?—Yes, the general rules of the society provides for all that.

41,363. In answer to a question from Dr. Fulton, did you intend to say that the lodges have it in their power to make their own arrangements as to certificates?—No. I think I told him that it was generally done by districts—the custom of paying for the first day. The question was whether the lodges made their own arrangements as to whether they paid from the first day of sickness, and my reply was that as a rule the district settled that matter so that the lodges in the district would be uniform.

41,364. That is on the independent side?—Yes, and the same thing, of course, will apply to National Insurance.



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41,365. Your reply is that that is settled by districts, so that there may be uniformity?—Yes.

41,366. In your women's lodge, the Grosvenor, you have a committee of management composed of how many?—There will be altogether 11, all women with the exception of myself. I am a member of the committee of management, by virtue of holding the office of secretary.

41,367. And all insured persons?—No, not all. There are, at present, in the committee of management, two married women who are not insured persons, but they are members, of course, for the voluntary benefits.

41,368. The committee of management is entirely composed of women, except yourself, and they are all members?—Yes, every one of them.

41,369. How many sick visitors have you in the Grosvenor Lodge?—Two.

41,370. And they are women?—Yes, both insured persons and both subscribing for the voluntary benefits.

41,371. You gave us this morning some conversations you had had with some of your insured women. Is it really necessary that you should ask the insured women the questions in this case where you were told to mind your own business?—I maintain that it was necessary from the administrative point of view, so as to have proper supervision and to know what kind of information I can give to the committee of management fortnightly.

41,372. Could that information have been obtained by the sick visitors?—I daresay, but the sick visitor may not attend that person, for it may be nine or ten days before she gets there sometimes.

41,373. Then are not all these persons visited once every week?—They are visited weekly after the first visit, but it does not always follow that they are visited within the first week.

41,374. If you pay benefit on Friday, and the claim came in on the Wednesday previous to the Friday, it might go over to the following week, before there was any visitation?—Yes, we end our week on the Wednesday, and anyone declaring on on the Monday is not visited till the following week.

41,375. And after that they are regularly visited every week?—Yes, and sometimes oftener.

41,376. And a report made to the lodge?—Yes.

41,377. Have you any evidence on the men's side in the Thomas Collins Lodge of over-insurance?—Not as far as the Thomas Collins Lodge is concerned.

41,378. You have not much experience?—No, we have only 60 altogether.

41,379. (*Mr. Wright.*) You told the Committee that in the first six months or so of your administration of the sickness benefit in the two lodges of which you are secretary, you considered that you were obliged to pay upon the certificate of a doctor stating that the member was suffering from some specific disease and incapable of work?—We considered at that time that it was sufficient evidence of incapacity, and accepted it as such.

41,380. As a matter of fact you paid upon every doctor's certificate?—Yes.

41,381. And you have been accustomed throughout your experience as secretary to pay upon the production of a doctor's certificate?—I believe that has been the custom of secretaries of lodges. My experience as a lodge secretary was only of a very small lodge which did not pay above 5*l.* altogether.

41,382. Still that generally was the opinion?—Yes, that was accepted.

41,383. When did it first occur to you that it would be necessary to scrutinise the medical certificates?—It occurred eight or nine months or more ago now, from personal observation and from doubt that the certificates were altogether genuine and also from doubt that the claims were altogether genuine.

41,384. You have had no communication from the head office pointing out to you that it was necessary to do this?—There is a book of instructions to secretaries which has been issued, and there is nothing to the effect that a proper supervision of certificates should be made, but we have not gone that far that

we doubt the genuineness altogether of the certificates. We put implicit confidence in the doctors.

41,385. Are you sure it is in that book?—I have seen it somewhere. I do not know whether it is in that particular book or not.

41,386. I think the book you refer to only refers to account keeping. Have you issued any instructions to the secretaries of the other 18 lodges, pointing out the necessity of scrutinising all medical certificates?—We have periodical meetings about every three months or so of secretaries, and they are advised in that way. They have not been advised by literature.

41,387. Are they district or secretaries' meetings?—Meetings of the secretaries of lodges over which I preside as a rule.

41,388. Do you know whether all your secretaries are scrutinising certificates?—I believe most of them are, I do not know of any who are not. I believe they are very keen on the certificates now, from their statements, and I had a meeting about ten days ago.

41,389. Do you know the amount of State sickness benefit paid in your district during the first quarter of this year 1914?—No, not for the whole district.

41,390. Have you had any return for the lodges?—I have had monthly returns, but I have not totalled the whole up, and cannot give the information definitely.

41,391. What sort of monthly return do you have?—We get a monthly return of the actual amount of money paid in sickness and the money paid on maternity claims totalled up.

41,392. Do you get that monthly or do you only get it when the lodge runs short of money and wants more?—We insist upon it every month.

41,393. And then you send them the cash?—Yes.

41,394. You have some knowledge of what obtained in Lancashire generally with regard to the Manchester Unity. Would you say that generally speaking the Manchester and Salford district is more careful or less careful in its scrutiny of certificates than the other districts round about?—The Manchester and Salford district I do not suppose is anything better than the average throughout Lancashire, but there may be certain districts which are much worse from knowledge and conversations with other secretaries—only judging in that way.

41,395. Do you know of any other district which requires from its lodges a monthly return of benefit paid?—No, I do not know of any, but I am inclined to think there will be a greater number from the facts that I have stated of the system we have in Manchester and Salford, and I have had several applications for a copy of the form lately.

41,396. With regard to the control that you exercise over your lodges, you told the chairman that you could compel lodges to amalgamate under certain circumstances. Is that so?—We have done so. The last one of all was only last year, when the Victoria Female Lodge had not met. I went to a meeting and found that they had not met for eight consecutive lodge nights, and I reported it to the district and the district meeting ordered the lodge to amalgamate with another one, and they accepted it, and the matter was reported to the board, who have sanctioned it.

41,397. You had no power to compel. It was bluff?—We thought it was a case in which we ought to exercise that power, whether we had the right or not.

41,398. You had to assume a power which you did not possess?—Yes.

41,399. As a matter of fact, except for this return which you say you have monthly and any occasional visits which you may pay, do you know of your own knowledge what system obtains in the lodges in your district?—As regards sick visiting and payment on the first day of incapacity and matters of that sort, it is fairly uniform. A sick visitor goes after the first payment and once a week afterwards and makes a fortnightly report, and if any question arises as to any doubt, it is reported and instructions are given for a special visit.

41,400. Supposing you discovered that a lodge was now paying sickness benefit to every one of its members



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who obtains a medical certificate, without any scrutiny or any inquiry beyond the ordinary inquiry made when the sickness visitor comes round once a week to take the money; what powers have you of dealing with that lodge?—I do not know that we have any particular power other than instructing them what to do, and if they did not carry out those instructions, report the matter further and we should have to consider each case on its merits.

41,401. What would be the first thing which would happen, supposing that came to your knowledge?—Report it to the district committee of management.

41,402. What could the district committee of management do?—They could instruct that lodge to do the right thing, as far as they considered it right.

41,403. Supposing the lodge does not do it?—They would have to consider the matter, and place it before the district meeting.

41,404. And when it gets to the district meeting, what could it do?—It would have to consider the case, and if they would not conform to the instructions they would have to consider what steps to take to enforce it.

41,405. What steps could they take under the rules?—I take it they could fine the lodge, and if it continued to transgress after fining, they would have to consider the expulsion of the lodge or the amalgamation of it with another lodge, or insist upon the appointment of independent persons to carry it out.

41,406. Assuming you have passed a resolution instructing one of your lodges to see that the secretary scrutinises all medical certificates, and questions the doctor with regard to anything concerning which he may be in doubt, do you say that that would be a legal resolution for the district meeting to pass?—I think it would.

41,407. But as a matter of fact, has not the lodge the right to elect its own secretary?—The lodge has the right to elect its own secretary, and the district, in accordance with the rule, has the power, if that secretary refuses to do its duty, and is not removed at the instruction of the district meeting, to appoint a secretary.

41,408. But that is only upon proof of gross misconduct?—The ignoring of instructions as a rule is misconduct sufficient to do it.

41,409. The secretary only has to perform his duty to the satisfaction of the lodge, always assuming that he complies with the rules of the order?—If he does not comply with the rules, he cannot give satisfaction to anyone.

41,410. But there is no rule which says that the secretary shall in any case dispute the doctor's certificate, or that the sick visitor shall?—No, but there are rules in the Manchester Unity, authorising the district to make such rules as will be for the benefit, and the better administration and supervision of the lodges.

41,411. For the control of lodges?—Yes.

41,412. Is there any rule which would authorise a district to bring about uniformity in the detailed administration of benefits in the district?—I maintain that there is, and that the Powers and Privileges Districts Rule allows every district to make such rules for the administration of the funeral benefits, and the sickness benefits, if it feels so disposed, and the general rule also states, what shall be considered a proper certificate of incapacity. It insists that a medical certificate shall be provided for instance.

41,413. These are all things concerning which there is uniformity in the Manchester Unity. What I want to suggest is this, that so long as the secretary conforms to the rules of the Manchester Unity, and does his work generally to the satisfaction of its members who attend the lodge meetings, and therefore represent the lodge, the district has no right whatever to interfere, always providing there is no breach of rules?—That is so, but if the district make a rule that certain lodges shall insist upon a certain examination of even the medical certificate, it becomes a district rule after it is registered.

41,414. But districts, I suppose, have no power to make any such rule. Everything that the district may do to bring about uniformity is set out in the rule.

Paragraph 20 of general rule No. 35 says: "Districts may adopt a rule requiring all lodges in the district to establish a uniform system of book-keeping"?—Yes.

41,415. That is the rule which you quoted. There is nothing there which empowers a district to make a rule regulating the manner in which the sickness benefit shall be disbursed?—I do not remember the rule; but it is in the rule, that they "shall provide for the proper administration and supervision," and I maintain that that is a proper supervision and administration.

41,416. (Mr. Davies.) You told us this morning, that the cost per week for your members is about 2½d. for the men. Is that higher than you anticipated it would be?—No, it is not higher.

41,417. But is it lower?—It is lower.

41,418. And, therefore, seeing that it is lower than you anticipated, it has worked out better than you expected?—I did not say higher than we anticipated; it is higher than we anticipated, but it is lower than the actuarial estimates. That is the position.

41,419. Is that quite correct?—The actuarial estimate for men is 3d. a week I take it.

41,420. But that includes maternity, does it not?—It brings it very close on to 10s. 5½d., and 1s. 5½d. brings it pretty high up, if you are going to include maternity benefit.

41,421. The point I want to follow out is this: how much heavier is it than you expected it would be?—I do not know that I could say exactly, but ½d. per week per member, we will say, that about represents it, because I said 8s. 6d. a year before, and ½d. per week will about make the difference of 2s. 2d.

41,422. Upon what did you base your estimate as being lower than this; was it upon the fact that 3d. had been quoted as a figure that the Commission supplied to the societies, or have you compared it with the ordinary experience you had prior to the Act coming into operation?—I had not compared it previously by averages and all that. But, as I have already pointed out, I looked at it in a lump sum: 300l. for 900 members, against 300l. a quarter for a lesser number. I did not go into averages by the week or year.

41,423. Is the experience as shown here heavier than your experience on the ordinary side?—As I said, the experience was about 300l. for 900 members; that is practically 6s. 8d. against 10s. 5½d. per annum.

41,424. For the same character of member?—Allowing for the difference in the membership, I estimated it to be about 8s. 6d.

41,425. That is without taking into consideration that previously your members had to pass the doctor?—I have an opinion on that point. I was not one who gave so much credence to the doctor's certificate, for this reason: I was initiated at the same time as another member. He broke down some months afterwards, and did no work for five years; whilst I have drawn five weeks' sickness benefit in the whole of my membership.

41,426. They decided that there should be a medical examination because they believed it had an effect?—I do not think they did; but I do not think it made very much difference. Now the responsibility as regards the health of the person devolves on the member; before the Act it devolved on the doctor. The member makes a declaration that he has not had certain complaints and certain diseases, and he incurs the penalty of expulsion if these things are found out against him after.

41,427. Is the application form of the Manchester Unity more exacting in its replies than the original one?—No.

41,428. Where is the safeguard in regard to the statement of diseases as against the medical examination?—They say that they have not suffered from certain diseases, and the rest of it, and I maintain that is sufficient.

41,429. You evidently have had heavy sickness, because you set out causes of heavy sickness among men. Have you any comparison with regard to any district in Lancashire comparable with Manchester,



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where the doctors are on the capitation system, that is lighter than yours?—I believe that in several districts of Lancashire the experience is much higher than in Manchester as a matter of fact; but they do not state that it is on account of the doctor system, but from other causes.

41,430. With regard to this unemployment, which is the cause of heavy sickness amongst men; in the case of male lodges, you say: "The two main factors which have brought about the excessive amount of sickness are unemployment and the ease with which certificates are obtained from the doctors." Can you tell me in how many cases out of 6,900 members you have, claims have been made because of unemployment?—I am not concerned about 6,000 members. I am giving the experience with regard to the 2,070 I actually deal with. I am giving my experience with reference to the Thomas Collins Lodge.

41,431. In the lodge how many have you that have gone on sick, that you consider were unemployed?—I dare say 30.

41,432. How do you estimate the 30?—From conversations, and from the fact that I have told a dozen or 15 of them to go to the doctor and get their certificate signed, as they would not get any more sick pay.

41,433. You have decided that yourself?—I have decided that myself. If a man willingly goes to the doctor on a statement of that sort, I am inclined to think there is not much the matter with him.

41,434. You do not ask the doctor, but tell them to go and declare off?—If they say "I am not able to work," I then ask the doctor about it; in some cases I have had most courteous replies, and in other cases none at all.

41,435. How many weeks' sickness do you think these unemployed people have had?—Four of them have had somewhere about 26 weeks.

41,436. And it has taken you 26 weeks to find out that they are unemployed?—No, the doctors said they were suffering from bronchitis or whatever it was, and I could not dispute it. They were certified as incapable of work, and I had to accept the certificates.

41,437. But in spite of that, you now count them among the unemployed?—Yes, they have not had work to go to.

41,438. As a matter of fact, if the doctor put his contention against yours and said it was a case of real sickness and not unemployment, what then?—I should have to accept it.

41,439. And, therefore, the question of heavy sickness may be very slight indeed from unemployment?—I can only say where I have told men in some 16 or so of cases to declare off the funds that they have gone to the doctor and he has declared them off without any comment that I know of. They never come back to tell me that the doctor has refused to declare them off after I have sent them to him. I have sent them with a note each time; I have a stereotyped note for the purpose. It may not be all right as a procedure, but under the circumstances I maintain that it is necessary. You know that in the neighbourhood in which I am situated such things are required.

41,440. Did this kind of thing obtain on the ordinary side?—On the ordinary side there is a different class of members altogether.

41,441. I put that question to you a moment ago, and you tried to argue that it was not a different class of members that produced this extremely heavy sickness?—I admit that, and I allowed for an increase between the difference of 6s. 8d. and 8s. 6d. for the different liability. But even then, with the different class of members, I consider it is excessive.

41,442. Was there not a general opinion in the friendly societies that, because they were friendly societies rather than provident societies, if they found one of their members out of work, who had been on sick and was fit to go back to work, they shut the other eye until he found work?—I have not had experience as a lodge secretary in that way.

41,443. Would you doubt it if other witnesses said it was so?—I have heard several men talking that way, but I have been a member of a lodge where the

secretary was very keen. I am a member of a Foresters' Court where both secretaries are very keen men, and I do not think that they would do that.

41,444. You cite one particular case, and you say that the doctor in this particular case ante-dated his certificate for three separate weeks. Was that one of the cases you reported to the Manchester Insurance Committee?—Yes.

41,445. (Chairman.) That is the case which the witness says is on the way between the sub-committee and the insurance committee, and I dropped it when I found that out.

41,446. (Mr. Davies.) Is this that case?—It is already tried by the medical service committee; and they will report to the next meeting.

(Chairman.) We cannot discuss that case, if you please.

41,447. (Mr. Davies.) In the case where you say that recently a man has been on for a few weeks, and was asked for a new certificate of incapacity; the doctor refused to give one, but told the member to go and look for work; at the same time the doctor signed the continuation sheet, declaring the man to be still incapable, has this case been laid before the committee?—That case has not been before the committee. It was decided that the man should receive no further sick pay (at a meeting last Monday night), and I have to make further inquiries into the man's statement from the doctor. That is not settled yet.

41,448. So that both these cases are pending decision?—One of them is decided upon.

41,449. Your decision is here, but the decision of the committee is not yet made?—The decision of the committee as given to me is made, but I have not received it officially.

41,450. I want to point out that your second case is before this committee. There has been no official decision made by the general insurance committee, and, therefore, both cases are not absolutely tried, and no final decision has been communicated to you.

41,451. (Chairman.) That is so, is it not?—It is not so, because one of the cases was reported a month ago; and because they could not find anything else, the chairman found fault with the manner in which the case was presented.

41,452. (Mr. Davies.) Is this the same case?—No, it is not; it is another case.

41,453. The other case which has gone before the committee, and about which there is a decision, you have not cited to us?—Yes, I did this morning, with reference to post-dating certificates.

41,454. With regard to the other statement, you say that in three or four instances men who received the full 26 weeks' sickness benefit were weekly declared by the medical men to be unfit for work, but started work on the following Monday after drawing full benefit. Do you suggest that those men were kept on the funds when they ought not to have been on?—To some extent I do, because they were told, when they said that it was the last week, that they were fit for light work. If the doctor had not been told that it was the last week, he would still have gone on signing certificates when presented to him.

41,455. Would it be right to accept the idea that the doctors felt these men were really ill, but when they found there was no more money coming in, they thought if they could get some light work it would be better than starving; it would really be an act of charity then?—I do not know that at all.

41,456. Who are the sick visitors in your lodge?—They are both members.

41,457. You told us about the women sick visitors; who are the men?—Two members of the lodge. At the present time the sick visitors occupy the position in the lodge of president and vice-president.

41,458. Your statement is, "Visitors as well as officers," and I was wondering whether there was any cross-visiting as well?—There is cross-visiting. As I said, when a case is doubtful it is reported to the lodge meeting, and I am instructed to give the sick person a call if nobody else can go.



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41,459. Then you state: "The system in operation for the distribution of medical benefit in the City of Manchester is not satisfactory either to the approved societies or to the insured persons"?—That statement was made to the satisfaction of the Manchester Insurance Committee, who unanimously decided to refer the matters to the medical sub-committee, who have appointed a committee of inquiry.

41,460. I can quite understand that, from the standpoint of a society official, you say the system is not satisfactory to the approved societies. Where does the authority come from for you to say that that was unsatisfactory to the insured persons?—From statements made by insured persons who have sat in a surgery for a couple of hours, waiting their turn. Some of them have stood outside on frosty nights waiting their turn to get inside and have waited there two hours. They come and tell me they have been worse when they came out of the surgery than when they went in.

41,461. How many people told you that?—I have had half-a-dozen people who told me that. Two doctors have made it their business on two occasions to go round the surgeries each time to see what was happening. They are far apart. One is at Chorlton-on-Medlock, and the other is on the other side of the town. I have stood a couple of hours myself outside the surgery. I may say I did not go inside to tell the doctor I was there and had been there two hours; if I had, I could have submitted his name to the committee.

41,462. The insured persons upon whom you rely for a sweeping statement like this are half-a-dozen or a dozen, or two dozen if you like?—There may have been more than that; but these are half-a-dozen cases who made it a genuine cause of complaint, but would not let me complain to the committee.

41,463. Do you think you could find 500?—I dare say I could, judging from the statements made at the insurance committee meetings.

41,464. You are aware of the work done by the insurance committee? How many have applied to the insurance committee for any redress, or have made any complaint?—I do not think that is any gauge at all, because, as I said before, you cannot get these people to make complaints; they are afraid of the doctors, although I do not see why they should be.

41,465. I wanted to find out how the insured persons had in any special way whatever suggested to you that they were not satisfied?—A man came this week and said about the doctor: "He does not do me a bit of good; he asks me how I am going on; I tell him the pain is just as bad; he gives me a bottle of medicine and never seems to bother himself." Complaints like that are trifling things, of course, but if you get a lot of them, it shows inattention on the part of the doctors.

41,466. Is that general?—I believe it is, judged from the experience of other officials of approved societies, not only of friendly societies, but of industrial companies as well.

41,467. Do you think in a city like Manchester where there are 290,000 insured persons, there are 290,000 cowards who dare not state their cases against the doctors?—Of course there are not all that number of cowards. But the people making the complaints are of such a character that they are afraid to make complaints. Perhaps the more respectable part of the population do get a bit better attention. With half the population under 45 doctors and the other half under 250 doctors, the latter half must have better attention and little cause for complaint.

41,468. Have you never heard the other side stated, that they have got better attention under the present arrangement than under the old?—It is not the experience of the Warehousemen and Clerks' Association; they are not satisfied, and they regard themselves as the cream of the working classes of Manchester.

41,469. But that is not a fair comparison, they provide a counter benefit?—It is a comparison, and I do not think it is an unfair one.

41,470. Then I think you raised another objection, and that was that some few of the doctors, perhaps 40,

are doing the larger proportion of the work, and they have a large number of people on their panel. Though you object to the system, have you a remedy for that?—My remedy for that objection in the system is by appointing a full-time medical service.

41,471. Each of these people selected doctors of their own free choice?—I believe they did.

41,472. None of these people have complained to the insurance committee that they are not having attention?—Some of them have made complaints. There have been complaints made to the insurance committee.

41,473. How many have been made?—I have not reckoned them up.

41,474. Is it a dozen?—I do not know. You said there had not been 50 six months ago, but there have been far more complaints since than previous to that. There must have been far more than a dozen.

41,475. In one of the paragraphs in your outline of evidence you say: "If any complaints are made against doctors, correspondence passes between the clerk of the Manchester Insurance Committee, the doctor, and the society. If an agreement is arrived at and the doctor acknowledges that he has made a mistake and will not repeat it, the matter generally appears in the minutes as 'correspondence between this society or the other and a doctor was submitted,' and no action is taken to prevent others from doing the same thing." Is that really so; does not the society intimate its acceptance before finally closing the matter?—It is. For instance, the complaint of a post-dated certificate was made last July or August to the committee, and we have had a meeting of representatives of insured persons and doctors in the Manchester Town Hall with the Lord Mayor presiding, as you remember. Then the doctors undertook not to ante-date or post-date certificates. I made a complaint very recently of a case, which is under consideration at the present time, where a doctor had neglected to do that.

41,476. That is one in 300 and odd, is it not?—As far as my experience is concerned in dealing with 2,000 people, but there are 270,000 people besides mine.

41,477. Would not that give you a stronger reason why more of these cases should turn up if they actually occur?—I do not know. From statements made I appear to be the only one in Manchester who finds fault with the system. I was the only one who raised the complaint about the doctors and the insurance committee. But after a while the insurance committee agreed that something was wrong with the system. Only three agreed with me in one meeting, but on the second occasion the whole meeting agreed with me.

41,478. There was a difference in the resolutions submitted: what was the difference?—The difference was this. In my case I was dissatisfied and suggested a remedy. The other case was that they were not satisfied, and that we had better make an inquiry as to the best remedy. That was the only difference between the proposition and the amendment.

41,479. Is that so really?—I do not see how you can say anything else.

41,480. Was not the resolution something like this: "that the medical sub-committee be requested to investigate and report not later than September next on the present system of medical service in this area, and if such system is found inadequate to recommend some alternative system"?—My proposition was that the matter be submitted to the sub-committee with a view to establishing a whole-time medical service.

41,481. That was your resolution?—Yes. But the amendment which was carried was as previously stated that the committee should inquire into the medical system with a view to improving it. I do not remember the words now—but remedying its defects.

41,482. Then following up the question of the meeting between the doctors and approved societies' representatives, did the doctors honestly attempt to meet the wishes of the societies by sending out a circular signed, and directed to every one of their men?—Yes, I believe they did.



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41,483. Have they tried to remedy the difficulty of having so many people on their lists by limiting the payment they shall be allowed, thus getting the people to transfer to somebody else?—Nothing has been done of that kind. It is a ridiculous notion, and they cannot do it under the Manchester system.

41,484. (*Chairman.*) Mr. Davies asked you, did not the doctors agree to limit the amount they should draw from the central fund. It is a fact, is it not, that they came to an agreement that they would only draw so much money from the central fund?—It is a fact, but it is a ridiculous thing, and they cannot carry it out.

41,485. (*Mr. Davies.*) Then they all, with the exception of six, signed an agreement to that effect?—They signed agreements to give true certificates to societies and all that sort of thing; but they do not all do it, you know. They all agreed that they would use ink on the certificates, but half the certificates that come to me are still in pencil. They sign agreements, I know.

(*Chairman.*) That is all Mr. Davies is asking you.

41,486. (*Mr. Davies.*) I am speaking of the medical committee. These complaints you make they have asked time after time should be placed before them in order that they might deal with any unfair practices?—Yes.

41,487. Have they done that?—As far as I know of any of the complaints I make; but I am only one secretary out of 400 societies.

41,488. (*Mr. Thompson.*) I should like to ask a question as to your general impressions of the working of the Act. Have you found any difficulty in adapting your machinery to it?—None at all.

41,489. It worked fairly smoothly considering that it was a large and new thing from the beginning?—Yes. I tried to do it to the best of my ability, and to see that my secretaries did the same.

41,490. Those carrying out the duties in the lodges are finding it more simple as time goes on, I suppose?—I do not know that they find it simpler. Some find it harder, especially in view of the fresh regulations we get. It is harder for many of those secretaries who do other work in the daytime, and three of them have given up the National Insurance part of their lodge work, and I do it for them.

41,491. You do find it work advantageously within the scope of the society?—Yes.

41,492. Do you think on the whole that your order has benefited by the advent of State insurance?—I think so; but not everybody in the order agrees with me.

41,493. Can you give me your opinion as to the desirability of sweeping away all the approved societies and endeavouring to place the machinery entirely under the State?—I do not believe in that. It ought to have been done at the outset and not now.

41,494. I did not ask you that, but you think it ought not to be done now, at any rate?—That is so.

41,495. (*Mr. Watson.*) Your experience is that of a trained friendly society official who is administering insurance among a body of persons who were not previously insured?—Mainly; in fact it is really so.

41,496. And to that extent your work is quite different from that of the ordinary lodge secretary who is administering benefits to the same people that he had before?—It is considerably different.

41,497. Do you find any interest taken in the business of the Thomas Collins Lodge by its own members?—We used to say that about 5 per cent. of the members took an interest, and the same thing holds good now. Our meetings are as well attended as those of any other lodge in the district, but the percentage of members attending is smaller, of course. There is not another lodge in the district nearly so large. The nearest approach to us is 300.

41,498. How often does the lodge meet?—Fortnightly.

41,499. What is about the average attendance at the meetings?—About a score. We have an occasional gathering sometimes, when we muster 120. Those are social gatherings, and combined meetings of lodges.

41,500. Have all the members of the Thomas Collins Lodge been initiated?—No, not above 100 of them.

41,501. Who are eligible for office in the lodge?—All the members.

41,502. Whether they are initiated or not?—To take an interest you have to be initiated.

41,503. If a member has not been initiated, is he eligible for office in the lodge?—He cannot be, because the meetings are held with closed doors and with ceremonial. They have to be initiated and receive all the necessary instruction to attend regularly. Do you mean the voluntary members only?

41,504. I was speaking of the State insured members?—Yes, they must be initiated, because we consider them entitled to be initiated as they are members of the lodge, even if only on the State side.

41,505. That I quite understand, but can a member who is not initiated be an officer of the lodge?—I should think he could not very well. It would mean that we should have to suspend initiation and ceremonies at all times when they were at the meetings, because at every meeting the ceremonial is gone through with the exception of the quarterly meetings.

41,506. At the quarterly meetings there is no ceremonial, and at the fortnightly meetings there is?—Yes.

41,507. Can those members who have not been initiated attend the fortnightly meetings?—No, not very well if they attend and refuse to be initiated. No one has refused as yet, and if we initiate them, we go through the ceremony.

41,508. Otherwise they cannot attend?—They could, but of course we should suspend the ordinary routine.

41,509. What I want to know is, whether the 1,200 members are all entitled to come to the meetings and take their share in the management of the affairs of the lodge. You say they are not entitled to attend, unless they are prepared to go through the ceremony of initiation?—I did not say that, quite. What I say is if there are any attending who have not been initiated, I ask them: "Would you like to be initiated?" and if they refuse, we do not open the lodge in the usual course—the meeting is then an open meeting, where there are no signs or passwords or anything given. But up to now I have not had anyone refusing; they have all been willing to be initiated.

41,510. You say that the average attendance is about 20. Do the sickness visitors bring up their reports at the fortnightly meetings?—Yes.

41,511. Are they written or verbal reports?—They are verbal reports generally.

41,512. Does their report give anything else except the names of the persons they have visited and the amount of benefit paid to them?—And what they considered was their condition at the time. They say: "This man is better; this one is worse; this man ought to be seen to and visited by somebody else"—just in a general way. If they consider it is time that a man was off the club, they say so.

41,513. If they consider that it is time that a man was off, does the lodge, as a rule, take any action?—It takes action every time. The lodge either instructs the secretary, or someone else, who can make a call, to call on this individual. In the case of the women the married women are generally asked to pay the visit, and they get 1s. for doing it.

41,514. For each visit?—Yes. That is in the Grosvenor Lodge. In the men's lodge we have not anyone to go about in the daytime, so I do it, but I do not get the shilling.

41,515. Do other members of the district take an interest in the Thomas Collins Lodge?—We have our usual open meeting. There is a general invitation and we have a very fair attendance from other lodges. Last Monday we had about 18 accompanying the district officers.

41,516. Is the lodge treated in every way exactly as every other lodge in the district is?—Perhaps there is a little bit of jealousy, especially when they have a



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big representation at a district meeting, but I do not know of it officially.

41,517. By virtue of their large membership they send a large representation to the district meeting. Is that it?—Yes.

41,518. They have no interest in the district funeral fund, have they?—As regards the voluntary members they have.

41,519. But there are only about 80 members on the voluntary side?—Yes.

41,520. They have no interest in the other part of the voluntary business of the Manchester and Salford district?—Up to now only one of the representatives at a district meeting has been non-State insured.

41,521. Have the deputies at the district meeting always been persons who have been insured on the voluntary side as well as on the State side?—No, not necessarily. The qualification is having passed or passing through the chairs.

41,522. And do they when they get to the district meetings, have precisely the same voting rights in respect of all business that all other deputies have?—Just the same.

41,523. The district makes no attempt to limit the ambit of their influence, because they are not interested in the voluntary side?—It would be setting class against class, and we have not encouraged it. I have made a set against anything of the sort. That is the fact in our district, and I have discouraged any attempt at differentiation.

41,524. With regard to your claims, I see your sickness on the men's side works out at about 2½d. a week, and your claims for maternity benefit at about one-third of a penny per week. The two together come to rather under 2¾d.?—About that.

41,525-6. If the age distribution of the lodge is similar to the distribution of the ages over the whole of the insured population, your sickness seems to be about the general average, but your maternity claims appear to be only half the general average. Can you suggest any reason for that?—Judging from the experience of one or two other lodges, the amount of maternity claims has been very low. One lodge with 300 members has paid as much as we have in maternity benefit. I have a very fair proportion of young people; I should think I have 250, who joined under 17 years of age.

41,527. If the proportion of young lives is abnormally high—and the average age seems hardly to suggest that—then the sickness is a bit worse than appears on the surface?—We have a fair number of men over 50, but we have only about four who are over 65.

41,528. How did you obtain the membership of the Thomas Collins Lodge; where did you recruit it?—In warehouses mainly. For instance, we have one warehouse with about 250 people working in it. It is a fancy embroidery place. I have got about 60 men and 60 women from there. In another warehouse in the centre of the town I have 50, with a fair proportion of both sexes. I have other women from three or four machine shops. The whole of the staff have joined the Grosvenor Lodge, about 50 or 60 from each shop.

41,529. Is there any reason to think that you have more than your proportion of unmarried men?—I do not know that I have. But one warehouse I noticed was staffed with very young people.

41,530. I was comparing age for age. I know if you get a preponderance of young people you would have a preponderance of unmarried people. Is there anything in the way the lodge was built up that would lead you to think that you get more than your proper proportion of single men?—No, I have a large number of families, and a very fair number where the father is in with, in one case, nine sons. I have three or four instances of five or six sons and daughters.

41,531. In regard to women, the experience of unmarried women appears to work out at 2½d. a week?—About that.

41,532. The experience of married women appears to work out at 5½d. per week?—Yes.

41,533. Have you any suggestion to make as to the cause of the difference?—Not as to the cause of the difference—only that paying married women during pregnancy has been the biggest drain.

41,534. Might we understand from your statement that you do not pay on a certificate which gives pregnancy as the cause of disablement?—Not if we get information on the point.

41,535. If you get information that a woman is pregnant, do you pay if some other cause of sickness is given in addition to pregnancy?—Not if it is stated. For instance, anæmia arising out of pregnancy. We have had two or three doctors who state it, and we cease to pay or do not pay.

41,536. If a certificate says "anæmia arising out of pregnancy," you refuse to pay upon it?—Yes.

41,537. Even though the woman is incapable of working?—Perhaps her state of pregnancy would prevent her from working.

41,538. She is incapable of work in the doctor's opinion?—Yes, but not on account of any specific disease.

41,539. The Act does not say "specific disease"; it says "specific disease or bodily or mental disablement"?—The Act says so, but we always understood the intention of the Act to be total incapacity owing to some specific disease. That is how we read the Act.

41,540. So that if the certificate bore the single word "pregnancy," no matter how many causes of illness there might be, as the cause of disablement, you would exclude that woman from benefit?—Yes, from sickness benefit.

41,541. No matter what the other causes of incapacity might be?—That is so.

41,542. If you are so strict in your interpretation of the Act as to deny sickness benefit to a woman whose medical certificate bears the word "pregnancy," do you not think it is rather a singular thing that you are paying to your married women about 2½ times the amount of benefit you are paying to your single women?—I may say that that is only a recent thing, this not paying on pregnancy. They have been paid on pregnancy for a long time.

41,543. You think you have been paying for pregnancy cases where pregnancy was not stated on the certificate?—We know it, of course, when the child is born. A woman drawing 18 weeks' sick pay, for instance, and who has a child at the end of it—we know it then.

41,544. Do you not think that your practice of refusing sickness benefit in all cases where pregnancy is given on a certificate will lead to the perpetuation of this difference between single and married women, because doctors will decline to state pregnancy?—I do not know what the Manchester insurance committee will do, but we have sent a request to them that the doctors should be asked to state on these certificates the name of anything else arising out of pregnancy. The Grosvenor Lodge has made that request to the insurance committee.

41,545. The Grosvenor Lodge has not made the request in order that it may be more fully informed when it sets about its sickness visiting, but in order that it may deny benefit?—That is the main object. This is the opinion of the lodge; that they have no right to pay sickness benefit on pregnancy. This is a matter that the lodge has settled for itself, and the women have definitely settled. I have nothing to do with the matter. I have been merely a listener, and have had to carry out their instructions.

41,546. It was the women themselves deliberating on this problem who decided that they must have better information from the insurance committee in order that they may be enabled to stop these demands and bring the claims of married women down to those of the single women?—Yes.

41,547. With regard to the men, you have given us the number of cases where men have drawn sickness benefit for 26 weeks and you say, in respect of three or four cases only, that you think those cases are fraudulent cases?—I cannot exactly say fraudulent; and yet they are, but it is hard to prove the fraud.



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41,548. Perhaps they are short of fraud, but in the nature of malingering, those three or four?—They had something the matter with them. The man with varicose veins was capable of working. As he says, he could do light work after drawing his 26 weeks' sick pay, but his leg is very little, if any, better.

41,549. If I were to tell you the expected number of cases in a lodge of this size going through 26 weeks in the course of a year was just about 12, you would not receive it with surprise because it agrees with your own experience. The experience in your case is 15 who went through 26 weeks; but you know of three or four cases which need not have arisen?—Yes.

41,550. It is a very old difficulty, is it not, this of men drawing sickness benefit when out of work?—It is not a new thing, though it is merely hearsay so far as I can give any evidence in the matter, because, as I told you, I had not been secretary of a lodge prior to the introduction of national insurance.

41,551. One member of the committee suggested to you that the practice of the friendly societies was to shut the other eye at unemployed members drawing sick pay. It never was quite so bad as that, was it?—Not to my knowledge. In regard to the lodge I belonged to at the time, and in the court of Foresters, it was not our experience or their funds would not have increased as they did.

41,552. They knew they had these cases, I suppose?—But they did not shut their eyes to them.

41,553. They tried to deal with them, did they?—When they were reported; I knew as an ordinary member that some were dealt with.

41,554. Sometimes they knew about them, but could not very well bring the case home to them?—That is the difficulty.

41,555. They never really regarded it with an indulgent eye?—I do not think so.

41,556. Now with regard to these three or four members, why did not your lodge use the medical referee long before the 26 weeks expired?—Because we depended too much on the medical certificates; we got periodical medical certificates. In the case of the man with varicose veins, he had an awful leg, but he managed to work after the 26 weeks were up just the same.

41,557. The case you have is, is it not, that a man draws sickness benefit for 26 weeks and then, almost as soon as benefit ends, he sends in a declaring-off certificate saying that he is now able to work?—Yes, although his condition is practically the same; and the same is true of people with bronchitis or asthma.

41,558. But had it not occurred to the lodge during the course of those 26 weeks that it might be worth while to have the opinion of the medical referee?—The opinion of the medical referee had not been considered at the time of these particular cases. The experience of the lodge is only a short one up to now—18 months altogether.

41,559. But you had, under the regulations, power to take money out of the benefit funds for the payment of a medical referee?—I did not know that before to-day. It is the first I have heard of it.

41,560. You ought to have known it?—I dare say I ought to know lots of things, but that is a thing I did not know.

41,561. Has the lodge considered the sending of cases to referees?—Both lodges have sent cases to a medical referee and paid 10s. 6d. to him for it. In five or six cases we were in doubt, and only in one case has the doctor recommended the continuation of the payments.

41,562. Do you suggest that you would have sent more cases to the referee if you had known you had more money available?—I think we should have done.

41,563. And therefore we may take it that these very prolonged cases are owing to the fact that you did not know what the regulation on the subject contained?—To some extent.

41,564. Have you taken any steps to see that members who have 26 weeks' sickness benefit have altogether recovered when they declare off?—The

declaring-off certificate says So-and-so has been suffering from so-and-so up till so-and-so and he is now capable of work. It does not say "recovered."

41,565-6. Have you considered how far you ought to go into the question as to whether a person is recovered or not?—We only go into this in the case of those who have drawn 26 weeks for the purpose of arrears. We insist upon those whom we know to be still ailing having an occasional certificate from their doctor that they are still ill, for the purpose of booking any arrears.

41,567. Yes, that is one side, but is there not another? Section 8, subsection (5) of the Act, says, that sickness shall be linked up where a period of 12 months does not separate the new sickness from the last sickness?—If they declare off the funds, and have started work, they are no longer incapacitated, and if they are no longer incapacitated we must take it they are recovered.

41,568. But you see it is rather an important question?—I see it is.

41,569. You pay a man for 26 weeks. As soon as the 26 weeks are up he sends in a certificate saying he is now capable of work. At the end of another 12 months he will be entitled to claim on your funds for another 26 weeks of sickness benefit if ill?—Even if he is not recovered, that man works and has to contribute, and we cannot consider him any longer as in a state of incapacity.

41,570. You consider when a member has had 26 weeks of sickness benefit, and gets a certificate that he is now capable of work, and goes to work, that he has in fact recovered?—For all practical purposes I do not see how we can do otherwise.

41,571. Do you not think the question is worth consideration?—It is worth consideration, of course, but it is not a matter for the consideration of the societies, because they say if a man works, his money will be stopped, and he has to contribute.

41,572. Do you say if a man works for 52 weeks after he has drawn 26 weeks' sick pay, that you are quite satisfied, even though the Act says 52 weeks must have elapsed after recovery?—I do not say I am satisfied by a long way, but I do not see how we can alter it. It is the man's right.

41,573. Is it not a question on which the medical profession should at least be consulted in the interests of the society?—Then would you say if a man is not recovered from his disease and works and contributes, that there should be a prolonged period or something of that sort?

41,574. I merely draw your attention to the words of the Act?—Yes.

41,755. (*Dr. Smith Whitaker.*) You employ a referee of your own?—Yes.

41,756. In what kind of practice is that gentleman ordinarily engaged?—He is a panel doctor; he is my own private doctor, as you may say.

41,757. I notice that you said he happened to know something about a woman who went to him?—Yes, he knew one of the women, but it was accidental.

41,758. It just happened that he had attended her?—Yes, because he was living a couple of miles away from his surgery, and she had lived at one time in his neighbourhood.

41,759. Did any of the people upon whom he was asked to advise live in the district in which the panel doctor was ordinarily practising, or in other parts of Manchester?—Three of them were in Salford three miles away—no, there was not one anywhere near.

41,780. And no doctors objected to your calling him in, on the ground that he was a panel doctor?—No. I went to him and placed the case before him. He said he would not take any exception to a doctor doing it as far as he was concerned; in fact, his next door neighbour had done it.

41,581. Did you send notice to any of these doctors that their cases were going to him—the doctors attending the cases I mean?—No.

41,582. You simply asked him to see the cases?—Yes, and to report.



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[Continued.]

41,583. And you asked the people to go to him to be examined?—No, I left it to him to call upon them when he thought proper.

The witness withdrew.

Mr. GEORGE L. LINGSTROM (*Corresponding Secretary of the North London District of the Manchester Unity of Oddfellows Friendly Society*) and Miss ESTHER PEARCE (*Sick Visitor of the District*), accompanied by Mr. O. B. MEADMORE (*Assistant Secretary of the Holborn, Mabys and Kingsway Lodges*), examined.

41,585. (*Mr. Watson.*) (*To Mr. Lingstrom.*) You are corresponding secretary of the North London district of the Manchester Unity of Oddfellows?—Yes.

41,586. Have you any experience as secretary of a lodge since the passing of the National Insurance Act?—I am secretary of three of the largest lodges in the district under the Insurance Act.

41,587. Will you give me the names and membership of those lodges?—The lodges are the Mabys, the Kingsway, and the Holborn. The Mabys and Kingsway lodges have a membership of 2,747 and 2,677, and are both women's lodges. The Holborn Lodge, which is a man's lodge, has a membership of 1,323; the total of the three lodges is 6,747.

41,588. Can you give us any information as to how the Holborn Lodge came into existence?—The Holborn and Kingsway lodges were both founded in exactly the same way. The committee of management opened their offices for the reception of any persons who desired to be State insured. We had a large number of applications and, as these were people we did not know, who had never belonged to the society, they were admitted on signing a declaration, and without medical examination.

41,589. Are these lodges officered in precisely the same way as the ordinary lodges?—No, they are officered by the committee of management of the North London district. Their rules provide that they shall appoint a committee of management and officers, and they appointed the officers of the North London district as their officers, and the committee of management deals with their affairs. They are summoned to meet at certain periods to receive reports.

41,590. That sounds as though the interest of members in their lodges was rather perfunctory?—That we cannot help. We summoned the members of the Holborn Lodge, 1,320, to meet, and two men turned up. We summoned the Kingsway Lodge of 2,700, and I do not think above 10 turned up. We summoned the Mabys Lodge, and with the exception of the officials at the Mabys Association, I think only 3 or 4 members came, yet every one of them had had a notice to attend.

41,591. Therefore so far as these three lodges are concerned, the North London district is really conducting National Insurance as a thing quite apart from its friendly society life?—I should think that that was a fair way of putting it.

41,592. And you have experience consequently both of the friendly society side and the National Insurance side and of the administration of these three centralised bodies?—Of course, I am trustee in my own lodge, where we have both sections running.

41,593. I do not know that the Committee would desire to go very deeply into the question of the three lodges, seeing that these are lodges of people who really have no friendly society experience and no friendly society traditions. But before leaving them, perhaps you may be glad to say something in regard to them. Have you any views to express on your sickness experience?—The work is done by the staff. Mr. Meadmore, who is here, has that matter entirely as his exclusive work. He deals with the administration work. We have a lady sick visitor (Miss Pearce) who is a trained nurse, and is also here.

41,594. Does Miss Pearce conduct the sick visiting for the two women's lodges?—Yes, she is engaged as a whole-time officer and visits these members. Therefore, of course, she can speak far better than I can of what she knows with reference to visitation. The clerks otherwise are women. Whenever there is a question of a woman coming to the office, unless she specifically

41,584. Do you know whether he made any communication to these doctors to the effect that he was going to visit their patients?—No, I do not know.

desires to see us, one of the women clerks sees her. If it is a woman's case we should call a woman to see her, but where it is only a question of administration, then Mr. Meadmore usually sees her. I do not quite know what you want me to say with reference to this.

41,595. First of all, perhaps you could give me the experience of these three lodges. What have they paid in sickness benefit?—The total sickness benefit paid for the Mabys Lodge from January 12th, 1913, to January 11th, 1914, was 605*l.* 17*s.* 7*d.*, an average of 4*s.* 6½*d.* per member.

41,596. That is slightly more than 1*d.* per week?—Yes.

41,597. Is that sickness only?—That is sickness only.

41,597*a.* What about maternity benefit?—(*Mr. Meadmore.*) Not more than 30*l.* I did not take that out.

41,598. Now the Kingsway Lodge?—(*Mr. Lingstrom.*) 2,747 members; sickness benefit, 739*l.* 11*s.* 2*d.*; an average of 5*s.* 4¾*d.* And the Holborn Lodge, with 1,323 members, paid in sickness benefit, 355*l.* 11*s.* 6*d.*; an average of 5*s.* 4½*d.* per member.

41,599. What has the Holborn Lodge paid in maternity benefit?—We have not taken that out.\*

41,600. What I was hoping to get at was the average total cost of benefits in the men's lodge?—About 180*l.* for the men.

41,601. What was the sickness benefit?—355*l.*, and the maternity benefit about 180*l.*

41,602. The maternity benefit is about half the sickness benefit?—(*Mr. Meadmore.*) Roughly.

41,603. That is to say, you have spent 8*s.* in the men's lodge for sickness benefit and maternity benefit?—(*Mr. Lingstrom.*) Yes.

41,604. What classes of persons are these lodges composed of?—The Mabys Lodge is almost entirely composed of domestic servants. You may say wholly so.

41,605. They are under the influence of certain ladies?—Yes, the Metropolitan Association for Befriending Young Servants. They wished to have an association formed, and, at their request, we formed the association and administered it for them. In the Kingsway Lodge they are domestic servants, shop girls, factory girls, and generally the shop assistants that you get in London.

41,606. And the Holborn Lodge?—They are general mechanics and labourers.

41,607. Would you describe them really as labourers?—I do not think we have what you would call a higher standard, such as you would find in one or two lodges.

41,608. They are not of the same standard, for instance, as the Rose of York Lodge?—No.

41,609. They are rather labourers than artisans?—I should put them as artisans, with a fair number of labourers and porters.

41,610. Do you consider yourselves that you have a light rate of sickness, or do you consider that it might be lighter?—I have considered that it is lighter than I anticipated under the Insurance Act. I did anticipate a heavier sickness. But every claim is thoroughly investigated, and if we have any doubt about it we make investigations first. But no claim is refused that is properly in order. Although it is not in our province, perhaps, we have helped some of them in other directions.

\* Maternity benefits, January 12th, 1913, to January 11th, 1914:—Holborn, 100*l.* 10*s.*; Kingsway, 16*l.* 5*s.* 6*d.*; Mabys, 28*l.* 10*s.*—G. L. L.



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41,611. You carefully inspect every claim?—Yes, and they are submitted to a sub-committee of the committee of management weekly before the amounts are voted.

41,612. Before the claim is voted it is submitted to a sub-committee?—Yes, the sub-committee is appointed monthly for the purpose. They meet in my office.

41,613. Has the committee found any difficulty in dealing with doctors' certificates?—I have here a number of certificates, and in every one of these cases after the doctor had certified incapacity for work the members have sent this form to us, and we sent them a sick form to make a declaration that they were sick and not working. In no instance, as regards these, have we heard anything further, and the only inference is that the sickness was light and the people were really at work and could not claim.

41,614. Have you got that form of declaration?—The declaration is: "I hereby give notice that I was rendered incapable of work as from [blank] time on a certain day by [blank]." and then they state what is the cause, and so on.

41,615. Have they got a copy of that rule before them?—They have been furnished with copies of the rules.

41,616. Free of charge?—Yes, we have not charged them; that comes out of the fund.

41,617-8. You supplied everybody who came into your district as a new member with a copy of the State insurance rules without charge?—We supplied them when we got them; they were sent out this year.

41,619. Have the sub-committee had occasion to reject many certificates?—Not so very many. I have a case here. The doctor certified that this person is suffering from general debility consequent upon bad teeth. We have written to the doctor to say that we do not deem the certificate to be sufficient evidence of incapacity, "and the contributor concerned was accordingly informed of the necessity of obtaining from you a more definite statement as to your reason for certifying her to be incapable of work. She informs me that you are prepared to supply this information direct, and I therefore enclose a stamped addressed envelope in anticipation of your being good enough to favour me with your opinion." This was written on the 6th May and no reply has been received.

41,620. You have not paid on that?—No, we have not. We are awaiting the doctor's reply and his statement with reference to it. Here is another case of a woman suffering with cephalalgia. We turned that up in the medical dictionary, and found that it means headache. It lasted nine weeks, and we wrote to the doctor and asked him whether, in his opinion, the headache was of such a character as to prevent the member working. The member has complained to the Commissioners. We have written to the member, and she tells us the doctor said he would answer it. We are still waiting a reply. But it is thrown upon the committee to decide whether a person is entitled to the benefits of the society, and we want to be certain. In my opinion, headache would have to be something more than headache if it lasted for nine weeks.

41,621. Have you paid on that certificate?—No, not at all.

41,622. And you have inquired of the doctor?—Yes, but he has not replied.

41,623. The effect of his not replying is that the woman is deprived of benefit for the time being, although there may be a perfectly reasonable explanation, if the doctor chose to give it?—If a reasonable explanation is forthcoming the money will be paid. We have been told by the Commissioners that it is our duty to settle these matters for ourselves as to eligibility for benefit, and we do so.

41,624. Do you consider, if the doctor refuses to reply in cases like this, that you should bring his action to the notice of the insurance committee?—It must be so; in fact this will be brought to their notice. We shall write again to both these doctors and press them for a reply and take further action otherwise. We do not wish to deprive anybody of what they are entitled to.

41,625. And if the doctors choose to ignore your requests for information you send the case on to the insurance committee as a matter of course?—That is the place we should send it to.

41,626. Would you in any circumstances let the matter drop and simply deny sickness benefit to the member, or, if the doctor does not reply to you, would you as a matter of course send the case on to the insurance committee?—Yes, we should do that.

41,627. Have you sent any cases to the insurance committee?—Yes, we have sent cases on to them.

41,628. Have they been cleared up to your satisfaction?—Not always, but Mr. Meadmore could answer that question better than I can, because my duties are general supervision over the whole office.

41,629. May I take it that you have no special reason to offer as explaining the very favourable sickness you have in the three lodges?—No, I have no reason at all except that there has been good work throughout London. If we had a spell of bad work and unemployment the sickness would go up. I am afraid, very rapidly.

41,630. What made these people apply to you for membership?—People wanted some place to come to, and they thought that the Oddfellows was a good society, and they wished to go into it. They came themselves and asked for membership, everyone of them.

41,631. That rather suggests that they are a better class and a bit higher in intelligence than the average uninsured person before the Act?—I do not know the average person, so I cannot compare them.

41,632. You tried to get hold of him as much as you could before the Act?—The Mabys Lodge was circularised through their own organisation.

41,633. In the lodges generally how does the experience compare with that of the Kingsway or the Holborn?—It would be difficult to say. I can tell you the difference in our ordinary sick pay as between the years, and that might be some guide as to what State insurance sick pay has been. But unless you had the various secretaries up, it is impossible to know anything of any other lodges.

41,634. I thought perhaps you had formed some general impression?—The impression last year at the beginning was that the sickness was exceedingly heavy, that there was more ordinary sickness than we had ever experienced before. I anticipated that our sickness experience this year would be very abnormal, but it has proved not to be so. I take it that during the latter part of the year the sickness was not so great. My opinion is that a large number of people even to-day claim on the State benefits because they think they are entitled to do so; they have paid something in and they think they have a right to take something out.

41,635. Do you think that applies to the Holborn Lodge?—I am speaking more particularly with reference to the women, because the sickness visitor has reported that to me definitely.

41,636. You think it applies to the Kingsway then?—Yes, the mothers and mistresses think it is so; they say to the sick visitors, "We have paid it in, and why should we not have it out?"

41,637. So that the experience of the Kingsway Lodge might even be lighter?—Yes.

41,638. You said that you could give us some statistics as to the experience of the lodges generally?—In the year 1912, at the commencement of the year, before State insurance came into operation, there were 22,587 members in the district, and the total weeks of sickness were 67,943; the cash payment was 37,439*l.*, a total excess of 981*l.* Last year we commenced the year with 26,659 members, that is, we had 4,072 more than in the previous year; the total weeks of benefit paid were 73,402; the cash was 38,416*l.*, and the excess over the previous year was 977*l.* If I take the years from 1907—in 1907 we had a very heavy year. Those two years, 1907 and 1908, were exceptionally heavy. There was a plusage in payment of 4,151*l.*, and another plusage again (that is, an excess) in the following year of 3,537*l.* During that year we paid 41,700*l.* in benefits. The next year there was a decrease of 4,140*l.*; the



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next year a further decrease of 1,711*l.* Then we got an increase of 609*l.*, 981*l.*, and 977*l.*\* Having regard to these statistics I do not consider that the sickness of the district was abnormal in any way last year, notwithstanding State insurance. One factor to be taken into account is members who have reduced their benefits. They, of course, would receive less in cash than they had received previously. The man who previously had been receiving 12*s.* a week, if he reduced his contribution by 4*d.* would be receiving 10*s.* from the State side and 2*s.* from the independent side, and that may account for the very slight increase in the amount paid for sickness benefit.

41,639. Surely that would rather bring about a decrease, would it not?—It brings about a decrease, it is a decrease in what I call the excess. The excess was 977*l.* over the previous year and, but for that, I anticipate it would be somewhat about 2,000*l.* or 3,000*l.*

41,640. That suggests that you had rather more sickness than in the previous year when you paid benefit?—We had 67,943 weeks in the year before the Act and 73,402 weeks in the year after the Act, which is 6,000 odd additional weeks of sickness.

41,641. It looks as if you had a little addition?—Yes.

41,642. But having regard to the experience since 1907, you say that that addition of between 5,000 and 6,000 weeks proves nothing?—It does not go to prove that State insurance has had any detrimental effect upon the society.

41,643. In other words you suggest that if over-insurance has come about through the National Insurance, it has not affected the North London district?—I do not think it has. One or two simple cases only have come under my notice.

41,644. Have you any figures showing what the lodges have paid on the State side in 1913, other than the three lodges you have given us? Have you any summary of the lodges as a whole?—No, I have not. The time was short, I have been exceedingly busy since receiving the notice, and I have been unable to do it.

41,645. These figures prove nothing with regard to National Insurance. They include the sickness of people over the age of 70, who have a very long average, and also the whole of the permanent half-pay?—The only figures I have are the membership of the district on the State insurance and the independent side. In 1912, 9,418 members were not State insured, they were independent members, but not State insured; 17,241 were both State insured and independent members, and 17,374 were State insured only.

41,646. Of those 9,418 whom you say are not State insured, may we assume that a certain proportion are State insured but have taken State insurance through some other society?—It may be; we have made no inquiries in regard to that.

41,647. When you say that they are not State insured, all that it means generally is they are not State insured through the Manchester Unity. You do not know whether any particular member is State

insured or not unless you happen to know something of his private circumstances?—The statistics and particulars given are only relating to our society, and so far as we are concerned that number is not State insured.

41,648. I want to take your view on the attitude of the members of the lodges generally (and by the members I mean the members interested in the management of the society) as to their usual attitude towards the administration of National Insurance by the lodges?—So far as I can see by my visitation in the lodges, the work is proceeding very smoothly; indeed, there seems to be little or no difficulty. Whatever difficulty we had at the beginning was due perhaps to political opinions, which were pretty strong at the time; they will inevitably die down though they had to be expected. The difficulty we have more than anything else is the unrest caused by the speeches of some of the prominent men in the society.

41,649. Do you consider that the members of the lodges are regarding the State insurance part of their work as much their Manchester Unity work as they are regarding the voluntary side?—As far as I know they are making no difference whatsoever. They are visiting and attending to the members just the same. I have not come across any difference.

41,650. They are not regarding State insurance as a detached sort of business with which they have no concern?—No, the usual procedure is to have the sick form, which is a uniform one throughout the district, supplied from the district. The chairman takes the sheet, reads out the sickness declaration, State member only or so much from the State and so much from the independent side, and the matter is voted at the same time, and payment is made in the ordinary way. If the members choose to come into the lodge, they are welcomed in the lodge.

41,651. Is there any interest taken in the prospects and finances of the State side?—No, I do not think there is. The difficulty of dealing with the finances of the State side is that they do not touch the contributions at all. You only get a piece of paper with some stamps on it, and that is a different matter to when you handle the contributions and have to invest them. Then there comes in a different feeling. So far as the State is concerned, all they have to deal with is the administration of sickness. The rest is a matter for the secretary.

41,652. That is not quite the fact, is it?—Why?

41,653. You have all the accumulated money handed out to be invested by yourselves?—The only thing I know is the report issued in which the directors say the amount is so small that they will invest it themselves.

41,654. The amount the Commissioners hand to the society at the present time is purely a temporary matter?—These are matters of high finance that the ordinary member of a lodge would know nothing about.

41,655. There is a very large sum which can only be distributed when the reserve values are known and the proper share can be allocated to each society?—Until we know those, we cannot expect men to take an interest in a problematical amount. When those moneys, if they come, are handed to the lodges, and are invested, then I anticipate just as keen an interest will be taken in their investment as in the other moneys. At present you have the payment to make, but you do not have the receipts. If we have the investment of the moneys, it will give the complement which is required to make up the whole.

41,656. And they will take some interest too in the valuation presently?—We always take an interest in valuations.

41,657. Do you think they will?—They will look very anxiously to see what it is with reference to State insurance.

41,658. You think they will look forward to it?—I am sure they will.

41,659. All of which goes to show that the active members of the district are taking a real interest in

\* *Sick Experience, 1907 to 1913.*

North London District, Manchester Unity.  
*Independent Benefits.*

Year.	Mem- bership.	Vari- ation.	Sickness Pay, in Weeks.			Cash.	Vari- ation.
			Full.	Re- duced.	Total.		
1907	23,021	+	41	29,995	30,398	60,394	£ 38,163
1908	23,026	+	5	32,158	33,792	65,950	£ 41,700
1909	22,742	—	284	29,775	35,592	65,367	£ 37,560
1910	22,629	—	113	27,404	36,595	64,000	£ 35,849
1911	22,674	+	45	27,936	38,572	66,509	£ 36,458
1912	22,587	—	87	27,948	39,995	67,943	£ 37,439
1913	26,659	+ 4,072	—	30,877	42,525	73,402	£ 38,416
1914	25,767	— 892	—	—	—	—	£ —



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the conduct of State insurance?—I honestly believe they are.

41,660-1. (*Mr. Wright.*) What is your experience with regard to the attendance at lodge meetings of persons insured for State benefits only?—I believe very few attend. If they did attend they would not be State insured only very long; if they were to take to attending, in a very short time they would become independently insured. Therefore, you would always have a very small attendance of State insured only. If a man came half a dozen times into the lodge he would join it.

41,662. Is it the custom for the sickness visitor in the North London district to pay the sickness benefit?—Yes, generally. Whenever the member does not send to the lodge to collect the sickness benefit, it is either taken by the sick visitor or sent by post by the secretary. You see, a member has a right to send to the lodge to receive it during lodge hours.

41,663. What would you say is the general custom with regard to the payment of sickness benefit?—The general custom is to pay a certain amount of money at the door; a certain amount by the sickness visitor, and a certain amount by the secretary. I think that obtains in every lodge.

41,664. In the North London district?—As far as I know.

41,665. The sick visitor is a sick visitor simply and solely—I am speaking of an ordinary sick visitor in the male lodge, not of a sick steward?—He is sick visitor, but he does take the sick pay.

41,666. There is a custom in some districts of having a sick visitor and a sick steward. The first pays a visit in the middle of the week, and the other takes the money at the end of the week. That does not obtain in the North London district, does it?—Some of our lodges have two sick visitors; the first takes the money, and the second takes the sick sheet for the next meeting. In some lodges one visitor performs both duties.

41,667. Is there any whole-time male visitor?—There is in the North London office.

41,668. Whom does he visit?—The members of the Holborn Lodge. He will visit for other lodges if he is asked; but, generally speaking, he visits for the Holborn Lodge.

41,669. With regard to the others, they are all following some avocation in the daytime, and can only visit in the evening or on Saturday afternoons?—Yes.

41,670. Is there much sick pay sent by post to members living within the radius?—I think the occasions when money is sent by post are when it is impossible for the sick visitor to get round there, or where a member is residing a good way out of the radius, and it is difficult to get another lodge visitor to pay. But so far as we can we pay by cash, at the lodge, or by the sick visitor.

41,671. Could you describe to the Committee the actual practical control that the district exercises over the lodges with regard to the supervision of sickness claims? How do you satisfy yourselves as a district committee of management that the lodges in the district are properly scrutinising medical certificates and supervising the payment of sickness benefit?—As far as I know, the district has no power to do that. We have no power of supervision; it is the special prerogative of the lodge to deal with sickness benefit, and the lodge itself is responsible. At the present time we have an investigation into three lodges, two older women's lodges and one men's lodge. We are investigating the sickness during the last two or three years; that is an examination of the medical certificates, the sick visitors' reports, and the sick sheets, because we wish to ascertain what were the causes of the sickness, and the way they are doing the work. So far as I know, that is the first time it has ever been done, and that arose out of the last valuation.

41,672. That is simply a remedial measure adopted in consequence of the valuation report on the independent side, and has nothing to do with the matters this Committee is investigating?—Yes.

41,673. (*Mr. Warren.*) You have a fair knowledge of the condition of things in all the lodges of the North London district?—I think so.

41,674. May I take it that although in the beginning there may have been some confusion and difficulty in respect of National Insurance, generally speaking now it is working fairly smoothly?—Yes.

41,675. And will, of course, as times go on, work even more smoothly?—I hope so.

41,676. Have you heard any expression of opinion on the part of lodges as to the Government taking over the administration of the National Insurance?—Not from the lodges.

41,677. Has there been any expression of opinion by the North London district as to the desirability of that course being adopted?—None whatever. We have not made any suggestion of that sort.

41,678. May I take it, so far as the North London district or any of its lodges are concerned, no expression of opinion has been given in respect of the State administering the National Insurance?—They have not even considered the matter.

41,679. (*Chairman.*) You described a certain amount of control the district was exercising over the lodges on the private side. That is so, is it not?—Yes.

41,680. Is it open to the district to exercise similar measures of control on the State side?—That probably would arise out of the valuation. When we have the valuation, if it shows that sickness has been very excessive in a particular lodge, I take it we might follow the same procedure there, and examine the whole of the forms.

41,681. Only as a remedial measure?—To ascertain what has happened.

41,682. But only after it has happened?—I do not know that we have not really stretched our powers in making the present investigation.

41,683. Supposing you became convinced that there were certain things in the district that, if they were adopted by the lodges, would lead to better administration, could you take any steps to see they did it?—Advice.

41,684. Advice—is that all? You could not compel them?—I do not know that we can. A branch is authorised under the Act to administer the sickness benefit.

41,685. Turning to the Order, has it got any power to treat the district as the district is treating the lodges on the private side? Have you any similar powers to those?—The district does not exist apart from its lodges, and if there is any difficulty in a lodge after valuation, then the Order have very strong powers to come in and require measures to be taken.

41,686. The Order has?—In most districts they wait until the directors do it.

41,687. I do not know whether it is a fair question to put to you, but have you reflected at all on this? Up to the passing of the Act, really each lodge was a little kingdom in itself, was it not?—Subject to the district.

41,688. Subject to certain control?—Yes.

41,689. As a result, there is probably a certain lack of uniformity of administration of lodge and lodge?—There has been. We have endeavoured to regularise that in the district by circularising and sending round different forms for sickness benefit, and by insisting on the same form we have more or less regularised it in the district.

41,690. These forms you put in look to me to be such excellent forms; would it not be rather a good thing if they were recommended to other lodges, and with persuasion from some central authority, to the Order at large?—The Order did send out a series of forms, and ours are largely based on them.

41,691. They are not the forms of the Order, are they, though they are based on them?—They are the outcome of experience. At the beginning we had forms from the Order, but from time to time we have revised them. We have revised them three times, I think.

41,692. Your experience has enabled you to get a form that you think very good. Perhaps next year you will have some further improvement, but for the



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moment you have arrived at something which is as good as can be got. There may be secretaries in England who are struggling on with inferior forms. Is it not a pity that there should not be such co-operation as would give them the benefit of your experience?—We are always willing to send forms to any district which applies. But the board of directors are perfectly welcome to adopt anything that we are doing, and always have been, and if they think our forms are suitable we shall supply them with copies.

41,693. You come to us with an experience which is very highly satisfactory from our point of view, so far as results are concerned?—Yes.

41,694. You might think that that is due to some peculiar excellence in your management?—Yes.

41,695. It seems a pity that that experience should not be disseminated by somebody to the districts at large, so as to enable them to obtain a like success?—The directors have that in hand. They can do it. They have already sent out forms in the first instance, and those are the forms upon which we improved.

41,696. You say that all the women coming to your office are seen by women unless they particularly want to see a man?—Yes.

41,697. You know that that is not the universal practice of the Order?—These are exceptional lodges, which it must be admitted are administered in an exceptional way.

41,698. Do you not think, though they are particularly exceptional, that that ought to be the universal rule?—We have a scheme coming before the committee of management with reference to the whole of the women's lodges, which I hope will produce something in time for the rest of the lodges.

41,699. What about the rest of the Order?—I am only a district secretary.

41,700. You were forced to do this, because you came to the conclusion that it was not right that women should be discussing various things in relation to themselves with men?—There are certain questions a woman could talk of much better to another woman.

41,701. Do you think, for instance, supposing the board of directors, looking round the whole Order, had knowledge of a particular excellence in a certain lodge, that they would write round to the other lodges, saying: "Such and such a lodge has got this, and you had better have it." Would that be their duty at all?—Yes, I believe they would do it.

41,702. Take this matter of women interviewing women at the offices?—Well, every district is not in the same position as we are.

41,703. It is not open to them all?—It is not open to them all. It is an exceptional district with exceptional circumstances in London.

41,704. I imagine that the Order, and probably you, too, lay a very great deal of stress on local autonomy. One does not want it to be destroyed, because of this necessity of fitting into a national scheme?—We are still in the very early days. I suggest to you these are very early days, and the directors have had little time to look round.

41,705. I am not criticising the directors, but I wanted to know how much power there was in their hands to do these things if they thought fit?—They could send them round in a month's time if they thought fit.

41,706. Could they say: "You must take these forms"?—No, I do not think so.

41,707. Could the Annual Movable Conference, which is to be held at Aberystwyth next week, pass a rule saying the forms to be used shall be so and so?—There is not sufficient time. Had notice been given they could have done it.

41,708. And have imposed it on the whole Order?—They can do anything, I believe, in that way, within the four corners of the Act; the A.M.C. is all-powerful.

41,709. Could the Annual Movable Conference pass a resolution to the effect that all women going to a lodge should be interviewed by women?—Yes.

41,710. Have they the constitutional power?—We can make rules governing ourselves, and whatever rules we choose to make we must abide by.

41,711. But they could override the local rules?—Yes, every rule passed by the Annual Movable Committee, if in conflict with a branch rule, renders the branch rule null and void. The Annual Movable Committee can do anything.

41,712. It meets once a year?—Yes.

41,713. Can any member of the A.M.C. propose a resolution?—Any member may initiate matters in the A.M.C. But first the lodge must adopt it; then it goes to the district; it is considered at the district meeting, and then, if it is approved, it goes to the A.M.C. It must be sifted before it goes to the A.M.C.

41,714. Miss Pearce is your sickness visitor?—Yes.

41,715. Are you a whole-time sickness visitor?—(Miss Pearce.) Yes.

41,716. In the employment of the district or of the lodge?—Of the lodges.

41,717. The Mabys Lodge and the Kingsway Lodge?—Yes.

41,718. Just tell me what you do. Are you given a list of people you are to go and see, or do you just go round?—I have a list of the fresh claims sent to me at night by post, and then I sort them out into the different parts of London—north, south, east and west, and, as far as I can, I take a particular part of London.

41,719. You visit every woman on sickness benefit once a week?—No.

41,720. How often do you think you visit them?—Perhaps every fortnight. In some cases I go once a week.

41,721. Which do you go to once a week, the suspicious and bad cases?—Various circumstances arise which make one go to a case more than once a week, perhaps.

41,722. Do you get any list given you? How many are on in every week, do you think?—When I began, there were about 50.

41,723. At any given moment?—At the present moment, no, not quite so many.

41,724. In the normal time there are about 50, are there?—About 60.

41,725. All over London?—Yes.

41,726. What makes you pick out particular ones to go to?—I go to them when I first have them.

41,727. How long after they have been on is that?—As quickly as I can after receiving the notice.

41,728. They would have been paid a week before you go to see them?—Not usually.

41,729. You do get round usually in the first week, do you?—Yes, but not quite always.

41,730. You may get knowledge of a claim just after you visited a particular corner of the district, and it would not be convenient to go again?—That is so.

41,731. Some you go to because it is routine. Do you go to other cases when it is not routine; if so, for what reason?—A woman comes to my mind who had phthisis. She was in extremely poor circumstances. The secretary wrote to the doctor to hurry on her getting a sanatorium benefit application form. I visited her just two or three times, to see her and to help her to fill in her form.

41,732. It is part of your duty, then, to give them what help you can?—Yes.

41,733. Besides that, you have a duty to be looking out for anybody who is imposing on the fund?—Yes.

41,734. Do you pick out particular people as being likely to do that?—Yes, if I have suspicions.

41,735. What makes you have suspicions?—If I find anyone out on a very bad or wet day, who is suffering with a complaint diagnosed as bronchitis.

41,736. That may be, but your chance of stumbling against a member of the Kingsway Lodge who is sick and is out in a storm is very slight, is it not?—Yes, but if I find, when I call at the house, that a member who has bronchitis is out, and it is a very bad day, I go a few days later and see what has happened.

41,737. Does the lodge say to you: "Go and look after this particular woman; we know she is a suspicious case," or something of that kind?—Yes, and for various reasons.



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41,738. Are you well received by them?—Yes, almost always. Sometimes my visit is resented a little by the better-class people.

41,739. What sort of better-class people?—People who keep a servant.

41,740. Are they insured?—Yes, very often, in a household where the daughters go to business.

41,741. Are they very rude?—They have only been so once or twice—I could hardly say very rude.

41,742. Pretty rude, then?—Usually they have resented my first visit, and been nicer the next time.

41,743. How do the other people, who are not in such good positions, receive you? Do they resent it?—No.

41,744. Do they look upon you as an enemy or a friend?—They are very courteous almost always, these very poor people.

41,745. Do you go to them as somebody coming to find out what they are doing?—I always try to keep that point of view in the background.

41,746. You sometimes have to end up by saying to them: "I am sure there is not very much the matter with you," do you not?—Yes.

41,747. What happens then?—They usually end by saying that they are of the same opinion, and that they can start work shortly. They are rather afraid I shall report adversely about them.

41,748. Do they ever sign off then and there in your presence?—No.

41,749. Do you ever go on from them to the doctor to get further information?—No.

41,750. Do you ever examine them physically?—I am a trained nurse. If they know that—and I tell them sometimes, because I find they are much more friendly if they know that—they will offer to show me their wounds, and so on.

41,751. They are rather proud of them sometimes?—Yes, they are, and sometimes I ask to see them.

41,752. What makes you do that?—If it is a cut finger, because I see such a little tiny dressing, I think it must be quite well, and I find out sometimes that it is so.

41,753. Do you have much gossip with them about what the doctor is doing, and so on?—They volunteer that information very often.

41,754. What do they say about it? Do they complain, or what? What is the general impression you get, in going round among them, of the kind of treatment they think they are getting?—There is a lot of objection to the Act, and to being compulsorily insured. You mean the doctors, do you?

41,755. Do they think the doctor is curing them or doing his best to do so on the whole? I am asking you because I want to know their attitude of mind. Doctors complain of sickness visitors sometimes, that patients discuss treatment with them, and such like things. Do they do that, or complain of the doctors? Is that the sort of attitude of mind that you find them in sometimes?—One meets such various people, and particularly it is different in different districts. Down in the East End, in the docks, they always say how very busy the doctor is, and how he hardly looks at them. They always complain of the crowd in the surgery, and that the doctor does not take much notice of them.

Then there are others who will simply praise the doctors and say they do everything for them.

41,756. It depends on the kind of person and the kind of doctor?—Yes. I did tell the secretary of this, and perhaps it will interest you. Only last week, I went down to Custom House to see a girl who had been to the doctor and had come back when I got there. She had been so tired of waiting in the surgery three hours to see the doctor, and she said she had been all this long time getting her paper signed, simply because of the crowd of people there.

41,757. Do you think it was true?—I think so, judging by the person. They always speak of there being a crowd.

41,758. What was the other instance?—There was the opposite case. I went to see a maidservant in a doctor's house, and was talking to the doctor about the people on the panel. He said on that particular morning he had had only six in his surgery and five visits out. That man had a very different experience.

41,759. Where was that last case?—In Paddington.

41,760. Is there anything else you would like to tell us that you think we would like to know?—I am very struck with the fact that so many of these girls in the Mabys Lodge, although they do not seem to be very ill, are so in need of rest and fresh air; they are so frightfully overworked in their places of business.

41,761. What are they, general servants?—Yes, some are general servants, not all of them, but the majority. They are so tired, one feels it is difficult, although there does not seem to be anything very definite the matter with them.

41,762. How old are they, about?—Many are quite young, from 18 to 21. The bulk of them are under 21. I see many of them in their own homes.

41,763. Why do you do that, because they have gone home?—Yes, because they have gone home. They are not kept by their mistresses in their homes.

41,764. Are they mostly Londoners, besides being employed in London?—Yes. Then they are in such wretched conditions in their own homes that one wonders how they get well at all.

41,765. Are they quite untrained people?—They are trained by the Mabys Society in the homes.

41,766. Why do they take places as single-handed domestic servants then?—I think the girls themselves are not a very good standard. (*Mr. Meadmore.*) They are all drawn from the poor law authorities.

41,767. All—everybody in the lodge?—I believe that is their particular province. I have been given to understand that. (*Miss Pearce.*) I often find that where the member is a married woman she is not getting nourishment or proper food for herself on which she can get well, because she is giving it to her children.

41,768. What are the married women?—This one is a box worker.

41,769. Getting very poor wages at work. What is her husband?—He is out of work.

41,770. Will he ever be able to work?—He has not been in work for a very long time. It is a genuine case of being out of work.

41,771. What is his trade?—He is a labourer.

41,772. Is he an insured person?—Yes.

The witnesses withdrew.



## FIFTY-NINTH DAY.

Friday, 22nd May, 1914.

At Wellington House, Buckingham Gate, S. W.

PRESENT:

SIR CLAUD SCHUSTER (*Chairman*).

Mr. A. C. THOMPSON.  
Mr. A. H. WARREN.  
Mr. A. W. WATSON.

Dr. J. SMITH WHITAKER.  
Miss MONA WILSON.  
Mr. WALTER P. WRIGHT.

MR. ALEXANDER GRAY (*Secretary*).

Mr. T. BARNES (*Provincial Corresponding Secretary of the Plymouth District of the Manchester Unity of Oddfellows Friendly Society*) examined.

41,773. (*Chairman*.) Are you Provincial Corresponding Secretary for the Plymouth district of the Manchester Unity?—Yes.

41,774. How many lodges are there in that district?—53.

41,775. How many members do they comprise?—There are about 13,000 State members of whom 11,000 are men. In addition we have 5,000 members independently insured, who are not State insured.

41,776. You have about 11,000 doubly insured?—Yes.\*

41,777. Are you secretary of a lodge?—No.

41,778. You have been grand master of the Unity?—Yes.

41,779. Do you know what the experience is of the whole district?—We get our experience tabulated yearly. I have here the year book in which the averages are set out for the lodges, but this relates purely to the independent work; but the same thing will be done for the State benefits. We have not had time to get the full year's record for these yet, but we are preparing now a return of the State expenses in which the full expenditure is shown, and the average per member in all classes of benefits.

41,780. You have not got it yet?—There has not been the time. We have not had a full year's working to give us the opportunity of making the returns and calculations.

41,781. You have had a full year's working?—But not to get the returns in. There have been only 12 months benefits up to last January.

41,782. So you do not know off-hand what the actual experience is?—Yes, our experience for the district is for the men practically according to the actuarial estimate.

41,783. Taking no account of age?—Yes, rather under than over.

41,784. What about women?—The claims are practically the same as those for the men, they are very little less than the men's claims, so that they are beyond the actuarial estimate.

41,785. What do you mean by the actuarial estimate?—The rough estimate of 2*d.* and 3*d.* per week.

41,786. Have there been great variations among the various lodges in the district?—Yes, the great majority of them are normal, but there are three lodges showing a heavy excess.

41,787. Where are those three?—One is in Oreston a suburb of Plymouth, which is divided by the Cattedwater, the mouth of the Plym, one is at Stonehouse, and the third is in Kingsbridge, a country town in the south of Devon.

41,788. Are those big lodges?—The lodge at Kingsbridge is a big lodge with about 400 members, the lodge at Oreston has about 200 members, and the women's lodge in Stonehouse, which is the only

women's lodge that does show really heavy excess, has about 250 members who are mostly workers in a laundry. I went to the laundry and addressed a meeting of the workers, and the lodge was practically formed from that meeting.

41,789. What is the occupation of the people at Kingsbridge?—Very largely agriculture. It is a very singular thing that the men's claims in Kingsbridge have been excessive, and the women's have been considerably below the average.

41,790. Are there two lodges or is it a mixed lodge?—There are two lodges in the one place with the same person as secretary for both, but they are distinct lodges.

41,791. Have you asked yourself how it comes about that the experience in the case of the two men's lodges is considerably excessive?—I am always asking myself and other people questions like that.

41,792. Have you answered the question to yourself?—I have given an indication in my brief statement of evidence. May I say I think that this inquiry is premature. I fancy that there is a condition which is rather panicky, and which is not justified by the circumstances. I do not think that the first year of the working of the Act could be looked upon at all as a normal year.

41,793. That is a general observation about all the working of the Act?—Yes. Another thing: I think that there was a great deal of exceptional sickness last year, and that would be probably found in certain localities. Though I am not a medical man I had the idea that the weather of the preceding year affected the general health considerably, and last year there was in my experience excessive sickness in some localities.

41,794. People were more sick than usual?—They were not as well as usual; they were more liable to anything that was flying about.

41,795. That would apply generally?—Yes, but there were certain localities in which the excess would be found. In regard to Kingsbridge, although I do not know why it does not affect the women in the same way, there is a kind of harbour up into the little town from the opening at Salcombe, and the mud banks are exposed for a great part of the day. I think that very likely that had something to do with the experience there.

41,796. Do you say that Kingsbridge is a particularly unhealthy place?—I should not have said so. The experience until the last two or three years has been favourable, but since then the claims have been excessive, and they are continuing so this year. It was to Kingsbridge that I particularly referred in my statement as the place where the doctor seemed to get very angry with the secretary for calling his attention to a case.

41,797. You think that the weather of last year had caused there to be more sickness than previously?—That is one reason. Another reason I think is that people were encouraged to make claims. There are

\* The witness subsequently gave 8,000 as the number doubly insured.



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[Continued.]

people who are not well who would be content to go on without the consciousness of their not being very well unless they were continually reminded of it, and they were being reminded of the fact that the time was coming to get something for that which was being paid. I believe that that had a great effect in many cases in inducing people to make claims. That was done by political parties, people who were booming the Act, and then some of the opponents also were malicious. They endeavoured to get the thing to break down by the demands that should be made upon it, and of course the doctors were extremely antagonistic in many cases, and they have encouraged claims at the beginning. I think that that is wearing away. At first they did not realise what a boon this was to be to them. Whatever is the case with others they have come well out of the Act, and they are realising it now. Their incomes have been greatly increased. At first they were prepared in many instances to do anything they could to break down the Act.

41,798. I suppose that in some ways the Plymouth district is much more fortunate than many others, inasmuch as you have got a very much larger proportion of old Unity members among your State insured people?—We have, but there are quite 5,000 who are not State insured at all.

41,799. You mean not State insured with the Manchester Unity?—No, I am speaking of 5,000 who are not State insured at all, who have no connection whatever with State insurance.

41,800. There must be some people who are members of the Manchester Unity on the friendly society side, and have made some other society their approved society?—Yes, a number of trade unions have taken some of our members in that way, but we have a large number of members who are outside the operation of the Act because of being pensioners—dockyard servants.

41,801. Have you been running the district with the same officials as worked it before?—Practically. We have had more help in the district office.

41,802. Of course more clerks; but there has been the same framework of machinery?—Yes.

41,803. All that has happened really is that you have now got 2,000 or 3,000 people whom you had not got before?—5,000.

41,804. I thought you said that there were 13,000 people who were State insured, and that of those 10,000 or 11,000 were insured on the private side also?—Yes.

41,805. That only leaves a couple of thousand who were not in the friendly society?—My figures in regard to those who were not insured at all must be inaccurate. We have 16,000 or 17,000 entirely in the friendly society.

41,806. Of those, 5,000 are not insured on the State side?—Yes.

41,807. That leaves 11,000?—Yes.

41,808. Of those 11,000, how many are insured on the State side only?—There cannot be a great number—the women largely.

41,809. There are only about 2,000?—Yes.

41,810. That would leave about 9,000 men. There must be some of those 9,000 men who are quite new to the business?—Not a great number.

41,811. How many?—I do not think that we should have 1,000.

41,812. So all of them were accustomed to the idea of sickness insurance?—Yes.

41,813. Do you think that they feel the new conditions very strange?—They find the contributions from their wages very strange, and resent it very much naturally.

41,814. I meant coming to lodge meetings and taking an interest in the affairs of the lodge?—Our lodge meetings are held just the same as previously.

41,815. Do as many people come as formerly?—Yes, but I do not think any more.

41,816. How many used to come?—It varied very greatly. We have fortnightly meetings and frequently they are very ill attended, but the quarterly meetings are well attended.

41,817. What would you call a good attendance at the quarterly meetings?—40 per cent. of the numbers.

41,818. Would you get as many as that?—Yes.

41,819. How many would you get at the fortnightly meetings?—Frequently not more than 5 per cent.

41,820. Has that always been so?—In my earliest days perhaps there were bigger attendances. I do not think that the number of attendances can be taken as a gauge of the actual active participation in our work. Bare attendance is not a measurement of interest, because it is a constant experience of mine to meet men who talk about the lodge or district and who say "I am not able to get down to the meetings as I would like," but I follow the proceedings of the lodge," or "I always look at the balance sheet, and I think so and so." This is the kind of thing I am constantly hearing. These people follow the work with the same interest as they did when they were able to attend the meetings.

41,821. Do you think they follow State insurance with the same interest as they follow private work?—No, I think a large number of them look upon the State work as immaterial.

41,822. Why?—For a natural reason. If you force a thing on men they are not likely to take an intelligent lively considerate interest in it. That is one of the evil effects of compulsion that I have always dreaded.

41,823. That may be an inevitable effect, but it is an evil?—Undoubtedly.

41,824. Do you think that you will be able in the long run to get people to see that it is material?—No.

41,825. What is to become of them?—I suppose that you are committed to a policy which must have its effect.

41,826. What is the effect to be?—Cold calculating officialism, as I told Mr. Lloyd George.

41,827. We may be cold and calculating, but are we going to get the cold and calculating officials in the country?—I do not know. I am very cautious in prophesying. I speak of that which I know. I should hesitate to say that which is going to be.

41,828. If you do not tell us what inference you draw it is difficult for us to get the benefit of your experience and observation?—I will give you any reasonable conclusion that I am able to come to. I have always looked with misgiving on this policy, and I know of nothing from my experience that leads me to modify my opposition to the principle. I am not concerned with a consideration of the details. They always seem to me to be a very small matter.

41,829. I am the other way about. I am a cold calculating official, and all I have to look at is the details. Your experience is that the principle has given a result which up to now has not been unfavourable?—I do not think that it has materially affected our experience at all.

41,830. That being the case do you think that you will be able to keep that up?—Yes, as long as we have any of the members who were interested in the work prior to the introduction of National Insurance so long shall we be able effectively to administer the Act.

41,831. How much of the success achieved do you think is due to the old Manchester Unity spirit which is still alive?—The bulk of it.

41,832. Do you think that that is a dying spirit as far as the State side is concerned?—No. I think that there is a determination to show that the Manchester Unity is not going to be brought under because of this.

41,833. Has the actual working of the thing been found irksome by the secretaries?—No.

41,834. I know that they dislike the circulars from here, and so on?—It is very irritating to some of us who have to dig through all sorts of soil before we get to the root, or whatever we are seeking. We have been accustomed in the Manchester Unity, when sending out instructions to make the instructions themselves as simple as possible and not to hide the meaning under a lot of verbiage. Unfortunately our secretaries, those concerned with the administration of it, get wearied trying to find out what it is they are wanted to do. They never find out.

41,835. What I mean is the actual working, paying benefits, and all that kind of thing?—In the great



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majority of cases that is done very faithfully and very consistently. There are instances where we have to stimulate the officers.

41,836. How do you do that?—We have a regular system of district officers visiting these lodges according to the appointment of the chief district officer, at such times as he arranges.

41,837. What is the chief district officer?—The grand master of the district fixes certain periods, and if I am at home I accompany him, with the other district officers and usually members from lodges also. They are invited to attend with the provincial grand master. All the subjects that can be brought within the particular experience of the lodge are dealt with by the district officers. The balance sheet is looked at, and anything requiring attention is noticed. The reports presented to the meeting, and particularly the sick visitors' report are listened to, and comment is made upon them, and in nearly every instance the district officers speak at the meeting, and members express the pleasure of the meeting at seeing them, and then certain questions are put as to which they would like information or suggestions.

41,838. When you have gone round like that the sick visitors' reports have been read at the meeting?—Yes.

41,839. That is done quite apart from the district officers being there?—Yes.

41,840. Is the sick visitor's report read in reference to everybody who has been receiving sickness benefit during the previous fortnight?—Usually. I have heard a sick visitor get up and say that he had visited all, and that they were the same way as they had been the previous week, or that one had gone off, and so on. But generally speaking the sick visitor names each sick member and states the condition of his health.

41,841. Is that done with regard to people who are only State insured?—Yes. We make no distinction whatever.

41,842. You are quite sure about that?—Yes. The question was raised before the Act came into operation, as to what should be our policy. I suppose that my opinion carried some weight, and I have always been strongly in favour of the policy, if we administered the Act at all, that we should not make the slightest distinction between the member who is insured heavily and the member who is insured for nothing more than State benefits; and that has been done most faithfully in my own district. I know that there are districts in which there has been a certain hesitation in complying with that suggestion. They do not like it. But I cannot even say that they do not like it in my own district. There was a question raised: "Suppose that a financial question is raised before the meeting; and these people are not at all interested in it, would it be right that they should vote on it?" I said, "It would not be wise for you to object, and I do not want you to object." Not a single case has arisen in which there has been any difficulty.

41,843. What causes the chief district officer to pick out a particular lodge for visitation?—Nothing more than that he intends at some particular period of the year to visit every lodge.

41,844. And he does that?—Yes.

41,845. Only once?—Once certainly; he may do it more often.

41,846. How does he manage to find time to get round?—It costs time and money.

41,847. When he goes to the lodge meeting does he not only hear the sick visitor's report read to him but see the doctor's certificates?—No. The usual thing is to read the certificates with all correspondence. That is apart altogether from the visit of any district officer. A part of the business of the meeting is correspondence, and the secretary passes on usually to the presiding officer in its order of receipt every communication which he has read in the first instance, and the chairman reads everyone of those communications.

41,848. Including all the certificates?—Including the declaring-on and the declaring-off certificates, and when a member declares on the fund the doctor's certificate is read.

41,849. Does any member ever make any observation on the certificates?—I have very rarely heard any comment upon the doctors' certificates.

41,850. You have gone round a good many lodges during the last 15 months, and seen a good many doctors' certificates. Have you ever had cause to say to the local officials, perhaps after the meeting, "some of those certificates are vague"?—Yes, more particularly in regard to the aged members in the case of debility. That has been the great difficulty which we have had in the past, not ailments of a light character, but the vague expression of debility with reference to members who are practically all the time on the fund.

41,851. Making it a sort of half-way house for the old-age pension?—Yes.

41,852. Have you got a great many old men in the district?—Yes.

41,853. More than the average of the population?—I do not know. Pensioners live a long time.

41,854. Pensioners will not be State insured. You say that the doctors have given a lot of trouble in the past?—That is in the early stages of the Act.

41,855. Has that all disappeared?—I think that is dying away.

41,856. I take it that the doctors who are attending these 16,000 people are more or less the doctors who were attending them before?—There are a great many more people now.

41,857. Have not the 16,000 people gone to the same doctors as before?—Largely.

41,858. Take a place like Kingsbridge, for example?—They have the same doctors.

41,859. The same lodge secretary?—No. That is one case in which the secretary had to go off because of the additional work.

41,860. The same lodge members and the same doctors?—Yes.

41,861. And the same officials except the secretary?—Yes. The women mean the introduction of a new element entirely.

41,862. Do you suppose that the doctors in Kingsbridge are treating the members as well as they did before State insurance was introduced?—The position in regard to Kingsbridge is that for one year prior to the Act coming into operation the claims were heavy. The favourable period seems to have vanished three years ago.

41,863. Take a place like Ivybridge?—The claims there remain pretty much what they were before.

41,864. At Ivybridge, does the secretary, if he has any trouble, go to see the doctor?—Yes.

41,865. Just as he used to do before?—Yes.

41,866. Would he have done so before?—Yes.

41,867. And he does so now?—Yes. I do not know in this particular case, but in some of the cases the reception by the doctor has not been as cordial as it was in the old days.

41,868. What I want to know is whether that cordiality has been found where there are just the same doctor and the same secretary as previously, or where there is a new doctor?—I do not remember any particular instance where the former doctor has altered his manner.

41,869. I was wondering how much of all this trouble with the doctors you thought was due to new men coming into it, who did not understand the business?—Possibly that will explain some of it, but I thought that there was a more intemperate demeanour.

41,870. But that is passing?—Yes. The remuneration is having its effect.

41,871. As far as the old doctors were concerned, you had carefully educated them in the principles of the Manchester Unity?—I would not say that. I can only say that our relationship has been very cordial. With the exception of one or two instances, where I have had occasion to interview doctors on behalf of members, I have had no difficulty whatever in the past.

41,872. That is because for many years you have been teaching them their business as far as the Manchester Unity is concerned?—No. I think that it was because they had a sympathy with our work.

41,873. Because you taught them?—Somebody must have taught them.



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41,874. The Manchester Unity was not made by doctors?—Their sympathetic services helped very materially to make the Manchester Unity what it is.

41,875. If this thing is going to succeed, do you not think that friendly societies will have to take up the work to a great extent of educating the new doctors?—We can trace the evil results of the interference between the societies and the doctors. That is where the mischief began. If the insurance committees had not been set up, or if having been set up the societies had been allowed to continue their arrangements with their doctors on behalf of their members, we should never have had a tithe of the trouble which we have had because of the medical difficulties.

41,876. I am looking at it from the point of view of things as they are?—The relationship is so different now. We go to the doctor now, and he resents the interference. Formerly we went because we were partners in an arrangement, but now we have no voice. You have those words there which were given to me by a secretary who had an interview with the doctor, and he said, "What do you know about it?" and he might have said, "What has it to do with you?"

41,877. We are not concerned with the structure. There it is, it is set up. We all realise that if there are virtues in the system it has at any rate disadvantages?—This puts us in a much more difficult position. I was attending a dinner in Plymouth of one of our lodges six months ago when a doctor spoke. It was after I had spoken, and I had no opportunity of replying to him. He did not use the word impertinence, but practically what he was referring to was the "impertinence" of representatives of societies coming to him because he had not put members off the club, who they thought should have been put off. This is a Plymouth doctor, a man who is conspicuous.

41,878. In the first place do you think that that is a very impertinent proceeding on his part?—He declared it impertinent for them to do that.

41,879. You think it impertinent of him?—I do not know that, but I think that they are taking a very short-sighted view of the obligations resting on our officials. If that had happened before I spoke, I should have dealt very pointedly with it.

41,880. You do think that there is a duty which the officials have to discharge of considering in the case of everybody who claims benefit, no doubt with the assistance of the doctor, whether he is entitled or not?—In my district that is done, but under very great difficulty. Whenever a doctor's certificate is presented, we pay upon it whatever may be the specified disease. We never question the doctor's certificate as the cause for payment. The certificate states "is thereby rendered incapable of work." I do not care what disease is specified. That is the professional opinion, and he is the person who is set up by the Act to be the authority upon that particular question. No layman has the right to question the professional opinion. When it specifies a complaint, I do not care whether it be a headache, toothache, anæmia, the whole of which are given, with the words added "is thereby rendered incapable of work," the claim is recognised and then the visitor reports and perhaps expresses the opinion that this member ought not to be receiving benefit, and then there is an interview with the doctor, and his attention is called to the matter.

41,881. You have been to see a doctor pretty often in your life?—I have.

41,882. He has told you things about yourself, that you ought not to work, or you ought to go to Madeira for a year?—Yes; they are always ready to say that sort of thing especially if they know you cannot do it.

41,883. Did you do the things they told you to do?—No. When he told me to go to Madeira, I did not. I have never been there.

41,884. In that particular case you are willing to set up your ultimate judgment against his?—I have the right to do it for myself, but not for another.

41,885. What is the right?—If a doctor instructs me in a matter which relates to myself, I have the right to exercise my judgment for myself. If I am doing a certain duty on behalf of another it is different.

41,886. What is the duty?—Not to save the State funds. The duty is to pay that sick man ten shillings a week.

41,887. In what circumstances?—When he is sick.

41,888. When who thinks he is sick?—When he considers he is unfit and he gets the certificate of a professional man specifying the disease from which he is suffering and sanctioning his remaining off work, there can be no question then.

41,889. I should be disinclined to hand over to a doctor the control of money which I was supposed to control?—That would be so for myself but —

41,890. It would be much more the case with regard to other people's money than with regard to my own. In my own case I might commit my judgment to that man, but when I am a trustee for other people I will not commit it to anybody else?—Then why have a doctor?

41,891. As an adviser?—Then when you get his advice —

41,892. Then you must judge as a reasonable man whether you will take it or not. I should take it in nine cases out of ten, but to say that you are absolutely bound by it seems to me to be extravagant?—A secretary of our women's lodge went to the doctor before there was State insurance and complained of one of her members who had been on the funds apparently for a slight ailment week after week. She came to see me about it afterwards and said, "I have seen Dr. so—" and so and told him about this member, and he was "very angry with me. He says I am not very well and "he gave me some medicine, and told me to go home. "I am not going to take it. I am afraid he is serving "me out in giving me the medicine." Doctors do resent interference in this matter.

41,893. I know they do, but we are not going to sit down and let a professional man bully us into giving up our opinions?—If the secretary of a lodge says that the members do not think that the cause specified is sufficient and wishes to withhold the sickness pay and the member appeals, who is to decide?

41,894. If you ask me the question, I would listen to what the people have got to say on both sides and form my own judgment. I am not going to abrogate that judgment in favour of a particular doctor or of the whole college of surgeons, but I am prepared to listen to what they have to say?—Would you put your opinion against the professional opinion?

41,895. If I had charge of the funds?—Then what is the extra value of the professional opinion?

41,896. Did you ever go to a lawyer for advice in your business affairs?—Yes.

41,897. You realise that as far as law is concerned he knows his business and knows a great deal more than a layman, and gives all sorts of advice, but in the long run the person who has got to decide is yourself?—That is in my own place. I am exactly with the lawyer as with the doctor. I act on my own judgment as far as it affects myself, but if as a trustee, I went to a lawyer to take advice on matters concerning those for whom I was trustee, then I should take the lawyer's advice rather than my own.

41,898. If you thought it was silly advice?—I should not think it was silly. I should not go to a lawyer whose advice could in any conceivable way be silly.

41,899. You have so much regard for professional opinion then?—I do not think so. Sometimes it would be the other way about, but I have to exercise a reasonable discretion, when it comes to a question of that which is not my own affair, where somebody else is introduced. I do not think I can get any further with you in the matter. When it comes to a final decision there is no going back from the doctor's decision, which must prevail over that of the layman, and if you had twenty laymen and only one doctor the fact that the twenty laymen would agree seems to have no effect on this matter. The doctor whose business it is to diagnose says that this person is suffering from a complaint which renders him unfit for work.

41,900. Suppose the doctor told you that he really did not know. He knows when a person has typhoid fever, but there are many complaints as to which he



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has no more idea than you as to whether the man is ill or not?—Then the doctor should do as doctors formerly did, and any doctor in that position would do, that is say, “I will treat you, but you need not leave your work.”

41,901. But he may be in doubt as to whether the person ought to leave his work?—Then he should not specify. It is required by us before we pay sickness benefit that he should state the disease and that the person is incapacitated.

41,902. In his opinion?—It is only opinion always.

41,903. It is not conclusive?—No, I do not believe always in the judgment of the doctors, nor a tithe of them. I do not believe in doctors very much any more than I do in lawyers, but professionally they are required to state and they do state that this person is incapable of work.

41,904. That is not what they state. What they state is really that they have given their best judgment to the matter, and that they think the person is incapable of work?—They specify distinctly that he is unfit.

41,905. When he certifies, “I have to-day examined you and you remain in my opinion incapable of work” all he is saying there is, “I have applied the best judgment I can, and I think that you are unfit for work,” but he is not vouching that. He is simply doing the best he can. I do not want to weaken the sanction of the thing, but he is only giving his advice?—All advice is a question of opinion. If it was not his opinion, he would not specify it.

41,906. I do not suggest that when you get that statement you should say to yourself, “it is probably wrong.” That would be quite unreasonable. But you should say to yourself, “This is probably right, but it has got to be tested”?—We invariably test it when the sick visitor visits and reports, and then in many instances the question arises between the lodge and the doctor. The doctor is visited, and frequently when it is a case of an ailment which is looked upon as being slight, he puts down headache, or anæmia, but when you see him yourself then he specifies something else verbally.

41,907. All I want to suggest is that while you lay down very definitely that you never question a certificate in practice you do?—We invariably pay upon it and visit, and then give the report.

41,908. Did you ever send any person who is certified to a referee?—No, we have no referees. We had a case of appeal about three months ago. A doctor attended a man who had had a crushed ankle. He stated that in his opinion the man’s ankle was thoroughly restored and that he was fit to resume his work. That man objected to go off the funds. The doctor would not continue his certificate, and the lodge declined to pay. The man consulted two other doctors who disagreed with the doctor who had put him off. We had an appeal case, and because there were two doctors specifying that the man in their judgment was not fit for the work in which he had been engaged, the decision of the lodge was overridden, and they were called on to pay the money. He received about 70*l.* commutation of his compensation and then declared off the next week.

41,909. Are these laundry women in Stonehouse all in one laundry?—Yes, they are employed by a laundry company.

41,910. Are they married or single?—They are mostly single. Just a few of them are married.

41,911. Is it a hand or machine laundry?—A machine laundry.

41,912. What kind of women are they?—Not a very advanced class in the social scale. Laundry workers usually are not.

41,913. Are they very rough?—Not very, but rather. Among them there are very decent people, and there are some who are of a lower order.

41,914. Do they drink a great deal?—No, I do not think that they drink much.

41,915. Do you think that the class of work at which they are engaged is the cause of the heavy sickness?—The laundry itself is quite modern, and I think that the appliances are conducive to reasonable health in the performance of the work. I do not think that

there is anything there or in the locality to lead to any special increase of sickness.

41,916. But it might be that all laundry work is unhealthy?—Perhaps it is; I am not sure.

41,917. Among laundries this is a good laundry?—Yes, very. I should not think that there is anything in the surroundings to account for it, but a large number of the people live in one of the lowest parts of the town.

41,918. Is there anything which you would like to add?—We have had cases of doctors dating back certificates.

41,919. Have you taken any steps on those?—Yes.

41,920. Have you complained to the committee?—I have sent several complaints to the committee about various matters. I do not know about that matter. We dealt with the doctor direct, and I do not think that it is being done now. Then we had one or two cases where doctors declined to sign the continuing certificates. In one instance the doctor was charging a shilling for each time. Some poor girl had to pay a shilling. I wrote to the committee over that. That has been refunded.

41,921. All that has come to an end?—He refunded her the money. I suppose it is hardly likely to occur again. There was one case in Cornwall which was somewhat similar and has not been settled yet.

41,922. Does the Plymouth district include Cornwall?—Part of it—the eastern part of the county and the extreme west. The Truro district cuts off the extreme west.

41,923. Penzance is in the extreme west?—Penzance, Falmouth, and Penryn.

41,924. What are your members down there?—Mostly agricultural labourers. There are some miners, and at Penryn there are stonecutters from Freeman’s quarry.

41,925. (*Mr. Warren.*) You told us in your outline of evidence that, in your opinion, National Insurance has caused more willingness on the part of insured persons to cease work?—Yes. Our experience has been that men would be ailing and yet continue their work, going to the doctor for attention and intimate that they had no desire to go on the funds of the society, but simply wanted a little medicine and attention and hoped to continue their work, but there is not the same readiness now, partly I daresay because the benefits are larger. A great majority of our members are taking the original benefits in addition to State benefits, and therefore their income during sickness is greater than it was formerly.

41,926. Do you think that in many of those cases you have been dealing with what may be termed arrears of sickness?—There may have been a few cases, but not many.

41,927. Has it been the temptation of the benefit?—Partly, and at the same time that the State has shown itself concerned, and it creates the idea in the minds of people that they have a right to this, and that the State desires that they should have it.

41,928. If they have been more willing to cease work there has also been an unwillingness to resume work?—Yes, until they are thoroughly restored to health. There can be no question that the claims are continued longer than they were before. We have not in Plymouth at any rate a higher percentage of claims than we had previously, but the claims are distinctly for a longer period.

41,929. From the point of view of the health of the nation is it better that there should be this prolonged period?—Yes. Perhaps we shall get lighter claims later on, because the people will be more thoroughly restored to health. Experience only will tell that.

41,930. In your opinion, a great deal of this has been impelled by the appetite of the insured person becoming whetted owing to public utterances?—Yes. Not only that. The retaliation spirit no doubt has been aroused. “If you have this out of me, I will have something out of you.” There was a very amusing instance some time ago. A woman called at my office. The secretary of our female lodge happened to be there assisting me in the district work. The woman with her daughter protested about some hesitation in reference to one of these certificates and she was saying, “It



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"has nothing to do with the Oddfellows; we are not asking anything from the Oddfellows; it is only Lloyd George." That was the idea. While they are quite content to allow the ordinary independent funds to be saved there is no reason in the world why that which was coming from Lloyd George should be saved at all.

41,931. Did any number of the members of your district avail themselves of the provision of section 72 to reduce their contribution?—A very small percentage.

41,932. So that in respect of by far the larger number they are now doubly insured?—That is so.

41,933. And in some cases more than doubly insured—even trebly, I suppose?—A few. Generally speaking, there has been a continuance of the old benefit with the State benefit added to it. In the dockyard there are several little local clubs which have their own arrangements. One is called the "Broken Bone Club." Then they have penny a week clubs and twopence a week clubs, and from those they get other benefits besides. I have known of cases of men in the dockyard who have had benefit from their societies and from two or three clubs in the yard, with the result that their sick-pay has been considerably beyond their full wages.

41,934. Does that obtain to-day?—Yes. If a man happens to come out with a broken bone—it does not matter how small the fracture is; it may be a finger-joint that is damaged, or any little bit of a fractured bone—it means a very large additional benefit. I have heard of as much as 1*l.* a week. And they pay a very small premium for it.

41,935. May we take it that there is a considerable amount of over-insurance?—I know what you mean, but I do not know whether that is quite the right expression. Speaking for myself, I should not feel that I was over-insured if, by any chance, I had a bigger income when I was ill. If you call over-insurance the receipt of an income which is equal to one's full wages, then there is a certain amount.

41,936. Does that offer any temptation, do you think?—There is not the same inducement to resume work, of course. I think the man who is getting practically the same income when he is sick as when he is at work will not hurry to get back to his work. But, having claimed, I think he would assure himself of his complete restoration before resuming work. In former days, when benefits were small and a man and his family were all the time being deprived, to a certain extent, of their ordinary means, there was a reason for hurrying back. But if a man is in receipt of sickness benefit amounting to his ordinary wages, there is not the same reason for doing so.

41,937. So few of your members having reduced their contributions, are they now finding it difficult to maintain the double contributions?—I heard of just two or three cases of that sort, but very few.

41,938. It is not leading to any indication of secession on the part of branches?—No. There has been a disposition on the part of a few to reduce their contributions as at the beginning, and in such cases we have permitted it.

41,939. You were asked a question as to the small attendance at lodge meetings, and you answered it to the effect that it must not, of necessity, be taken as showing any want of interest on the part of any large number of persons. Is it the fact that in these latter days attendance at lodges is not the same as in years gone by?—I must go many years back to find attendances which were very markedly greater than at present. In my own district they were falling off some time before the advent of National Insurance.

41,940. In the early days to which you refer, the lodge was more of a club?—Yes, there was a greater degree of social intercourse.

41,941. May we take it that the multiplication of amusements and other attractions has had a marked effect, and that the lodge does not now occupy the position it once did in the minds of the members?—That is so.

41,942. With regard to doctors' certificates; the lodge secretaries in the Manchester Unity have never

in the past questioned doctors' certificates?—Only to the extent I have already mentioned. There has never been any hesitation in approaching a doctor in the case of a doubtful claim.

41,943. If you put it now to secretaries that a doctor's certificate is not in itself sufficient warrant for the payment of benefit, they immediately retort: "Then who is to decide?"—Exactly. I think that is quoting from what I have myself written on the subject. That is the difficulty. Secretaries say: "What are we to do; how can we put our opinions against the doctor's?" I have urged this again and again as being an expression from, where shall I say? Buckingham Gate, I suppose it is. I have said: "I have heard it is the desire of the Commissioners that the doctor's certificate shall not in itself be recognised as such a warrant. I do not know how it can be enforced." The secretary says: "Well, what can I do if the doctor says this member is unfit for work; even if I know he ought to be at work, how can I do it?"

41,944. An official cannot be expected to take the responsibility of refusing payment under those circumstances?—I have told them: "Your duty is to refuse." I have had to strain myself a bit in telling them it is their duty. While I am sure the doctors have given certificates that ought not to be given, yet I have it in front of me that the doctor says they are unfit for work and the secretary also has it before him.

41,945. And on that certificate he pays?—Yes.

41,946. Supposing an insured person went to the doctor complaining of being unwell and the doctor refused him a certificate, and he then went to the official of the society and stated he was unwell, would the secretary, on his own responsibility, pay him sick benefit?—There has never been such a case. It really bears very strongly on the question of the judgment of the secretary or official of the society. If they were justified in refusing benefit when the doctor certified, surely they would be equally justified in paying when the doctor refused to certify.

41,947. In your opinion would a good deal of the difficulty in regard to the question of medical benefit and certification be removed if, in place of the present arrangement, there was a State medical service?—I do not know about that. Perhaps it might have the effect. I do not know to what extent the doctors have been influenced by one or another consideration. I fully believe that at the beginning it was antagonism to the Act. What it may be now that influences them in many cases where they grant certificates too freely, I do not know, unless it be that they do not want to get into disfavour with the people who approach them. A State service would remove that, but I do not think that the doctors are very much moved by that consideration.

41,948. The severance of the old relations between the medical men and the friendly societies caused the greatest trouble and upheaval, did it not?—That is so.

41,949. And has placed the friendly societies who gave medical benefits in a very awkward position, and in respect of a very large number of the old members of friendly societies who do not come under the Act, even to-day may I take it there is no adequate provision of medical benefit?—We are not badly served in that way in Plymouth. I know as a director that there has been considerable trouble in different places. But in Plymouth we are able to make reasonable arrangements; not, of course, as satisfactory as they were before.

41,950. But taken as a whole the friendly societies are of opinion that the restoration of the right to administer medical benefit would remove many difficulties?—I believe it would be of great service to the societies. I believe it would be the best method of securing medical attendance.

41,951. Would it remove many of the difficulties both in respect of the medical profession and of the approved societies, and many of the difficulties of National Insurance, if, instead of being administered through the approved societies it was administered by the State?—My answer must depend on the point of view you have. I am entirely opposed to administration by the State, because I believe that the friendly societies have been of very great value, that the sentiment that has been attached to them is of a worth that people



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outside the societies have never realised. I suppose there was an actual intention when the statement was originally made in connection with National Insurance, that the friendly societies should be helped, should be extended and should be improved through National Insurance, not destroyed. I am fully of opinion that if State insurance is intended to be supplementary to the work of the friendly societies it would be better administered through the societies themselves, notwithstanding all the difficulties, than it ever can be purely and simply by a State Department. If, on the other hand, it is simply a question of insurance apart from any other matter, then I believe the State could more economically and effectively administer National Insurance.

41,952. (*Mr. Wright.*) Just one question on that point. Do you think as a matter of fact that the National Insurance and the adoption of the approved society system is destroying much of the spirit of the old friendly society movement?—The tendency is in that direction, but I do not think very much in that way has happened yet.

41,953. May I put it in regard to your own society that a particular work is done in the district office and certain precautions are taken in the district which, so far as you know, as a director, are not taken in any other district in the Manchester Unity?—I should not like to say that I believe my district is better than others.

41,954. I did not say that. I said was there certain work done in the district office, and were certain precautions taken in watching the work of State insurance which, so far as you know, does not happen in any other district in the Manchester Unity?—I do not think I can say that.

41,955. Do you know of any other district in the Manchester Unity where a complete record is kept, for instance?—Yes, the Sheffield district.

41,956. Do you know of any other?—No.

41,957. Is it not a fact that in the Plymouth district to an equal extent—and perhaps to a greater extent—the old-fashioned ideals and the old customs of Oddfellowship have been maintained?—Yes. I think, perhaps, we are well up in that matter. I think there has been a desire on the part of a large number of members to keep alive the old spirit.

41,958. And in regard to the interest taken in the whole of the affairs of the lodges, from your experience as a director, should you say that in Plymouth you have been more fortunate than in other districts?—Than some; but I have visited a good many districts when I was grand master of the order where the same spirit, perhaps to an even greater extent, has been manifest.

41,959. I suggest to you that you were grand master before the society became approved under the Insurance Act?—That is so. I cannot tell what the effect has been in these districts since that happened.

41,960. I put it to you as a member of the board of directors that information has been brought before you in the board room in your official capacity as to districts and lodges in which the old spirit and the customs and traditions of Oddfellowship were disappearing?—A few cases. What we get are the extreme cases of failure and wrong-doing. These are extreme cases that come to us.

41,961. With regard to the reading of certificates and all correspondence in the lodge room, would you be prepared to say that that is universally carried out in the Manchester Unity?—Not universally.

41,962. Generally, then?—Yes.

41,963. (*Chairman.*) I do not think there is anything between us in regard to certificates. Take the case of a man certified as suffering from lumbago. If the secretary or lodge officials knew enough about that man to be suspicious, would they make further inquiry before paying him?—We have such cases, of course. I remember one case where a man had been certified as suffering from lumbago. The doctor apparently followed the man. The doctor was going to his consulting room and he noticed a man ahead walking on fairly briskly. The doctor went into the house by the front door and presently this particular man came into him hobbling painfully. The doctor

refused to give him a certificate saying "You must be more careful the next time you come here. I saw you coming along the road and there did not seem to be much the matter then." We do get cases of that kind occasionally, where the doctor himself detects it. But if the doctor has not detected it, and grants a certificate, the secretary would very rarely refuse. There is the certificate, and we cannot go behind it. If the secretary had evidence that the man was not ill he would not pay until he had brought the matter before the lodge.

41,964. Of course, such cases are rare?—I am sure no secretary in a district would pay on a certificate if he knew the thing was fraudulent.

41,965. Please do not think I am suggesting that it is the secretary's duty in every case to say, "Here is the doctor's certificate, it must be wrong." That is not what I am suggesting. Let me put another case a little bit more difficult. A man comes along with a certificate which suggests to the mind of the person who ordinarily deals with certificates nothing at all, except that the man is suffering from some disease or another, and is incapacitated. But the secretary knows or has reason to suspect that he is suffering from syphilis. What does he do then?—I have had no case named. I remember one case where I saw the doctor who had granted the certificate and he said that this matter dated back 20 years.

41,966. I wanted to go by steps. The secretary sees physically that the man is not fit in this case. In the lumbago case he questions the certificate knowing it has been given in error and refuses to pay. We are all agreed about that?—Yes.

41,967. Now in such a simple case as that he had some real ground for forming the suspicion which led him to think that the man was not entitled to sick benefit. If that were so he would not pay, would he?—No, I should think not. No person has ever referred to me except the one where the complaint was 20 years old. How could the man have knowledge: that is what I am wondering. I am not secretary of a lodge, but both of my sons have been secretaries, and I have been closely in touch with the work. So I ask how would it be possible for me to have knowledge, outside of the doctor's certificate, which would lead me up to that decision?

41,968. Suppose that he gets a certificate for bronchitis and pleurisy. Directly after he gets the certificate he receives information that the man was seen out on the previous night in a cold wind enjoying himself after work. Supposing with that knowledge he says to the man, "I am sorry to hear that you have pleurisy and bronchitis, but were you not out in the cold last night?" and the man says that he was out, what does the secretary do then?—Having seen the man out he would decline to pay him because of that until the matter had been reported to the lodge.

41,969. That is a breach of a lodge rule. I put it that he was out before—previously to receiving the certificate?—I think the secretary would pay. It is possible for him to be out on Tuesday and quite ill on Wednesday.

41,970. I put the two circumstances together because I wanted to suggest to your mind that it was better to be fully satisfied before paying in a doubtful case?—The secretary would communicate with the doctor and say to him, "How can you say so and so is ill when I saw this man on such a night at such a place?" We get frequent references to that. I am told that you have had evidence from the collecting societies that they do not allow their members any latitude. In Plymouth there have been serious complaints by the secretaries of our lodges that, whilst our people are restricted in regard to their movements at certain hours—they must not be out later than six or seven in the evening—they are taunted by people connected with the insurance companies who say they are not interfered with, and that they can be out as late as they please. They have been seen at music halls, theatres, and so on, when in receipt of benefit. In our case we should say that this is a matter for reporting to the surgeon, that this man was known to be out at certain



22 May 1914.]

Mr. T. BARNES.

[Continued.]

hours just prior to going sick; why should the doctor grant a certificate. If the doctor says "Well, I cannot help his being out then, he is now ill," we should have to pay.

41,971. I did not put his being out late as the determining factor. What I suggest is, is there in the mind of the secretary when the man comes to him, something which makes him instantly suspicious?—Enough to cause him to communicate with the doctor?

41,972. Enough to cause him to ask the man questions?—It has frequently happened. Secretaries do know their men, and in regard to certain cases they make representations to the doctor when they get certificates. They may say, "I know this man, he does so and so; how came you to grant that certificate?" The doctor says, "Yes, I know he does so and so, but the man is ill."

41,973. Of course it would be most unreasonable not to communicate with the doctor if the secretary knew anything about a man. But it does come to this that, knowing their men, they do in fact question the certificates with the man and the doctor if there is anything in their minds which they think ought to be cleared up?—Yes, there is frequent communication, so that the doctor shall know everything the secretary

knows regarding the case. But then the doctor finally decides.

41,974. Of course, the doctor might reply: "This man is seriously ill; I have gone into all the circumstances of the case, and there is no doubt about it," and then the secretary would pay. But do you not think it would be well if the secretary told the doctor all he knows about the man, if he had real grounds to go upon?—You may take it that that is done.

41,975. Just one other question. We are so frequently told and the doctrine was laid down by you very clearly, a little time ago, that in no circumstances must the lodge secretary question the doctor's certificate?—I did not say that. I said in no circumstances would benefit be refused on the certificate of a doctor declaring a man unfit for work. But then the case would be visited, and after that investigation would go on.

41,976. All I want to get at is, would not this lead people outside to think that that means that in all cases payment should be made upon the certificate, even when the secretary has knowledge in his mind leading him to think the certificate is wrong, or to think it suspicious?—Quite so.

The witness withdrew.



## APPENDIX F.

### SUMMARY OF REPLIES MADE BY MEMBERS OF THE LONDON CHAMBER

	<p style="text-align: center;">QUESTION 1.</p> <p>Is it your experience that there has been relatively more sickness or absence on account of slight ailments on the part of your employees since July 15th, 1912, the date of the coming into operation of the National Insurance Act?</p>	<p style="text-align: center;">QUESTION 2.</p> <p>If so, is this due, in your opinion, to the fact that they could claim benefits under the National Insurance Act?</p>
1	No.	—
2	We have no exact records, but do not think there has been any variation in the amount of absence.	—
3	Yes, especially amongst the women workers.	Undoubtedly.
4	Yes.	As far as we are concerned, we think it arises from the fact that our employees were insured against sickness previous to the Act, and that the additional benefits under the Act enables them, when sick, to receive substantial sums, in some cases in excess of their wages.
5	To a small extent it is so.	No doubt.
6	No.	—
7	Yes; 50 per cent. more from particulars taken out.	Decidedly, and aided by club pay.
8	—	—
9	No.	—
10	No. We have not had this experience.	—
11	No.	—
12	No.	
13	—	—



## APPENDIX F.

OF COMMERCE TO A QUESTIONNAIRE SUBMITTED TO THEM.

QUESTION 3. Has sickness, slight or otherwise, amongst your employees been more pronounced in the case of— (a) Adult males. (b) Married women. (c) Unmarried women. (d) Young persons?	QUESTION 4. Is it, in your opinion, the fact that prior to the Act, slight ailments were more frequently disregarded by workpeople when they might reasonably have had recourse to medical treatment?	QUESTION 5. Have you any other observations on the subject of "excessive sickness"?
No difference has been observed.	No difference has been observed.	No.
No.	No.	—
(a) No. (b) Employ but few. (c) Yes. (d) Yes.	Yes	No, except to state that, from information obtained, our experience has not been so bad as that of others in this district.
(a) Slightly so. (b) We do not employ married women. (c) Much more so. (d) Much more so.	Yes.	No.
The slight increase of sickness has been mainly amongst married women and girls over 21.	Yes, we think so.	Previously to the passing of the Insurance Act, this company paid employees two-thirds wages when sick up to six weeks, and still continues to make the insurance allowance up to this amount. It may be partly due to this fact that there has been a little more sickness in our case.
(a) No. (b) No. (c) No. (d) No.	No.	No. We have been astonished at the very little illness, but I fancy if the four days were done away with there would be more.
More pronounced amongst female operatives.	Yes.	Panel doctors to deal with patients as they did before the Act, especially with club patients—not keep them on indefinitely. Inspectors required to detect fraud.
—	—	We are not conscious of any increase in sickness during the time referred to.
No.	No.	No.
(a) No. (b) No. (c) No. (d) No.	We cannot say.	We have had no experience of "excessive sickness" among our staff, after keeping very detailed illness records since the Act came into force.
(a) No. (b) No. (c) No. (d) No.	—	There has been nothing abnormal in the amount of sickness among our people since the Act came into force.
Sickness very slight. Cannot recollect any above the ordinary or calling for special note.	No.	No.
—	—	The only difference we have noted with our men since the passing of the Act is that in cases of minor sickness where under the old sick club regime men would have been away a few days, they now remain away a week in order to get insurance money.



Appendix F—*continued.*

	QUESTION 1. Is it your experience that there has been relatively more sickness or absence on account of slight ailments on the part of your employees since July 15th, 1912, the date of the coming into operation of the National Insurance Act?	QUESTION 2. If so, is this due, in your opinion, to the fact that they could claim benefits under the National Insurance Act?
14	No.	—
15	No; largely because so many of our staff are paid by us when sick, and were so paid before the Act came into operation.	—
16	Yes.	Yes.
17	Yes.	Yes. When they are are ill they take advantage of the Act.
18	Certainly.	Yes, without doubt.
19	No change.	—
20	Yes, to a small extent in the case of women, but not with men.	—
21	Yes, undoubtedly so. Panel doctors are prone to delay the return of workmen much more so than before the Act.	Yes, and where workmen are members of slate and other clubs, they now sometimes receive more than they would when working.
22	No.	—
23	Yes. There has been a considerable increase in the absence on account of slight ailments January 13th, at which time sick payments under the National Insurance Act came into operation.	The fact that the increase in the amount of absence, owing to slight ailments, commenced as soon as the sick payments under the National Insurance Act were payable, and the amount of sickness as shown by the balance sheet of our Tontine Benefit Society for the year 1913, having been so much in excess of any previous year in our experience, inclines us to the opinion that it was due to the fact that employees could claim benefits under the National Insurance Act and other clubs to which they belonged.
24	We have not had an unusual amount of sickness.	—



Appendix F.—*continued.*

<p>QUESTION 3.</p> <p>Has sickness, slight or otherwise, amongst your employees been more pronounced in the case of—</p> <p>(a) Adult males.</p> <p>(b) Married women.</p> <p>(c) Unmarried women.</p> <p>(d) Young persons?</p>	<p>QUESTION 4.</p> <p>Is it, in your opinion, the fact that prior to the Act, slight ailments were more frequently disregarded by workpeople when they might reasonably have had recourse to medical treatment?</p>	<p>QUESTION 5.</p> <p>Have you any other observations on the subject of "excessive sickness"?</p>
<p>(a) No.</p> <p>(b) No.</p> <p>(c) No.</p> <p>(d) No.</p>	<p>—</p>	<p>—</p>
<p>—</p>	<p>Yes. There is no doubt about this.</p>	<p>—</p>
<p>(a) No.</p> <p>(b) Yes.</p> <p>(c) Yes.</p> <p>(d) No.</p>	<p>Yes.</p>	<p>—</p>
<p>(b) Little in excess of others.</p>	<p>Yes, formerly they could not afford to lay up and obtain medical treatment, when they could reasonably have done so.</p>	<p>We do not find sickness excessive, but more frequent than formerly.</p>
<p>No separate return kept.</p> <p>—</p>	<p>No.</p> <p>—</p>	<p>—</p> <p>—</p>
<p>See Question 1.</p>	<p>We think so.</p>	<p>—</p>
<p>The question hardly affects us, as we employ all adult males.</p> <p>—</p>	<p>Slight ailments were more frequently disregarded prior to the Act, and workpeople had less recourse to medical treatment, but in our opinion such lack of medical treatment did not seriously affect them.</p> <p>—</p>	<p>No.</p> <p>—</p>
<p>(a) Adult male great increase.</p> <p>(b) No information available.</p> <p>(c) No previous statistics available.</p> <p>(d) Males slight increase.</p> <p>—</p>	<p>Yes.</p> <p>—</p>	<p>Where the possible sick benefits more nearly approach the man's weekly full wage, we think an excessive absence from employment will result.</p> <p>—</p>



## APPENDIX G.

KINGSTON-UPON-HULL INSURANCE AREA, April 15th—November 17th, 1913.

Total insured population, 99,155, being males 74,748, and females 24,407.

Return of 65,823 insured on panel practitioners' lists, estimated as M. 49,621 and F. 16,202  
and of 2,017 insured on Approved Institution list.

Total - 67,840

On Lists.	Attended.		Attendances.		Certificates.		Certificates. Not classified.
	Males.	Females.	Males.	Females.	Males.	Females.	
Group 1 - - 28,117	6,973	2,968	32,668	15,437	2,291	891	—
Group 2 - - 43,500	4,545	1,851	22,546	10,225	—	—	1,843
	16,337				3,182		
Group 3 - - 22,323	6,498	2,323	32,312	12,743			
	65,823	18,016	87,526	38,405			
	25,158		125,931				
Group 4 - 45,517 ↓ 2,017	820	78	3,712	336	351	30	
	898		4,048		381		
	67,840	18,836	91,238	38,741	381		
	26,056		129,979		5,406		

Group 1, 2 and 3 = 65,823 are estimated on same ratio as whole insured population. M. 49,621, F. 16,202.  
Group 1 alone = 28,117 " " " " " M. 21,196, F. 6,921.

Those attended in Groups 1, 2 and 4, of whom there are records of certificates given, amount to 17,235 out of a total on the lists of Group 1, 2 and 4 of 45,517.

Of 67,840 there were attended 26,056 = 38·400 per cent., with 129,979 attendances = 4·988 each.  
 „ 65,823 (under panel practitioners) 25,158 = 38·220 „ „ 125,931 „ = 5·005 „  
 „ 2,017 ( „ Approved Institution) 898 = 44·52 „ „ 4,048 „ = 4·507 „  
 „ 49,621 males (estimated) 18,016 = 36·307 „ „ 87,526 „ = 4·858 „  
 „ 16,202 females „ 7,142 = 44·080 „ „ 38,405 „ = 5·377 „

Of 17,235 (males and females) attended there got certificates 5,406 = 31·366 per cent., 1 in 3·188; or in a group of 45,517 insured, 11·876 per cent., or 1 in 8·419.

„ 16,337 (males and females) attended by practitioners on the panel, certificates 5,025 = 30·758 per cent., or 1 in 3·251; or in a group of 43,500 insured, 11·551 per cent., or 1 in 8·656.

„ 898 (males and females) attended under an approved institution, certificates 381 = 42·428 per cent., or 1 in 2·356; or in a group of 2,017 insured, 13·931 per cent., or 1 in 5·293.

„ 6,973 males attended there got certificates 2,291 = 32·855 per cent., or 1 in 3·043; or in a group of 21,196 males (estimated) 10·808 per cent., or 1 in 9·251.

„ 2,968 females attended there got certificates 891 = 30·020 per cent., or 1 in 3·331; or in a group of 6,921 females (estimated) 12·873 per cent., or 1 in 7·745.



## APPENDIX H.

## NATIONAL INSURANCE ASSOCIATION FOR THE EASTERN COUNTIES.

*Experience of Sickness and Maternity Benefits for the Half-Year ended July 1913.*

Name of Society.	Under 21 Years of Age.		21 Years and under 50.		50 Years and under 65.		65 Years and over.		Total.		Maternity Benefits Paid.
	Mean No.	Days' Aver.	Mean No.	Days' Aver.	Mean No.	Days' Aver.	Mean No.	Days' Aver.	Mean No.	Days' Aver.	
MEN.											
Aldham Club - - - -	26	1·8	82	1·59	80	5·9	45	23·9	233	7·41	2
Barkway Excelsior - - -	24	1·0	119	1·44	35	10·37	2	—	180	3·25	5
Bassingbourn Benefit - -	11	8·27	132	1·78	46	1·65	17	18·47	206	3·5	4
Bishop's Stortford Friendly Society.	17	·88	160	3·38	121	5·37	13	14·3	311	4·47	6
Buntingford Union Association -	136	3·05	576	3·57	140	4·5	36	14·3	888	4·07	36
Cambridge General Benefit Society.	76	·34	165	2·46	115	3·99	18	5·83	374	2·66	11
Dunmow Friendly Society - -	117	·49	468	1·84	165	5·46	42	4·54	792	2·53	26
Duxford Prince Albert - -	8	—	32	7·68	11	3·27	2	—	53	5·32	1
Essex Provident Society - -	5	—	66	2·2	109	5·15	54	11·5	234	5·24	4
Friendly and Benefit Society Great and Little Chesterford.	11	1·09	43	3·55	22	4·77	2	—	78	3·46	2
Industry Friendly Society - -	22	—	106	1·66	27	3·77	3	—	158	1·75	8
Little and Great Gransden Friendly Society.	13	·53	68	1·9	9	3·2	5	1·4	95	1·84	5
Melbourn Independent Foresters	1	—	89	3·55	36	6·13	7	2·42	133	4·16	2
Reepham Provident Society -	3	—	46	1·27	30	10·3	3	—	82	4·48	—
Saffron Walden Provident and Friendly Institution.	34	1·5	244	2·52	116	12·49	15	·86	409	5·2	9
Shepherds Tent - - - -	1	—	47	3·76	21	2·04	5	12·8	74	3·83	—
Shepherds by Guisnes - - -	8	·37	25	4·28	18	·11	1	—	52	2·15	2
Shepherds by the Wood - - -	16	1·87	87	3·51	38	8·52	5	2·2	146	4·59	3
Shepreth Mutual - - - -	67	1·26	302	3·41	78	2·52	10	10·1	457	3·09	17
Southern Star Shepherds - -	7	1·28	69	2·15	15	9·8	1	—	92	3·3	6
Star Benefit Society - - - -	29	·93	202	1·39	10	3·0	1	—	242	1·4	10
Star of Providence - - - -	15	7·26	47	3·27	21	5·66	1	78·0	84	5·45	2
Steeple Morden Benefit Society -	27	1·22	140	2·63	75	4·77	11	2·72	253	3·12	6
Tendring Hundred Provident Benefit and Sickness Society.	57	1·1	509	2·59	198	3·46	17	1·05	781	2·67	22
United Friendly Benefit Society -	15	—	73	·76	30	3·9	13	18·0	131	3·1	5
WOMEN.											
Aldham Club - - - -	2	—	1	—	2	—	—	—	5	—	—
Cambridge General Benefit Society.	37	1·67	91	1·05	20	6·55	4	15·75	152	2·31	—
Dunmow Friendly Society - -	46	1·69	70	2·82	18	·5	2	—	136	2·09	—
Essex Provident Society - -	8	7·87	19	8·1	10	1·2	1	—	38	6·02	—
Industry Friendly Society - -	20	·95	32	3·09	6	—	1	—	59	2·0	—
Reepham Provident Society -	3	—	6	1·0	—	—	—	—	9	·66	—
Saffron Walden Provident and Friendly Institution.	2	—	6	1·33	2	—	—	—	10	·8	—
Shepherds by the Wood - - -	3	—	3	—	2	—	—	—	8	—	—

Total mean membership for the above half-year 6,533 men. Number of days' sickness 23,308 or 3·56 days' average per member.

Total mean membership for the above half-year 417 women. Number of days' sickness 998 or 2·39 days' average per member.

Maternity benefits paid (husband's benefit) 194 or 3 per cent. on the mean membership (men).

No maternity benefits were paid on account of women's insurances.

A. P. DIXON, Secretary.



*Experience of Sickness and Maternity Benefits for the Half-Year ended January 1914.*

Name of Society and Approval No.	No.	Under 21 Years of Age.		21 Years and under 50.		50 Years and under 65.		65 Years and over.		Total.		Maternity Benefits Paid.	Order of Sickness Experience for Half-Year.
		Mean No. Members.	Days' Aver. Sickness.	Mean No. Members.	Days' Aver. Sickness.	Mean No. Members.	Days' Aver. Sickness.	Mean No. Members.	Days' Aver. Sickness.	Mean No. Members.	Days' Aver. Sickness.		
MEN.													
Aldham Club - -	1,001	7	—	97	2·62	86	4·75	37	10·27	227	4·59	3	23
Barkway Excelsior -	1,301	19	·21	129	1·20	34	5·56	2	23·50	184	2·15	5	9
Bassingbourn Benefit -	2,900	10	3·50	132	·97	46	2·00	16	4·43	204	1·60	5	3
Bishop's Stortford Friendly Society.	2,267	18	1·27	162	2·04	117	5·46	12	13·00	309	3·72	3	25
Buntingford Union Association.	1,162	133	1·42	580	2·25	142	4·91	39	6·97	894	2·74	25	17
Cambridge General Benefit Society.	1,016	76	2·39	160	1·62	112	3·75	20	7·65	368	2·76	5	18
Dunmow Friendly Society	1,135	107	1·30	474	1·11	169	2·92	40	3·72	790	1·66	27	4
Duxford Prince Albert -	2,580	8	10·62	32	1·34	11	—	2	—	53	2·41	2	12
Essex Provident Society	1,394	5	—	66	2·12	107	6·09	49	6·01	227	4·39	3	27
Friendly and Benefit Society, Great and Little Chesterford.	1,397	6	—	45	·75	26	·42	2	—	79	·56	1	1
Industry Friendly Society	1,142	18	1·05	107	2·87	26	2·50	3	—	154	2·54	6	15
Little and Great Gransden Friendly Society.	2,673	12	1·00	70	4·18	8	—	6	·50	96	3·20	1	23
Marshland Health Insurance Society.	2,414	8	—	57	1·85	7	12·28	—	—	72	2·66	2	16
Melbourn Independent Foresters.	1,838	1	—	82	2·07	35	2·28	11	5·18	129	2·37	5	11
New Friendly Society, Great Witchingham.	2,185	9	—	52	3·63	13	3·76	1	—	75	3·17	7	22
Reepham Provident Society.	1,520	2	—	46	5·69	31	·58	4	—	83	3·37	—	24
Saffron Walden Provident and Friendly Institution.	2,207	35	·51	239	3·51	110	1·58	21	4·80	405	2·80	14	19
Shepherds Tent - -	1,925	1	—	47	2·37	21	2·14	5	5·00	74	2·45	4	13
Shepherds by Guisnes -	2,133	6	—	23	3·86	18	—	1	10·00	48	2·06	0	6
Shepherds by the Wood -	1,723	14	4·28	89	5·57	37	7·64	5	—	145	5·78	5	29
Shepreth Mutual - -	1,058	71	1·25	320	2·88	91	2·81	11	19·27	493	3·00	13	20
Southern Star Shepherds	2,879	7	—	69	1·91	15	3·93	1	—	92	2·07	7	7
Star Benefit Society -	1,089	25	—	204	1·54	14	3·14	1	—	244	1·47	7	2
Star of Providence -	2,333	14	·71	47	3·72	21	7·14	1	—	83	4·03	3	26
Steeple Morden Benefit Society.	2,640	23	3·52	133	1·75	80	4·73	10	7·90	246	3·13	6	21
Tendring Hundred Provident Benefit and Sick Society.	1,799	49	·51	512	2·20	205	1·68	23	12·52	789	2·26	14	10
United Friendly Benefit Society.	1,891	11	·18	69	1·71	28	3·75	16	5·00	124	2·45	3	13
Walpole St. Andrew -	1,299	26	4·19	83	1·38	24	2·87	6	—	139	2·10	2	8
Winterton Provident Friendly Society.	2,561	16	1·12	58	·82	27	·44	3	38·66	104	1·86	7	5
WOMEN.													
Aldham Club - -	1,001	1	—	2	—	2	—	—	—	5	—	—	1
Cambridge General Benefit Society.	1,016	37	3·18	89	·92	20	—	4	33·00	150	2·21	—	6
Dunmow Friendly Society	1,136	43	3·13	76	2·21	17	1·23	3	28·00	139	2·92	—	8
Essex Provident Society	1,394	9	—	20	11·65	9	—	1	—	39	5·97	—	9
Industry Friendly Society	1,142	17	·70	35	3·88	6	—	1	—	59	2·50	—	7
Reepham Provident Society.	1,520	3	—	4	1·50	1	—	1	—	9	·66	—	4
Saffron Walden Provident and Friendly Institution.	2,207	3	—	7	—	4	—	—	—	14	—	—	1
Shepherds by the Wood -	1,723	3	—	3	—	2	—	—	—	8	—	—	1
Walpole St. Andrew -	1,299	10	·90	17	3·17	4	—	—	—	31	2·03	—	5

Total mean membership for the above half-year 6,930 men. Number of days' sickness 18,574 or 2·68 days' average per member.

Total mean membership for the above half-year 454 women. Number of days' sickness 1,190 or 2·62 days' average per member.

Maternity benefits paid 185 or 2·67 per cent. on the mean membership (men).

No maternity benefits were paid on account of women's insurances.

A. P. DIXON, Secretary.



NATIONAL HEALTH INSURANCE.

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APPENDIX

TO THE

REPORT

OF THE

DEPARTMENTAL COMMITTEE

ON

SICKNESS BENEFIT CLAIMS UNDER THE  
NATIONAL INSURANCE ACT.

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VOLUME IV.

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INDEX TO THE MINUTES OF EVIDENCE.

The Report of the Committee is printed separately as [Cd. 7687]. The Minutes of Evidence are printed separately in three volumes as follows:—Vol. I., Minutes from 15th October, 1913, to 18th December, 1913, as [Cd. 7688]; Vol. II., Minutes from 31st December, 1913, to 5th March, 1914, as [Cd. 7689]; Vol. III., Minutes from 11th March, 1914, to 22nd May, 1914, as [Cd. 7690].

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Presented to both Houses of Parliament by Command of His Majesty.

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the United States of America, the Continent of Europe and Abroad of  
T. FISHER UNWIN, LONDON, W.C.

1914.







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 little Difficulty experienced *re* statement of disease, *Marsh* - - - - - 32,506-12  
 Improvement in, since conference, *Marsh* 32,488-90  
 Insistence of societies on signing on particular day, and wording "I have this day examined," objection to, and practice *re*, *Marsh* - 32,467-87, 32,815-6, 32,947-59  
 Phthisis, diagnosis not always easy at first, and "debility" used instead, *Marsh* - 32,515-6  
 Vague, inquiries by societies would not be resented, *Marsh* - - - - - 32,704-8  
 for Venereal disease, no claims made, *Marsh* 32,529-30

**DOCTORS :**

- Attempts made by societies to get patients off before communicating with, and objection to, *Marsh* - - - - - 32,702-3



**Bath—continued.****DOCTORS—continued.**

Attendances, number in year, <i>Marsh</i>	- 32,429
Better attention given to patients than under old friendly society system, <i>Marsh</i>	- 32,731
Clerical work, arrangement <i>re</i> , <i>Marsh</i>	- 32,424-5
Conference with superintendents of collecting societies, <i>Marsh</i>	- 32,767
Contract practice formerly, <i>Marsh</i>	- 32,422-3, 32,448-55
no Definite inquiries made as to extent to which patients insured, <i>Marsh</i>	- 32,667-8
no Difficulty in getting through work, <i>Marsh</i>	32,421, 32,447
no Distinction made between panel and private patients, <i>Marsh</i>	- 32,709-11
Factory girl patients, and no experience of heavier sickness among, <i>Marsh</i>	- 32,902-4
First duty to patient, but responsibility felt to friendly societies, committee and Commissioners, <i>Marsh</i>	- 32,694, 32,770-81
Free choice, considered important by doctor and patients, <i>Marsh</i>	- 32,729-30
Hours, members seen in, &c., <i>Marsh</i>	- 32,420, 32,430-2
Number of patients on list, and occupations, <i>Marsh</i>	32,408-15
more Old persons attended than before Act, <i>Marsh</i>	- 32,581
Panels not excessive, <i>Marsh</i>	- 32,789, 32,797
<b>Patients:</b>	
Cases seen at home	- 32,905-7
Class taking up most of time, <i>Marsh</i>	32,416-8
little Malingering, but exaggeration or valedudinarianism, <i>Marsh</i>	- 32,442-4
Majority do not come for certificate, and question of proportion receiving, <i>Marsh</i>	32,434-40
Minor ailments, <i>Marsh</i>	- 32,433-5
Number and personnel about same as before Act, but more seen, <i>Marsh</i>	32,421-4, 32,426-8, 32,916-24
Personal knowledge of, <i>Marsh</i>	- 32,690-2
few Private patients seen in surgery now, <i>Marsh</i>	- 32,446-7
Proportion of panel to total, <i>Marsh</i>	- 32,445
Seen in rotation, <i>Marsh</i>	- 32,908-10
Refusal of certificates and loss of patients owing to, <i>Marsh</i>	- 32,440-1, 32,457-9, 32,939-42
Relations to Insurance Committee, <i>Marsh</i>	32,695-701
Relations with societies, <i>Marsh</i>	- 32,501-2
Remuneration, 1911, 1912, and under Act, <i>Marsh</i>	32,924
Remuneration for panel work about the same as for private, <i>Marsh</i>	- 32,936-8
Slow in coming in, but Act generally honestly worked, <i>Marsh</i>	- 32,762-6
Surgery work, increase, <i>Marsh</i>	- 32,429
Transfers from, not people with whom friction, <i>Marsh</i>	- 32,456
Willingness to receive visits and information from societies' representatives, and conference would be agreed to, <i>Marsh</i>	- 32,702, 32,768-9, 32,781-3, 32,889
Work increased, but not out of proportion to income, and large amount of trivial illness, <i>Marsh</i>	- 32,927-32
Hospital facilities, <i>Marsh</i>	- 32,643-4
Incapacity, interpretation as incapacity for ordinary work, but discretion exercised, <i>Marsh</i>	32,648-63

**MEDICAL REFEREE:**

Acting as consultant, question of, <i>Marsh</i>	32,602-10, 32,645-6, 32,829-31
Advantages to be derived, <i>Marsh</i>	- 32,549-52, 32,566-9, 32,732-3
Appointment, method, <i>Marsh</i>	32,538-9, 32,737-8
no Cases sent to, by doctors, and few by societies, <i>Marsh</i>	- 32,542, 32,552
certain number of Cases sent back to work by, <i>Marsh</i>	- 32,758-9
Doctors satisfied with, <i>Marsh</i>	- 32,545
Doctors should have option of consulting, but objections to compulsion	- 32,966-79

**Bath—continued.****MEDICAL REFEREE—continued.**

Employment by Insurance Committee for two quarters, but administration expenses not sufficient to continue, <i>Marsh</i>	- 32,533-5, 32,546
Method of sending cases to, and wrong class of person sent, <i>Marsh</i>	- 32,832-42
Panel practitioner and on hospital staff, <i>Marsh</i>	32,536-7, 32,599
Payment, <i>Marsh</i>	- 32,543-4
Practically a dead letter for first three months, <i>Marsh</i>	- 32,759
Refusal of societies to accept decision of, <i>Marsh</i>	32,539-40, 32,597-8
Sending of cases to, better done locally than centrally, <i>Marsh</i>	- 32,841-2
Suggestion made that societies should combine to employ, but method not agreed on, and refusal of Dr. Walsh to act, <i>Marsh</i>	- 32,548, 32,734-6
Whole-time salaried man would be preferred, appointed by committee or Commissioners, preferably latter, but not society, <i>Marsh</i>	32,553-62, 32,603-5
Misunderstanding of principles of insurance and dissemination of knowledge advocated, <i>Marsh</i>	32,588-96, 32,683-5
Nursing arrangements, <i>Marsh</i>	32,639-40, 32,914-5
Second opinion, facilities, <i>Marsh</i>	- 32,646-7

**SICK VISITING:**

Interference experienced in some cases, <i>Marsh</i>	32,805
Need for, value of, and form considered most useful, <i>Marsh</i>	- 32,635-8, 32,803-9
System formerly and since Act, <i>Marsh</i>	32,581, 32,803

**SICKNESS BENEFIT:**

Declaring off at end of week, and attitude of doctor, <i>Marsh</i>	- 32,628-34, 32,714-28
Desire of persons to go on State fund but not on fund of slate club, but no reluctance to claim on private side in large societies, <i>Marsh</i>	32,588, 32,671-7
Payment for period before certificate given, heard of, <i>Marsh</i>	- 32,744-51
Reluctance to go on fund in some cases, but not as a general rule, <i>Marsh</i>	32,613-4, 32,669-70
Requests by agents, especially of collecting societies, to keep men on funds, <i>Marsh</i>	32,459-66, 32,784-8, 32,980
<b>Three days' waiting period:</b>	
Grumbles heard, but most people get payment from private societies, <i>Marsh</i>	- 32,686-8
Hardship of not being able to date back in some cases, <i>Marsh</i>	- 32,688

**SICKNESS CLAIMS:**

<b>Causes of excessive claims:</b>	
Careless giving of certificates not considered a cause, <i>Marsh</i>	- 32,752-61, 32,797-800
Insufficient allowance for admission of bad lives, suggested, <i>Marsh</i>	- 32,581-9
Over-insurance, <i>Marsh</i>	32,596, 32,612-6, 32,666, 32,680-1
Slackness or absence of sick visiting, <i>Marsh</i>	32,581, 32,588, 32,801
among People who would formerly have gone on working, <i>Marsh</i>	- 32,924-6
Bedford, nursing, daily visiting by Queen's nurse for payment, <i>Hughes</i>	- 40,342-3

**Bedfordshire Federation of Friendly Societies:**

Explanation, <i>Hartop</i>	- 22,234-7
Financial unsoundness of old societies coming into, and assistance formerly from honorary members, <i>Hartop</i>	- 22,354-62
Local administration, <i>Hartop</i>	- 22,394
Number of societies, and members, <i>Hartop</i>	- 22,392
Old societies, reduction of benefits, <i>Hartop</i>	- 22,360

**Bedfordshire United Insurance Society:**

Administration money, expenditure, <i>Hartop</i>	22,310-2
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**CERTIFICATES:**

Declaring off:	
Difficulty in getting doctors to give, <i>Hartop</i>	22,293
Form, <i>Hartop</i>	- 22,422-7



**Bedfordshire United Insurance Society—continued.****CERTIFICATES—continued.**

Declaring on and off only, <i>Hartop</i>	- 22,429-31
Ease of obtaining, <i>Hartop</i>	- 22,264
Laxness in giving, but no cases taken to Insurance Committee, <i>Hartop</i>	- 22,400-8
Refusal of one doctor to state illness, <i>Hartop</i>	22,285-92
Signing of, without seeing patient, <i>Hartop</i>	22,374, 22,431-8
for Trivial ailments, <i>Hartop</i>	22,265-78, 22,323-4, 22,374-8
Committee of management appointed, method, meetings, &c., <i>Hartop</i>	- 22,295-303
Doctors, on private side, increased payment, <i>Hartop</i>	22,380

**LOCAL SECRETARIES :**

Class of men, &c., and inefficiency of, for work, <i>Hartop</i>	- 22,346-53
Ignorance of Act and slack administration, <i>Hartop</i>	22,270-85
Payment, <i>Hartop</i>	- 22,310

**MEMBERS :**

Insurance also with local society, but many have reduced benefits, <i>Hartop</i>	- 22,247-51
Number, and number of societies comprised in, <i>Hartop</i>	- 22,238-40
Number of men and women, <i>Hartop</i>	- 22,246
Occupations and wages, <i>Hartop</i>	22,252, 22,258-62, 22,366 22,371-3
Misunderstanding of principles of insurance, and steps should be taken, <i>Hartop</i>	- 22,380-90
Over-insurance and serious prospect for private side of societies, <i>Hartop</i>	- 22,354-73
Pooling of funds of different societies, and working from head office, <i>Hartop</i>	- 22,241-5, 22,396
Position of, <i>Hartop</i>	- 22,236-7
Reduction of contributions on voluntary side, <i>Hartop</i>	22,398-9
no Sick visiting, and question of need for, <i>Hartop</i>	22,309, 22,314-7

**SICKNESS BENEFIT :**

Cases of persons on, for 26 weeks, <i>Hartop</i>	22,321-45
Consumption cases, <i>Hartop</i>	- 22,325-6, 22,342
Cost, <i>Hartop</i>	- 22,253-5, 22,319-45
Men a heavier drain than women, <i>Hartop</i>	- 22,257
Two cases of women on funds for long period, <i>Hartop</i>	- 22,257
Sickness claims not excessive with exception of market gardening districts, <i>Hartop</i>	- 22,256
Working of, locally, and stricter supervision from centre advisable, <i>Hartop</i>	- 22,306-8

**Beeston Castle, Cheshire, Manchester Unity :**

Panel doctors, improving relations with, <i>W. P. Wright</i>	31,848
Reduction of contributions, <i>W. P. Wright</i>	- 31,850

**BELDING, DR. D. TURNER (East Dereham), member of Insurance Committee for Norfolk and local medical committee, &c.**

34,157-34,554

**Belfast :**

Medical referee, appointed by National Amalgamated Union of Labour, cases struck off by, put on again by general medical referee, <i>Bell</i>	- 40,782
Organisation of National Amalgamated Union of Labour in, <i>Bell</i>	- 40,804

**BELL, J. N., Secretary of the National Amalgamated Union of Labour**

- 40,714-40,868

**Benefits :**

see also particular benefits.

Minimum, should be guaranteed by Government, but some conditions necessary for careful administration, <i>Macarthur</i>	11,592, 14,402-4, 14,415-30, 14,503-4, 14,633-67
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**BENNETT, DR. W. BOASE, Liverpool**

16,078-16,944

**Bermondsey, Camberwell, Deptford, and Southwark :**

Appliances, difficulty in procuring certain, and consequent increase of claims, <i>Richmond</i>	38,544-5, 38,551
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**Bermondsey, Camberwell, Deptford, and Southwark—continued.****CERTIFICATES :**

Influenza cold, justification, <i>Richmond</i>	38,638-54
Nature of illnesses, <i>Richmond</i>	- 38,390-1
Practice re, same as before Act, but difficulties greater, <i>Richmond</i>	- 38,625-8
Proportion of cases receiving, <i>Richmond</i>	38,342-5
Requiring of, on certain day, difficulty, and patient not always seen on day on which certificate dated, <i>Richmond</i>	- 38,703-21
without Seeing patient given in certain cases, but wording altered, <i>Richmond</i>	- 38,698-702
Venereal disease :	
Certificate would not be given in cases of actual venereal disease, <i>Richmond</i>	38,540, 38,613, 38,681-2
Putting of symptom on certificate and private communication with society, <i>Richmond</i>	38,519-24
no more Women granted, in proportion to number, than men, <i>Richmond</i>	- 38,345
Dental treatment facilities, <i>Richmond</i>	38,546-56
Difficulty of people getting well owing to conditions, <i>M. Phillips</i>	- 38,829

**DOCTORS :**

Allocation of patients, <i>Richmond</i>	- 38,339
Bad lives among patients, <i>Richmond</i>	- 38,400
Club practice formerly, and some patients the same, <i>Richmond</i>	- 38,394-9
Communications with officials, <i>Richmond</i>	38,401-10
Difficulty of getting people to carry out instructions, and question of communication with societies, cases of, <i>Richmond</i>	38,436-48, 38,454, 38,668-73
Large proportion of patients seen in surgery, <i>Richmond</i>	- 38,629-32
Larger number of people go to, than before Act, <i>Richmond</i>	- 38,364
Number of persons on list, <i>Richmond</i>	- 38,338
Patients, about one-third women, <i>Richmond</i>	38,340
Proportion seen of persons on list, <i>Richmond</i>	38,341
Relationship with officials same as before Act, <i>Richmond</i>	- 38,451
Responsibility to societies recognised, <i>Richmond</i>	38,452-3
would be Willing to co-operate with societies, <i>Richmond</i>	- 38,447-56
Fraud, few cases of, <i>Richmond</i>	- 38,392
Hospital, out-patients department, long waiting a difficulty, <i>Richmond</i>	- 38,733-6

**INCAPACITY :**

Decision, difficulty in some cases, <i>Richmond</i>	38,565
Interpretation as inability to work without physical injury being caused, or risked, <i>Richmond</i>	38,504-6, 38,606, 38,638-67

**INSURED PERSONS :**

Low paid and badly housed, &c., <i>Richmond</i>	38,358-63
Occupations of, and wages, <i>Richmond</i>	- 38,346-57

**MEDICAL REFEREES :**

Desirable for societies and doctors, and consultant advocated, and all three parties should have access to, <i>Richmond</i>	- 38,474-9
Doctors should be asked for further information before cases sent to, <i>Richmond</i>	- 38,480-2
Medical service, inadequacy of, <i>Webb</i>	27,639, 27,652-8
Midwives, shortage of, and need for, <i>Richmond</i>	38,552-3
Over-insurance, and effect on claims, <i>Richmond</i>	38,455-62, 38,561-4

**PREGNANCY :**

Certificates given for incapacity, <i>Richmond</i>	38,722-6
Certificates only given when complicated by conditions causing incapability, but each case must be judged on its merits and decision must be left to doctor, <i>Richmond</i>	- 38,525-42



**Bermondsey, Camberwell, Deptford, and Southwark***—continued.***SICK-VISITING:**

Important, but old system not efficient under new conditions, and appointment of whole-time officials by combination of societies would be advantageous, *Richmond* - - - 38,487-94

Visitors too officious and assumption of doctor's functions, *Richmond* - - - 38,483-6

Sickness, large amount brought to light by Act, especially among women, *Richmond* - 38,430-3

**SICKNESS BENEFIT:**

Attempt among certain class to use as unemployment benefit, and difficulty, and low vitality of, *Richmond* - - - - 38,366-87

Attempts to take advantage of, by casual men especially and low-paid women, *Richmond* - - - - 38,434-5

Declaring off at end of week, tendency, and men given benefit of the doubt in some cases, *Richmond* - - - - 38,463-71

Non-receipt of, by chronic cases, and knocking off funds, *Richmond* - - - - 38,495-501

Patients going to doctors for purpose of getting on, apart from treatment, *Richmond* 38,366-76

Persons sent by employers to ask to go on, *Richmond* - - - - 38,502-3, 38,620-4

Refusal of employers to take men back in middle of week, *Richmond* - - - - 38,463-7

Specialists' services and institutional treatment, facilities not adequate, *Richmond* - 38,727-37

Venereal disease, difficulty in diagnosing in some cases, *Richmond* - - - - 38,612-9

Women's diseases, difficulty of securing proper institutional treatment, and consequent increase of claims, *Richmond* - - - 38,543-5, 38,551

**WOMEN:**

Low vitality, and difficulty *re*, *Richmond* - - - - 38,388-90

Support of family by, large numbers of, *Richmond* - - - - 38,556-60

*Berwick-on-Tweed*, complaint of doctor, *Johnson* - - - - 26,342

*Birkenhead*, case of doctor giving declaring-on and declaring-off note on same day, *Huntley* - 25,168-9

**Birmingham area:**

Act, successful working of, now, *Parrott* - 21,321

**CERTIFICATES:**

Charge for, *Parrott* - - - - 21,299-301

no Complaints to Committee since issue of standard form, *Parrott* - - - - 20,989

too Free issue, reasons and necessary steps to check, *Parrott* - - - - 21,278-82

Granting of, without proper examination in some cases, but doctors as a body desirous of remedying, *Parrott* - - - - 21,253-7

Pregnancy, tendency to give other cause if possible, to enable person to receive benefit, *Parrott* - - - - 20,991-8

some Reluctance to refuse in rural parts, and case of, *Parrott* - - - - 21,261-71

Venereal disease, tendency among doctors to give other name and not to disclose, *Parrott* 20,985-90

**CHEMISTS:**

Delay in making up prescriptions, *Parrott* 21,292, 21,343-4

many Insured persons would prefer doctors to provide, but doctors not desirous, *Parrott* - - - - 21,292-4

Sufficient supply, *Parrott* - - - - 21,289-91

Very few cases of prescriptions not being taken to, *Parrott* - - - - 21,287-8

**DOCTORS:**

Capitation system, no complaints heard of unjustifiable claims being increased by, *Parrott* - - - - 21,253

Charges for treatment and medicine, made under misapprehension, and explanation, *Parrott* - - - - 21,302-5

in Close touch with societies, *Parrott* - - - - 20,974-6

Co-operation with societies, and conferences, extent of, &c., *Parrott* 21,225-6, 21,306-7, 21,311-2, 21,321

**Birmingham area—continued.****DOCTORS—continued.**

General desire to assist in securing successful

working of Act, *Parrott* - - - 20,963a

Number not on panel, *Parrott* - - 20,801-1

would generally Prefer interview to correspondence

*Parrott* - - - - 20,977-8

Responsibility recognised by, as a whole, *Parrott* - - - - 21,258-60

Society officials reluctant to make complaints to

Committee against individuals, *Parrott* 20,980-4

Transfers and refusals, *Parrott* - - 20,826-34

**HOSPITALS:**

Accommodation for women, inadequacy of, *Webb* - - - - 27,061

System of notes and letters and recommendation, *Webb* - - - - 27,066

Ideal Benefit Society, *see that title.*

Incapacity, interpreted by doctors as incapacity to

follow usual occupation, *Parrott* - - 21,252

some Ignorance *re* insurance, but decrease, and steps taken, *Parrott* - - - 21,323, 21,325-30

**INSURANCE COMMITTEE:**

Complaints to:

by Doctors, nature of, and procedure, *Parrott* - - - - 21,207-24

None from one society, and reasons, *Parrott* - - - - 21,283-6

Question as to extent, *Parrott* - - 20,964-8

Inadequate representation of societies, *Daniels* 13,947-50, 14,081-7, 14,669-74, 14,821-4

Representatives, of societies, payment, *Daniels* - - - - 14,090

**INSURED PERSONS:**

Number electing to receive treatment through institutions, and names of institutions, *Parrott* - - - - 20,819-22

Number failing to choose doctor, *Parrott* 20,817-8

Number making own arrangements, and policy of Committee *re*, *Parrott* - - - 20,823-5

Number, and number of panel doctors, and distribution among doctors, *Parrott* - 20,808-16

**MEDICAL REFEREE:**

Appointment by Commissioners or Committee desired by doctors, and by societies desired by societies, *Parrott* - - - 21,236-41

Appointment, proceedings *re*, and schemes, *Parrott* - - 21,227-31, 21,242-5, 21,338-9

Desired by doctors, societies, and committee, *Parrott* - - - - 21,232-5

Group system, no knowledge of, *Parrott* 21,352-6

Insured person, society and doctor should have free access to, in opinion of doctors, but free access by doctor objected to by societies, *Parrott* - - - 21,246-51, 21,340-2

Scheme, *Daniels* - - - - 13,933-4, 13,939

**MEDICAL SERVICE SUB-COMMITTEE:**

Cases referred to, numbers and details, *Parrott* - - - - 20,835-958a

Difficulty of taking cases to, *Daniels* - 14,747-52

Meetings, hours, and one complaint only heard of inconvenience, *Parrott* - - - 20,840-3

Sanatorium benefit, increase of sickness claims as result, and particulars *re* system, *Parrott* 21,295-7, 21,313-20, 21,345-51

Sickness benefit for pregnancy alone, non-payment, common knowledge, *Parrott* - - 20,994-7

**SMALL SOCIETIES:**

Complaint *re* inefficient working by, *Daniels* - - - - 14,073-7

Number of, &c., *Parrott* - - - 21,334-5

**SOCIETIES:**

Officials, competent on the whole, *Parrott* - - - - 21,309-10

Prefer to take matters up direct with doctors, not through committee, and disapproval of, where complaint serious, *Parrott* - - 20,969-73

Sons of Temperance, sickness experience - 24,988

Specialists' treatment, facilities, *Parrott* 20,959-63

Bishop Auckland, Sons of Temperance, sickness experience, *Huntley* - - - - 24,496, 24,981-2



**Blackburn, Manchester Unity Lodge:**

Increase of sickness experience on private side and question of reason, <i>W. P. Wright</i>	31,657, 31,675
Medical arrangements, before Act -	31,658, 31,678, 31,681
Sick visiting, <i>W. P. Wright</i> - - -	31,674-5

Blaschko, Prof., quoted *re* withholding sick pay for venereal disease - - - - - 24,537

BLUNDELL, F. N., Chief Warden of the Lancashire Federation of Rural Friendly Societies - 1391-1681

**Boiler Makers and Iron and Steel Shipbuilders' United Society:**

Administration, increase of amount for, and appointment of whole-time sick-visitor, question of, <i>Barker</i> - - - - -	8587, 8592-6
Admission of members, statement of average earnings on form, desirable, but rules would have to be amended, <i>Barker</i> - - - - -	8544-52
Appeals, machinery for, <i>Barker</i> - - - - -	8603-9
Arrears, procedure, <i>Barker</i> - - - - -	8457-8

**CERTIFICATES:**

Continuing, refusal of doctors to fill up, in some cases, <i>Barker</i> - - - - -	8404
Dating of, on last day man working, objection to, and doctors should ascertain whether man had been working, <i>Barker</i> - 8466-77, 8483-9, 8635	
Form, <i>Barker</i> - - - - -	8487-9
Incomprehensible formerly, but improvement, <i>Barker</i> - - - - -	8402-3, 8406
Incomprehensible, procedure, and branch secretaries generally accept, <i>Barker</i> - - - - -	8406-12
Minor ailments, <i>Barker</i> - - - - -	8405
Withholding of, objection to, and fining for, <i>Barker</i> - 8478-82, 8563-8	
Chemists, difficulties of getting medicine from, in some cases, <i>Barker</i> - - - - -	8638
Compensation cases, arrangement <i>re</i> sickness benefit, <i>Barker</i> - - - - -	8627-30
Contributions, average in three quarters, <i>Barker</i> - - - - -	8347

**DOCTORS:**

Complaints made by branch secretaries direct to local inspector or clerk of insurance committee, <i>Barker</i> - - - - -	8634
Clerical work at first prevented thorough examination, but improvement probable, <i>Barker</i> - 8396-8	
Concentration of men in given branch under one medical man advocated, <i>Barker</i> - 8415-6, 8521-43, 8600-2	
Difficulties with, at first, but improvement, <i>Barker</i> - - - - -	8395
less Intimate relations with, than formerly, but improvement hoped for, <i>Barker</i> - 8375, 8406-8, 8414, 8451, 8513-4, 8561	
Men formerly kept waiting about in street, <i>Barker</i> - - - - -	8398
Most resigned appointments, but were compelled to by Medical Association, <i>Barker</i> - - - - -	8535-7
Power of consulting second opinion on private side, <i>Barker</i> - - - - -	8462, 8505-8, 8511
Tendency of members to go to same doctors as formerly, <i>Barker</i> - - - - -	8399-400
Fraud, case of, <i>Barker</i> - - - - -	8370
strong Hold over members, and comparison with friendly societies, <i>Barker</i> - - - - -	8385-94
Illness due to drink and misconduct, procedure, <i>Barker</i> - - - - -	8448-50, 8553-60
Lodge meetings and attendance, <i>Barker</i> - - - - -	8433-4
Maternity benefit, cost, <i>Barker</i> - - - - -	8357
Medical referee, question of, but little importance attached to, and development of cohesion between panel doctors and insured persons preferred, <i>Barker</i> - 8459-65, 8504	
Medical treatment, arrangements formerly, and success of, <i>Barker</i> - - - - -	8371-94, 8517-9

**MEMBERS:**

Action of employers in discharging older men resented, <i>Barker</i> - - - - -	8345
Age, <i>Barker</i> - - - - -	8342-6, 8650
Many, also insured in friendly societies, <i>Barker</i> - 8321, 8622-4	
Wages, <i>Barker</i> - - - - -	8317-9

**Boiler Makers and Iron and Steel Shipbuilders' United Society—continued.**

Membership, increase, but not all attributable to Act, <i>Barker</i> - - - - -	8647-8
Misconduct, procedure, <i>Barker</i> - - - - -	8453-7
Organisation, <i>Barker</i> - - - - -	8303-5, 8417-8
little Over-insurance, except in a few districts only, Midlands, Staffs., parts of Yorks, <i>Barker</i> - 8319, 8368, 8578	
Position, <i>Barker</i> - - - - -	8296-8

**PRIVATE SIDE:**

Benefits and contributions, <i>Barker</i> - - - - -	8309-15
Members not insured for larger amount than formerly, <i>Barker</i> - - - - -	8465-6
Membership, <i>Barker</i> - - - - -	8299
Notification of illness within 24 hours required, <i>Barker</i> - - - - -	8573-4
Sickness benefit paid from fourth day since 1908, <i>Barker</i> - - - - -	8569-72
Sickness benefit, amount paid quarters ending July 12, 1912 and 1913, and increase, <i>Barker</i> - 8328-34, 8639-43, 8660-2	
Shipbuilding and inland districts, membership and cost of benefit per member, comparison of, <i>Barker</i> - - - - -	8352-7

**SICK-VISITING:**

Leniency, question of, <i>Barker</i> - - - - -	8437
Payment not adequate, <i>Barker</i> - - - - -	8594-6
less Sickness than before Act, no proof of, <i>Barker</i> - - - - -	8580, 8587
System, <i>Barker</i> - - - - -	8425-39, 8509-10, 8610-4

**SICKNESS:**

Notice from doctor should be given immediately, <i>Barker</i> - - - - -	8419
Statistics of persons sick since January 1912, <i>Barker</i> - - - - -	8324
Thrifty men less likely to come on funds unless compelled, <i>Barker</i> - - - - -	8322-3

**SICKNESS BENEFIT:**

Amounts paid, <i>Barker</i> - - - - -	8335
Breach of rules <i>re</i> conduct while in receipt of benefit, procedure and penalties, <i>Barker</i> - 8438-47	
Cost, and decrease in third quarter, and continuance of decrease to near cost in first quarter anticipated, <i>Barker</i> - - - - -	8335-9, 8347
Cost per member, <i>Barker</i> - - - - -	8340-1
Drunkenness while drawing, procedure, <i>Barker</i> - - - - -	8440, 8446-7
Members have no option as to amount, <i>Barker</i> - - - - -	8644
Men on, for long period, procedure, <i>Barker</i> - 8423-4	
Payment by sick visitors, <i>Barker</i> - - - - -	8510
Rule <i>re</i> conduct during, <i>Barker</i> - - - - -	8615-21

**SICKNESS CLAIMS:**

Increase among persons who formerly went on working, <i>Barker</i> - - - - -	8584-6
Increase during period of severe trade depression, but not while men temporarily unemployed at end of job during good trade, <i>Barker</i> - 8361-7, 8625	
Increase partly due to novelty and decrease anticipated, <i>Barker</i> - - - - -	8359-60
Increase and possible reasons, <i>Barker</i> - 8575-83, 8587	
Number each quarter in England, <i>Barker</i> - - - - -	8355
Percentage to membership and decrease in third quarter, <i>Barker</i> - - - - -	8346
Procedure, <i>Barker</i> - - - - -	8419-24
Sick visitors not responsible for increase, <i>Barker</i> - - - - -	8587-8

**Unjustifiable:**

Possibly due to receipt of benefits from other societies as well, <i>Barker</i> - - - - -	8368-9
as Result of prejudice against, and desire to wreck Act, and ignorance of principles of insurance, <i>Barker</i> - 8307-8, 8320, 8581-3, 8590, 8652-9	

**STATE SIDE:**

all Members also members of union, <i>Barker</i> - 8301	
Members, number in England and Wales, <i>Barker</i> - - - - -	8306
Membership, <i>Barker</i> - - - - -	8300
Trade, condition of, <i>Barker</i> - - - - -	8348-50



**Bolton:**

Doctors, antagonistic, *Sanderson* 57-61; *Lamacraft* 9901-3  
 National Amalgamated Approved Society, *see that title.*  
 Royal Liver Friendly Society, *see that title.*  
 Sons of Temperance sickness experience, *Huntley* 25,044-9

BOND, Dr. C. J. (Leicester) - - - 18,436-19,008

BONDFIELD, Miss MARGARET, nominated by the Women's Co-operative Guild - 40,413-40,638  
 Bone-setter, attempt to induce doctor to sign certificate for insured person obtaining treatment from, *Oldham* - - - - 37,676-94

**Boot and Shoe Operatives, National Union of:**

Administration, *Buckle* - - - 39,679-81  
 Administration of Act not weakened by fear of injuring union, *Poulton* - - - 10,653-4  
 Agents, position of, *Poulton* - - - 10,649-52

**CERTIFICATES:**

for Debility, refusal to pay on, *Buckle* 39,692-7  
 Difficulties *re*, *Poulton* - - - 10,601-4  
 Granted too easily, *Poulton* - 10,522, 10,525, 10,583, 10,754 10,777-81

Payment of benefit on, except in certain cases, *Buckle* - - - 39,682-98 39,717-22  
 Refusal, doctors afraid of losing patients, *Poulton* 10,604-5

Compensation cases, procedure, and no payment made on State side, *Poulton* - - - 10,662-70

**DOCTORS:**

Indifferent and some would be glad to see Act fail, *Poulton* - - - - 10,584-91  
 Patients sometimes persuaded to take rest, *Poulton* 10,760-3

Question of complaints of, to Committee, *Poulton* 10,597-600

Executive Council, one woman member, *Poulton* 10,741-2

**INCAPACITY:**

Alteration in wording of certificate desired to lessen difficulty, *Poulton* - - - 10,766-70  
 no Payment if members capable of light work, but no hard-and-fast line, *Poulton* - 10,538-41, 10,727-33

Married women, some worked before Act when detrimental, *Poulton* - - - - 10,784

Medical arrangements before Act, *Poulton* 10,627-9

Medical referee, cases sent to, *Poulton* - 10,592-6

**MEMBERS:**

Good many also insured with friendly societies, *Poulton* - - - - 10,630-1

**Men:**

Comparison of wages and benefit, *Poulton* 10,704-10

Experience with, generally satisfactory, *Poulton* 10,691

Retention on State side if men run out on private side, *Poulton* - - - - 10,721-6

on State side:  
 would have to be Insured on private side, with few exceptions, *Poulton* - 10,711-3

Must be members of Union, *Poulton* 10,551a

Understanding of principles of insurance, *Poulton* 10,545-9

Wages, and comparison with benefits, *Poulton* 10,552-5

**Women:**

Attendance at meetings, *Poulton* - 10,739-40

Wages, *Poulton* - - - - 10,562-74

Membership, increase and reasons, *Poulton* 10,745-7

Organisation, *Poulton* - - - - 10,818-20

Outworkers, *Poulton* - - 10,734-7, 10,810-5

Powers under section 11, use of, not found necessary, *Poulton* - - - - 10,671-3

Pregnancy, payment refused unless accompanied by other illness, *Poulton* - / - - 10,656-61

**Boot and Shoe Operatives, National Union of—  
continued.****PRIVATE SIDE:**

Cost of sick and funeral pay, 1912 and 1913, and increase, *Poulton* - - - 10,528-31, 10,542-4

Number of men and women members, *Poulton* 10,508

**Sickness benefit:**

Amount formerly considered normal, *Poulton* 10,748-51

Limit to 35l., little influence, *Poulton* 10,790-5

Payment for first three days, *Poulton* 10,716-8

Sickness benefit and contributions, *Poulton* 10,514-20

Sickness claims, increase since Act, *Poulton* 10,714-5

Rules stricter than on State side, *Poulton* 10,535-10,653

Sick visiting and question of success, *Poulton* 10,644-8, 10,652

**SICK STEWARDS:**

Method of appointment and payment, &c., *Poulton* 10,632-43

Woman, women always visited by, on State side, *Poulton* - - - - 10,639-41

Sick visiting, satisfactory in the whole, *Poulton* 10,696

**SICKNESS BENEFIT:**

Cost much in excess of estimate, *Poulton* 10,532-4

Payment per week, *Buckle* - - - 39,774-5

Rules fairly strictly observed, *Poulton* 10,692-5

**SICKNESS CLAIMS:****Applications:**

Average earnings and insurance in other funds not stated, *Poulton* - - - 10,755-8

Conditions should be made clear on form, *Poulton* 10,759-60

Excessive among both men and women, *Poulton* 10,787-8

Increase when trade slack, *Poulton* - 10,556-60

Increase among women owing to comparison between wages and benefits, *Poulton* 10,575, 10,684-90, 10,755, 10,816-7

**Unjustifiable:**

most Cases believed to be people having joined through Act, *Poulton* - - - 10,550-1

Influence of the Press, *Poulton* - 10,522-5

being Made, *Poulton* - - - - 10,521

Sickness and disablement, non-payment of contribution during, considered serious, *Poulton* 10,674-83

**SICKNESS, EXCESSIVE:**

Causes, *Poulton* - - - - 10,802-7

among Married women chiefly, *Poulton* 10,576-8, 10,782-4

State side, number of members, number of men and women, and number in England, *Poulton* 10,509-13

Unemployment benefit, small increase, comparatively, *Poulton* - - - - 10,800-1

Women's branch, Leicester, sick pay on ordinary side unduly increased since Act, *Poulton* - 10,534

one Women's branch, other women belong to ordinary branches, *Poulton* - - - - 10,738

Women, no great desire for direct representation on central body, but women picked out for consultation in some branches, *Poulton* - 10,743-4

**Boot and Shoe Trade:**

Men, wages, *Poulton* - - - - 10,552-5

Question whether sickness claims always above average, *Poulton* - - - - 10,796-800

**WOMEN WORKERS:**

Married, *Willson* - - - - 5694-6

Nature of work, and strain on workers, *Willson* 5699-700, 5718-20, 6009-14

Wages, &c., *Poulton* - - - - 10,562-82

Wages, and comparison with men, *Willson* 5697-8, 5842-4, 6017

should not Work in factory for month before confinement, *Willson* - - - - 5718



# Boot and Shoe Women Workers, Independent National Union of:

## APPROVED SOCIETY:

### Admission:

- of Bad lives, *Willson* - - - 5874
- without Medical examination or inquiry, *Willson* - - - 5845-7, 6001-4
- Arbitration, no case of, *Willson* - - - 5953
- Arbitrator would be appointed by vote of members, *Willson* - - - 5954
- great Benefit to persons not previously insured against sickness, *Willson* - - - 5839, 5981-5
- Case of women being sent to infirmary, *Willson* - - - 6058-63

### Certificates:

- Ante-dating, *Willson* - - - 5966-8
- Cases of several different complaints on, for one person, *Willson* - - - 5763-6, 5830-1, 5901-8
- Continuing, not supplied by society until recently, *Willson* - - - 5757-62, 5773, 5986-8
- without Seeing patient, no case of, *Willson* - - - 5963, 5989-90

### Chemists:

- Members believed always to take prescriptions to, *Willson* - - - 6037-47
- some Grumbling at having to go to, *Willson* - - - 5969, 6039, 6046

- Confinement, members usually leave work voluntarily month before, and would be asked to leave if not, *Willson* - - - 5928-32

- Declaring-on form, and improved form to be used stating payment to be only for total incapacity, *Willson* - - - 5865-70, 6068-74

### Doctors:

- Annoyance of, when communicated with re certificates, *Willson* - - - 5707-8, 5714, 5748-9
- Cases of treatment while still working, *Willson* - - - 5999-6000
- Laxity on part of, *Willson* - - - 5744, 5887
- no Particular doctor with great mass of patients, *Willson* - - - 5746-7
- 70 or 80 patients a day, *Willson* - - - 5766-71, 5780, 5878-85

- Double insurance, *Willson* - - - 5680-1

- Extension of area of operations desired, *Willson* - - - 5919-20

- Forms, question whether women understand, *Willson* - - - 5863-4, 6072-3

- Maternity benefit, paid in two cases only, *Willson* - - - 5812

- Medical benefit, cases of persons being treated wrongly and consulting second opinion privately, *Willson* - - - 5832-8

### Medical referee:

- Appointment by Commission would be preferred, *Willson* - - - 5798-802
- Case of woman being sent to doctor for second opinion at fee of 7s. 6d., and inadequate examination, *Willson* - - - 5781-91, 5793-6
- will become Necessary, but woman would be preferable, *Willson* - - - 5792-7

### Medical treatment:

- Cases of members going to private doctor and paying privately, *Willson* - - - 6076-84
- Inadequate examination and treatment, and need for examination when on funds for long period, *Willson* - - - 5750-5, 5766-80, 5891-5, 5901-8

### Members:

- Distribution, *Willson* - - - 5669-73
- Married, proportion, *Willson* - - - 5692-3
- Occupations, *Willson* - - - 5667-8
- Outside boot and shoe trade, *Willson* - - - 5914-8, 6056-7
- in Poor state, *Willson* - - - 5749-50

- Membership, and number also members of trade union, *Willson* - - - 5662-6, 5819-20

- Misunderstanding of principles of insurance, *Willson* - - - 5686, 5813-4
- very few Outworkers in, *Willson* - - - 5701-3

### Pregnancy:

- Doctors tell women to go on insurance, and particulars of case, *Willson* - - - 5704-17

# Boot and Shoe Women Workers, Independent National Union of—continued.

## APPROVED SOCIETY—continued.

### Pregnancy—continued.

- Large number of claims, but refusal of benefit for pregnancy alone, *Willson* - - - 5704-17
- sickness benefit paid formerly, and question re, *Willson* - - - 5821-5, 5828-9

### Sick visiting:

- Members surprised at, *Willson* - - - 6033-6
- Once a week, *Willson* - - - 5723, 5729-31
- Pay, work, &c., and success of, *Willson* - - - 5721-43, 5950-1
- Report of person on fund who should be struck off, doctor communicated with on, *Willson* - - - 5742-4

### Sickness benefit:

- Amounts paid in each quarter, totals and amount per member per week, *Willson* - - - 5803-11
- Average number on fund at one time, *Willson* - - - 5728

- Breach of rules re conduct during, and fine imposed, *Willson* - - - 5951-2
- after Confinement, stopped after four weeks at first, but now continued and reference to handbook, but attempts made to knock off at end of month, *Willson* - - - 5812, 5821-9
- before and after Confinement, amount paid, *Willson* - - - 5809-12
- Difficulty of getting people off fund, *Willson* - - - 5938-43

- Number on funds, *Willson* - - - 5876-7

- Method of payment, *Willson* - - - 6028-32
- for 26 weeks, many cases of, *Willson* - - - 5875
- would be Stopped to women during household work, *Willson* - - - 6023

### Sickness claims:

- Excessive over-insurance might affect, in regard to married women, *Willson* - - - 6017-21
- Increase of, since Act among women who could formerly have gone on working, and misunderstanding of principles of insurance, *Willson* - - - 5682-8, 5813-8, 5857-62, 5886, 5944-8, 5984, 6016

- Sickness experience heavy, and question of reason, *Willson* - - - 6005-16, 5840-4

### Sickness rate:

- no Connection seen with state of trade, *Willson* - - - 5921-7
- may Decrease in future as result of treatment, *Willson* - - - 6064-7
- Serious financially, and attempt being made to cut down claims, *Willson* - - - 5946-9

### Specialist treatment desirable for some cases.

- Willson* - - - 5850-3

- Benefits, *Willson* - - - 5676-9

- Compensation cases (taking up of), *Willson* - - - 6053-4

- no Connection with men's union, *Willson* - - - 5910-3

- Date of, *Willson* - - - 5657

- Formerly branch of men's union, and history of separation, *Willson* - - - 5674, 5972-4

- Membership, *Willson* - - - 5660-1

- Pregnancy, benefit not paid for, alone, *Willson* - - - 5708-13

- Sickness benefit, no housework allowed to be done, *Willson* - - - 6019

- Sickness, doubled by effect of Insurance Act, *Willson* - - - 5935-7

- Voluntary sick fund, *Willson* - - - 5970-80

- Bootle, pregnancy. unmarried women would not be paid, *W. P. Wright* - - - 31,882

## Bradford:

### CERTIFICATES:

- Case of doctor certifying "illness" in case of venereal disease, *Flather* - - - 36,919-26
- Charging for, cases of, *Flather* - - - 36,933-7
- Discretion allowed to doctors in regard to giving, on first or subsequent days' illness, *Flather* - - - 36,966

- Given more readily by some doctors than others, *Flather* - - - 36,969-70

- Granting of, without seeing patient, case of, *Flather* - - - 36,927



**Bradford—continued.****CERTIFICATES—continued.**

Post-dating, case, <i>Flather</i> - - -	36,932
Pregnancy, failure to disclose, cases of, <i>Flather</i> - - -	36,932
Complaint from, of members being kept too long on funds, <i>Johnson</i> - - -	26,339-42
Confinement, midwife's certificate accepted for four weeks after, <i>Flather</i> - - -	36,965

**DOCTORS:**

Agreement to see patients certified as incapable of work at least once a week, except chronic cases in institutions, <i>Flather</i> - - -	36,956-8
All, not on panel, <i>Barber</i> - - -	28,890-1
Changes, <i>Flather</i> - - -	36,903-15
Conference with representatives of societies and conclusions of, <i>Cox</i> , 30,466; <i>Flather</i> , 36,949-66	
Cordial relations with societies, <i>Flather</i> - - -	36,948
no Difficulty experienced in arranging matters between societies and, <i>Flather</i> - - -	36,932
Distribution of patients among, <i>Flather</i> - - -	36,893-6
Hearty co-operation now with view to smooth working, <i>Flather</i> - - -	36,930-1
Improved relations with societies, <i>Flather</i> - - -	36,971-82
Number on panel, <i>Flather</i> - - -	36,890
Number not on panel, and reasons, <i>Flather</i> - - -	36,891-2
Return to old arrangements not desired generally, <i>Flather</i> - - -	36,972, 36,983-4
Sending in of accounts for services in cases of accident, <i>Flather</i> - - -	36,938-40
Service better than before Act, <i>Flather</i> - - -	36,983-6
Health visitor, <i>Bondfield</i> - - -	40,476
Incapacity, interpretation as incapacity for ordinary work, <i>Flather</i> - - -	36,969
Insurance Committee, complaints to, in writing, by doctors in regard to administration of sickness benefits, <i>Flather</i> - - -	37,001-10

**INSURED PERSONS:**

Number, <i>Flather</i> - - -	36,889
Numbers not choosing doctor, taking treatment from institutions and making own arrangements, <i>Flather</i> - - -	36,900-2

**MANCHESTER UNITY:**

Doctors' refusal to answer inquiries, &c., <i>W. P. Wright</i> - - -	31,692
Certificate, payment on, subject to supervision, <i>W. P. Wright</i> - - -	31,692
Independent sickness benefit, no particular increase, <i>W. P. Wright</i> - - -	31,692
Minor ailments, <i>W. P. Wright</i> - - -	31,692
Pregnancy, payment for, objected to, <i>W. P. Wright</i> - - -	31,879
Married women workers, and comparison with Lancashire, <i>Barber</i> - - -	28,636-7

**MEDICAL SERVICE:**

Proposal by Chancellor of the Exchequer, <i>Webb</i> - - -	27,699-712
Sub-Committee, particulars of complaints before, <i>Flather</i> - - -	36,916-29, 36,932-48
Pregnancy, payment of sickness benefit for pregnancy only at one time but not now, <i>Flather</i> - - -	36,993-7,000
Sick visiting, value of, and extension desirable, <i>Flather</i> - - -	36,989-92
Societies, many people refused membership, <i>Barber</i> - - -	28,795-804
Whole-time medical service would have been preferable, <i>Barber</i> - - -	28,997-9009
Wool-combers, proportion of married women, <i>Barber</i> - - -	29,069-70

**Bradford District Trades Council Approved Society:**

Administration, <i>Barber</i> - - -	28,656-74
Attitude of friendly societies, question of, <i>Barber</i> - - -	28,893-4
<b>CERTIFICATES:</b> generally Accepted, <i>Barber</i> - - -	28,706-11

**Bradford District Trades Council Approved Society—continued.****CERTIFICATES—continued.**

Continuation, signing of, without seeing patient before last certificate came out, <i>Barber</i> - - -	28,812-6, 28,845
Declaring-off, declaring off and return to work without receiving, <i>Barber</i> - - -	28,846-9, 29,016-20
for Debility, practice re, <i>Barber</i> - - -	28,702-3
for Diarrhoea for 12 weeks, <i>Barber</i> - - -	28,708-9,
28,734-5, 29,044-55, 29,092-101	
Expected if claim not made, <i>Barber</i> - - -	28,678-85
Giving of, without examining patient, and one case of, and the man dead, <i>Barber</i> - - -	28,946-51,
28,968-85	
sometimes Illegible, and terms used that society does not understand, <i>Barber</i> - - -	29,058
for Illness, or sickness only, paid on formerly, but not now, <i>Barber</i> - - -	28,698-701
Late sending in of, and question of remedy, <i>Barber</i> - - -	28,686-94
for Minor ailments, <i>Barber</i> - - -	28,725-6, 28,807
<b>COMMITTEE OF MANAGEMENT:</b> Number of members, &c., and reduction desired, <i>Barber</i> - - -	28,659-70
Women members, <i>Barber</i> - - -	28,667, 28,720-2
no Connection between working of trades unions and, <i>Barber</i> - - -	28,590-1
some Consideration should be given to, as stringent conditions of membership not insisted on, <i>Barber</i> - - -	28,850-2

**DOCTORS:**

Conference with approved societies, <i>Barber</i> - - -	28,755-65
most Members seen at surgery, not at home, <i>Barber</i> - - -	29,021-4
Refusal to give information to society, case of, <i>Barber</i> - - -	28,715-7
Formation, reasons for, <i>Barber</i> - - -	28,787-804
Incapacity, should be total incapacity, <i>Barber</i> - - -	28,952-6
Medical examination and treatment, inadequacy and consequent increase of claims, <i>Barber</i> - - -	28,725-6,
28,806-11, 28,833-7	

**MEDICAL REFEREE:**

Advantages to be derived, <i>Barber</i> - - -	29,059-68
Two, would be sufficient for Bradford, <i>Barber</i> - - -	28,746-7
Meetings, <i>Barber</i> - - -	28,672-4

**MEMBERS:**

Distribution, <i>Barber</i> - - -	28,653-5
Married women, proportion, <i>Barber</i> - - -	29,071
Not all trade unionists but all eligible and no compulsion, <i>Barber</i> - - -	28,587-9
Number, and number of men and women, <i>Barber</i> - - -	28,592
Occupations, conditions of employment and wages, <i>Barber</i> - - -	28,592-635
Misunderstanding of principles of insurance, and steps taken, <i>Barber</i> - - -	28,931-5, 28,940-1, 29,086-7
no Nurses employed, <i>Barber</i> - - -	29,080
little Over-insurance and no effect on sickness claims, <i>Barber</i> - - -	28,921-3

**PREGNANCY:**

Refusal of benefit for, addition of something else to certificate after, <i>Barber</i> - - -	28,966
Sick benefit paid for, alone, formerly but not now, <i>Barber</i> - - -	28,712
Sick-visiting, <i>Barber</i> - - -	28,760, 29,075-9

**SICKNESS BENEFIT:**

Analysis of illnesses, <i>Barber</i> - - -	28,652
Case of man being considered capable of work under Compensation Act but given certificate by doctor for, <i>Barber</i> - - -	28,842-4, 29,010-5
Married women: Doing household work, <i>Barber</i> - - -	28,839-41
Draw more than single, <i>Barber</i> - - -	29,073
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# Bradford District Trades Council Approved Society

—continued.

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Procedure, *Barber* - 28,675-705

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Increase in independent sick pay, *W. P. Wright* 31,695

Pregnancy, practice *re*, *W. P. Wright* 31,878, 31,880-2

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Certificates, acceptance without question, *W. P. Wright* - 31,786-90

DOCTORS:

many General complaints of, heard, but no definite charges, *W. P. Wright* - 31,694-5

Societies considered in hands of, by secretary, and penalties to persons imposing on funds or appeal to independent doctor suggested, *W. P. Wright* 31,791

Suggestion by secretary that Commissioners should take proceedings, *W. P. Wright* - 31,808-14

case of Young married woman being on continuously for about 39 weeks for various reasons, *W. P. Wright* - 31,802-7

**Bristol:**

Bacteriological work, facilities, *Clarke* - 39,386-7

CERTIFICATES:

Back-dating in cases where person really incapable from first date, societies would not object, *Paget* 24,271-7

Believed to be accepted by societies as sufficient evidence, *Rogers* - 15,600-2

Charge for, case of, *Paget* - 23,995-9

Continuation:

Case of refusal to sign, *Paget* - 24,009

Requirement *re* dating on day of seeing patient, objection to, *Devis* - 39,896-935

great Variety, and irritating details required in some, *Devis* - 39,886-909

for Coughs and colds, should be referred immediately to medical adviser, *Paget* 24,073-5

Dating:

Case of doctor putting memorandum on back of, when man first seen and incapable, not being accepted by society, *Paget* - 24,088-92

Difficulty *re* and suggestion *re*, *Rogers*, 16,023-33; *Paget*, 24,067-70.

for Debility, and steps to be taken, *Paget* 24,072-3

Ease of obtaining, *Rogers* - 15,369-79, 15,454

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on Fourth day, and dating back, preferred by majority of doctors, *Devis* - 40,170-2

for Headache, when women pregnant, case, *Paget* 24,007-9, 24,262-4

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Pregnancy often described as "debility," *Paget* 24,076

Refusal, and some change of doctors as result, *Devis* 40,038-9

Reluctance to refuse, for fear of offending patients, not believed to obtain to any great extent, *Devis* 39,938-41

Requiring of, on first day, hardship to patients, and objection to, *Devis* - 40,173-8

Rubber stamp, use of, *Paget* - 24,000

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Slackness, complaint before Medical Service Sub-Committee, *Paget* - 24,000-5

Stating nature of disease, prejudicial to patient in some cases and should be left to doctor's judgment, private communication might be made to society, *Devis* - 39,953-64

Conference between representatives of friendly societies and panel committee, and results, *Devis* 40,124-30

Confinement, sickness benefit after, for more than four weeks, practice *re*, *Rogers* 15,483-97, 15,778-89

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**DOCTORS:**

Act being worked conscientiously, but tendency not to make certificates sufficiently clear, and certain laxity on examination, *Rogers* 15,408-33, 15,446-8, 15,816-24, 15,979-91

Advantages to, of being lenient, *Rogers* 15,678-85, 15,825-32, 15,860-9, 16,019-22

Attitude, *Paget* - 24,063

Case of a man being on two doctors' lists and trying to draw benefit, *Paget* - 24,037-42, 24,051

Cases sometimes sent to hospitals when second opinion required, *Rogers* - 15,449-51

Changes, reasons, &c., *Paget* 23,970-80, 24,124-5

more Claims from patients of certain class than from others, *Paget* - 24,013

Communications with officers in writing, preferred by, to interviews, *Devis* - 40,127-43

Complaint of insured persons of being treated like paupers by some, *Paget* - 24,066

Complaint made by some that others are not rigorously carrying out Act, *Paget* 24,154-7

Complaint of slackness, &c., Medical Committee would take less lenient view than formerly, and question as to possible steps, *Paget* 24,252-70

Families of panel patients frequently private patients of, *Devis* - 40,034-6

Giving of prescription without examination, case, *Paget* - 23,984-94, 24,247-50

Hostile to Act at first, but improvement, and profession as a whole desirous of working efficiently, *Clarke*, 39,313-6; *Devis*, 39,869-82.

Insured persons on list, class and occupations, *Devis* - 39,826-9

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Large number of persons have not selected, but no allotment made, *Paget* - 23,955-6

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Medical referee used by witness in two cases, as regards question of incapacity, and particulars of, *Devis* - 39,851-68

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Numbers of patients on lists, *Paget*, 23,950-4; *Devis*, 39,823-5.

Opinion heard that patients receiving inferior attention, *Clarke* - 39,328-33



## Bristol—continued.

## DOCTORS—continued.

Patients coming to, for trivial complaints, and increase since Act, *Devis* 39,834-45, 40,054-5, 40,088-91, 40,111-5

Patients fairly satisfied, *Clarke* - - - 39,212-4

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Proportion of persons on list attended during year, *Devis* - - - - - 39,830-1

Reasons for not going on panel, *Paget* 24,241-2

Recommended by panel committee to welcome information from society in writing as to habits or conduct of patient, *Devis* - - - 40,127-43

Refusal to attend patient on Saturday afternoon and Sunday, case of, *Paget* - - - 24,024-9

Refusal of green voucher, case of, *Devis* 24,029-30

Relations with societies amicable, and improving, *Devis* - - - - - 40,049

Return to old arrangements would not be favoured by, *Devis* - - - - - 40,051-2

consider themselves Responsible chiefly to patients, *Rogers* - - - - - 15,613-6

Treating insured person for institution, attempt to draw money from committee as well, *Paget* 24,052-4

Variation in size of lists, reasons, *Paget* 24,243-6

Willing to give information if not irritating and unnecessary, *Devis* - - - - - 39,883-5

Failure of one society, *Paget* - - - 24,166-70

no Friendly societies' medical institute or association known of, *Rogers* - - - - - 15,596

Fraud, cases, *Paget* - - - - - 24,035-42

Girls doing lowest type of work, and living in unhealthy conditions, large amount of sickness benefit considered necessary by doctor, *Devis* 39,974-81

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Hospital treatment and second opinions, particulars re, *Clarke* - - - - - 39,215-36, 39,371-90

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Varied interpretations, but standardisation hoped for, from appointment of medical referee, *Paget* 24,141-53, 24,202-3

## INSURED PERSONS :

Many, would make their own arrangements if allowed to, *Paget* - - - - - 23,980-3

Number of applications to make own arrangements, number allowed, and reason for allowing, *Paget* 23,960-9

having Chosen institutions, number and number of institutions, *Paget* - - - - - 23,957-9

Proportion receiving medical benefit and sickness benefit, *Devis* - - - - - 40,195-7

Proportions treated during first 12 months, *Devis* 40,185-93

Institutional treatment, no difficulty in obtaining, *Rogers* - - - - - 15,845-7

Manchester Unity Lodge branch, system for State insurance purposes, failure of, in opinion of district secretary, *W. P. Wright* - - - - - 31,717-21

## MEDICAL ADVISER :

Appointed partly to enable doctors to get rid of responsibility and partly as check for societies on doctors, *Rogers* - - - 15,597, 15,848-52

## Appointment :

by Committee subject to approval of Commissioners found satisfactory, *Paget* 24,109

and Control by Commissioners would not be objected to, but must work in conjunction with Committee, *Paget* - - - 24,198-201

Method, *Rogers* - - - - - 15,555-6

Reasons, *Rogers* - - - - - 15,969-78

Reasons, and value of, *Paget* 24,095, 24,105-8

Attitude of panel doctors, and effect on work of, *Paget* - - - - - 24,175-7, 24,179, 24,184

Case of patient not following doctor's directions, *Rogers* - - - - - 15,383-8

## Cases sent to :

Communications received from doctors in small proportion of cases only, *Rogers* - 15,440-3

## Bristol—continued.

## MEDICAL ADVISER—continued.

## Cases sent to—continued.

from Doctors, *Rogers*, 15,350-8, 15,462-8 ; *Devis*, 40,210-36.

Malingering, cases of, *Rogers* - - - 15,399-402

Origin of, *Rogers* - - - - - 15,589-95

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Statistics and results, *Rogers* - - - 15,343-9

Cases reported as fit to work, number, &c., *Rogers* 15,344, 15,349 note, 15,359-68, 15,934-47

Compensation cases, attitude re, *Rogers* 15,498-504

Decision always accepted as final, but right of appeal to medical service sub-committee, *Rogers* 15,672

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Delay between visit by health visitor and patient going to, and local office should have more discretion as to referring cases, *Rogers* - 15,591

Diagnosis of cases sent by one society and desired from all, *Rogers* - - - - - 15,728-35

no Difficulty experienced with doctors, *Rogers* 15,331, 15,467-8, 15,565-6

Difficulty experienced sometimes in determining whether patient should be stated to be incapable of work, practice re, *Rogers* - - - 15,804-15

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Doctors always notified by, before patient seen, but do not appear, *Paget* 24,093-4, 24,180-3

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Effect as regards societies, *Paget* 24,163-70, 24,185

Extent to which used by different societies, *Paget* 24,204-17, 24,235-8

Extent to which used by doctors, *Paget* 24,217-20

Fuller use of, desirable, *Rogers* - - - 15,897-910

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Insured persons should not be able to demand to be referred to, *Paget* - - - - - 24,194-7

Lenient doctors not specially reported to medical service sub-committee, *Rogers* - - - 15,469-72

Men would be certified as fit for work if able to do certain other work, *Rogers* - - - 15,709-12

Notification to societies when scheme started and changed, *Paget* - - - - - 24,234

One only, in Bristol desirable, and societies should not employ their own referees, *Paget* 24,231-3

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Salary insisted on in preference to fees, *Rogers* 15,572-3

Persons having received 26 weeks' benefit, refusal to examine, *Rogers* - - - - - 15,793-7

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Profession in favour of whole-time man appointed by Commissioners, and opinions re, *Devis* 40,013-33

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Rights of insured persons to apply to, but never done, *Rogers* - - - - - 15,960-6

System a success, but for special reasons, *Cox* 30,321

Time taken by work, *Rogers*, 15,558-62, 15,878-85, 15,924-9

Unanimous approval by Committee of appointment, *Paget* - - - - - 24,278-81







**Bristol Cotton Works Health Insurance Society—***continued.***SICK VISITING—continued.**

Nursing treatment given, <i>Clayton</i>	-	3261-2
Ordinary sick visitor not as efficient as nurse, <i>Clayton</i>	-	3178-9, 3264
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Numbers of cases getting rest under, may be protection to fund in future, <i>Clayton</i>	-	3477-81	
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Young married woman drawing, for 26 weeks, and not intending to return to work, case of, <i>Clayton</i>	-	3160-1	

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**Bristol, Great Western Cotton Works:**

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**British Medical Association:**

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BUCKLE, JOHN, J.P., Chairman of the Leeds Insurance Committee, &c. - - - - 39,574-39,821

BUNCH, C., Assistant Secretary to the Hampshire and General Friendly Society - 10,821-11,324

Buntingford Union Association, administration, *Dixon* - 39,459

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Medical arrangements before Act, <i>Johnson</i>	-	26,639
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Refusal of old lodges to touch Act, *Johnson* 26,418

Burnley, Weavers' Association compensation claims, no complaint by employers of malingering during 15 years, *Thomas* - - - - 4,407-8

Burslem, Prudential Approved Societies, *see that title.*

**Burton-on-Trent:**

Certificates, complication, and consequent possibility of leakage of funds, <i>Cox</i>	-	30,346
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**Bury, Lancashire:**

- Nursing, daily visiting by Queen's nurse for payment,  
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 and Southwark.

**Cambridge General Friendly Society:**

- Administration, *Dixon* - - - - - 39,459

**MEMBERS:**

- Many on State side also joined private side, *Dixon*  
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- Number and number of men and women, *Dixon*  
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- Occupations, *Dixon* - - - - - 39,437-8  
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**PRIVATE SIDE:**

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 Act, *Dixon* - - - - - 39,562-7  
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- Doctors will not state, on certificates, *Webb* - 27,167  
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*Coa*, 30,152-65; *Devis* - - - 39,953-64

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**Card Blowing and Ring Room Operatives, Amalgamated Association of:**

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- Cases of patients being persuaded to stay away  
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- must be Accepted, but in cases of vague diagnosis further information might be requested, *Divine* - 33,136-43  
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## AS AUTHORITY TO PAY BENEFIT—continued.

- Societies should accept certificate as sole reason for paying benefit unless some special knowledge of conduct or character of person, *Bennett* 16,632, 16,635-6  
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 Carbon duplication, one to be given to patient and other to referee, doctors would probably object, *Marsh* - - - - 32,885-8  
 Careless or wrongful giving of, question of dealing with, *Cox* - - - - 31,153-9  
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 Case of woman being sent by agent to get a certificate after refusal of, or to ask to be referred to medical adviser, *Bristol*, *Paget* - - - - 24,030-5  
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- Difficulty of getting in a few cases, *R. Smith* 12,625, 12,629-37  
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 Refusal to state nature of disease on, and objection to, *Jackson* - - - - 36,545-52, 36,582-90  
 Reluctance of doctors to grant, *Bhndell* 1431-3  
 Requiring of, on certain day, consequent difficulty re dating, and objection to, *Burgess*, 21,199-206; *Cox*, 31,085-8, 32,947-59; *Richmond*, 38,703-21.  
 Supply of forms to doctors would be advantageous. *Farman* - - - - 33,704-7  
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 Continuing and final, on same form desirable, *Cox* - 30,860-1  
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- by Agent before presentation to doctor, *Hodgson* 25,836  
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 Ante-dating, *Tuckfield*, 836-8, 984-5, 1155, 1340-3; *Gordon*, 2726; *Clayton*, 3218; *J. Duncan*, 3831, 3833; *Willson*, 5966-8; *Shaw*, 6553-5, 6875, 6951-4; *Frith*, 8742-4, 8956-7; *Lamacraft*, 9929-34, 10,365-6; *R. Smith*, 12,619, 13,365-6; *Woodecock*, 15,231; *Bennett*, 16,336-40, 16,522-3; *Wigglesworth*, 17,906-15; *Hyner*, 19,149-50, 19,796-9; *Johnson*, 26,342, 26,347; *Rigby*, 27,034-56; *Broster*, 37,507-8; *Dixon*, 39,481; *Jones*, 41,266-72; *Barnes*, 41,918-20.  
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 35,794-7  
 Case of doctor signing and leaving member to fill in date, *Macarthur* - - - - 14,558-60



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## DATING OF—continued.

- on Date of first seeing patient, but doctor should have discretion to date back, but discretion by way of report to society in case of, would be advisable, *Tuckfield* - - - 1341-57
- on Day of actually signing, necessary, *Cox*, 31,087-8
- a Day or two ahead owing to requirements of societies, *Hodgson* - - - 25,836-9
- on Day of seeing patient, objection to, requirement, *Devis* - - - 39,896-935
- Difficulties and suggestion re, *Rogers*, 16,023-33; *Paget*, 24,067-70, 24,271-7, 24,286a-7.
- Encouragement of patients by agents to ask doctor to change dates, *Cox* - - 30,386-7
- on First day:
- Advocated, *Sanderson*, 432-3; *Wigglesworth*, 18,278-80
- Advocated, and question of giving some idea of what may happen in next few days, *Jefferson*, 8225-32
- Hardship to patients and objection to, *Devis* 40,173-8
- Important, but giving of second certificate before benefit received would not be objected to, *W. P. Wright* - - - 31,494-512
- Objection to, *W. Duncan*, 17,191, 17,335-8; *Layton*, 29,578-90; *Farman*, 33,565.
- "Morning" and "evening" practice of, and advantage, *Layton* - - - 29,585-92
- Objection to present system, and tendency of, to excessive claims being made, *W. Duncan* 17,190-6, 17,339-49
- Post dating, *Sanderson* 334-7, 430-1; *Tuckfield*, 836-8, 1156-7; *Peters*, 1997-8; *Gordon*, 2721-6, 2985-9; *Thomas*, 4476; *Shaw*, 6875; *Appleton*, 11,730-1; *Parrott*, 20,894-902; *Johnson*, 26,342, 26,347; *Flather*, 36,932; *Pimble*, 37,148-53; *Dixon*, 39,481; *Jones*, 41,260-4
- Post dating:
- Encouragement of, by agents, *Claydon* 22,951-66
- Prohibition advocated, *Shaw* - - 6873-7
- Proposal re, approved, *Layton* - 29,692-6
- Signing of initial and declaring-off certificates on same day, *Huntley*, 25,168-9; *Lilley*, 34,016-24.
- from Time person incapable of work advocated, *Divine* - - - - 33,251
- for Debility, see Debility.

## DECLARING OFF:

- Difficulty in obtaining, sometimes, *Appleton*, 11,895; *R. Smith*, 12,625, 12,629-37; *Hartop*, 21,293.
- Difficulty in some cases from patients not having form with them, *Farman* - - 33,523-32
- if Doctors had book of, advantage, *Hodgson*, 26,078-86; *Farman*, 33,704-7.
- Possibility of doctor declaring man off, on any day, desirable, and question of, *Cox* - 31,092-6
- Refusal to sign declaring-on form, case, *Johnson*, 26,338
- Signing of, on July 29th, and dating for 5th August, case of, *Lilley* - - 34,030-3
- at Week-end, stating of time on, desirable, or special wording preferable, *Wigglesworth* 18,045-50, 18,281-98

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- Accuracy desirable, as far as possible, *Clarke*, 39,244-6
- Certificate of incapacity to work only should be sufficient, *W. P. Wright* - 31,981-2, 32,322
- Definite, should not be insisted on, straight off, *Parsons* - - - 31,387-8
- Details, objection to putting in some cases, but no objection to giving reasonable information to societies, *Oldham* - 37,592-611, 37,797-814
- Difficulty in early stages of disease, and suggestion of wording of "case not diagnosed," *Cox*, 30,145-51
- Difficulty in some cases of stating nature of disease at first, and societies should realise, and assistance from Commissioners desired, *W. Duncan* 17,159-74, 17,262-8, 17,361-6, 17,389-93
- Doctors will not disclose the truth in some cases, *Webb* - - - - 27,167

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## DIAGNOSIS—continued.

## Doubtful:

- Communication to society or sign on certificate, objection to, proposal, *Claydon* 22,495-504
- Doctor should say so, or use indefinite phrase, *Cox* - - - - 31,113
- Question of, *Claydon* - - - 22,940-74
- in English:
- Advocated, *Hollins*, 9400-5; *Appleton*, 11,677, 11,725, 11,775-7, 12,048-55.
- would be a Convenience, *Shaw* - - 6742
- Example of need for exercising great caution, *Marsh* - - - - 32,520-7
- Full diagnosis should always be given, with possible exception in cases of venereal disease and cancer, *Bennett* - - 16,575-86, 16,794-806
- "Illness" on, agreement re, in exceptional cases, *Oldham* - - - - 37,651
- Impossibility of always giving exact diagnosis at first, *Layton* - - - - 29,548-51
- Incapacity the important point of which doctor or medical umpire should be sole judge, but name of disease admitted to be also important, *Devis* - - - 39,983-40,012, 40,076-87
- Inadequate and indefinite description of illness, *Rogers* - - - 15,410-33, 15,985-90
- Incorrect statement, justification of, *Cox* 31,097-124
- Nature of disease stated, except in some cases and then statement made to society, *Layton* 29,361-5
- Refusal to state nature of disease, *Sanderson*, 577; *Gordon*, 2424-40, 2700-1; *Thomas*, 4271-84; *Barrand*, 4770-82; *J. P. Pearce*, 6139; *Jefferson*, 7228.
- Society considered entitled to, *Cox* - 30,181-4
- Stating of truth should be insisted on, *Richmond* 38,425
- Stating of specific disease:
- in Case of women, objection to, and doctors should be trusted when "internal trouble" or "gynaecological trouble" certified, *Claydon* 22,545-79, 24,466-7
- Difficulties in some cases and question of omitting, and sending note to society, *Farman* 33,703-30
- Difficulties, *Webb* - - - 27,803-7
- not Important except for statistical purposes, *Farman* - - - - 33,644
- Objection in some cases owing to publicity and steps should be taken to prevent certificate going through too many hands, *Clarke* 39,251-67, 39,275-8
- Prejudicial to patient in some cases, *Harrison*, 38,254-62; *Richmond*, 38,695-7; *Clarke*, 39,246-50, 39,268-73; *Devis*, 39,953-64.
- Question whether statement should be required from doctors, *Webb* - 27,167, 27,273-95, 27,809-15
- Refusal, *Macarthur*, 11,466-80, 14,096-9, 14,139-51; *Hartop*, 22,285-92; *Dyer*, 23,652-7.
- Reluctance to state, *Tuckfield*, 829-31; *Blundell*, 1427-30, 1562-4.
- Undesirable in some cases and use of synonyms or euphemisms justified, *Cox*, 30,152-207; *Parsons*, 31,406-29.
- Untrue statements with view of concealing truth from patient, importance exaggerated, *Marsh* - - - - 32,520
- a Violation of professional secrecy, *Belding* 34,512-6
- Symptoms must sometimes be certified instead of cause, *W. Duncan* - - - 17,354-60
- Synonyms:
- Justified in some cases, *Cox* - - 31,127-32
- Use of, not approved, *Harrison* - 37,955
- Technical names, question re use of, *Hodgson* 26,045-8
- Uterine diseases, difficulty owing to patient having to hand certificate to men, *Cox* - 30,208-10
- Vague, examples of results of societies not allowing, *Cox* - - - - 31,097-115
- several Different diseases on, for one person, *Gordon*, 2389-91, 2463-72, 2600-89, 2562-73, 2582-8, 3010-31; *Willson*, 5763-6, 5830-1, 5901-8; *Hollins*,



## Certificates—continued.

- 9143; *Macarthur*, 11,474; *Appleton*, 11,671-5; *Furman*, 33,644; *I. Wright*, 2194.
- Difficulties, *Layton* - - - - - 29,422
- more than one Disease for one person justifiable owing to difficulty of diagnosis at first, *W. Duncan* 17,361-3
- Dislike of doctors to give owing to trouble, *Wigglesworth* - - - - - 18,130-46
- Division into two parts, suggestion, one for patient of incapacity for work, and second with medical information for local medical records office, *Webb* 27,167, 27,800-8
- Doctors generally examine patients beforehand, and at time of certifying, *Cox* - - - - - 30,253-4
- Doctor giving patients greatest number of, also having longest average duration, question of explanation, *Cox* - - - - - 30,937-43
- Doctors should differentiate between illness that inconveniences and that incapacitates from ordinary work, *Appleton* - - - - - 12,001-6
- Doctors would not generally be influenced by fear of losing patients, *Holder* - - - - - 23,459-64, 23,505
- Doctors should generally be willing to receive visits and receive and give information if inquiries reasonable, but including of in contract not desirable, *Marsh* - - - - - 32,702, 32,890-901
- Ease of granting not the chief determining factor in choice of doctor, *W. Duncan* - - - - - 17,280-3
- Easily obtained, *Sanderson*, 264-5; *Peters*, 1791-2, 2021-4; *Clayton*, 3110, 3171-5, 3213, 3251, 3321-9, 3333-5, 3465, 3532-5; *Thomas*, 4435-8, 4526-31, 4618; *J. P. Pearce*, 6442-3; *Shaw*, 6538-9, 6737-9, 6805, 6828-30, 6834, 6941-6; *Jefferson*, 7936-8; *Hollins*, 9449-50; *Lamacraft*, 10,359; *Poulton*, 10,522, 10,525, 10,583, 10,604-5, 10,754, 10,777-81; *Daniels*, 13,856-63, 13,989-92, 13,999-4000, 14,069-70; *Woodcock*, 15,081, 15,134, 15,140-58, 15,229-30; *Rogers*, 15,369-72, 15,454; *Wigglesworth*, 18,136-8, 18,162; *Hyner*, 19,049-65, 19,497, 19,590; *Mander*, 21,628, 22,034; *Hartop*, 22,264, 22,374-8; *Paget*, 24,063-5; *Johnson*, 26,252; *Jones*, 41,236-58.
- Encouragement of patients by agents to ask doctor for certificates when already refused, *Cox* - 30,386
- Extraneous circumstances may weigh with doctor unconsciously, but not legally or morally justifiable and B.M.A. would not condone looseness, &c., *Cox* 31,068-77
- Facilities should be given to doctors to make remarks on, in cases of doubt, *Cox* - - - - - 30,395
- Forgery, *Barrand*, 5346-7; *Shaw*, 6523, 6578-80; *Jefferson*, 7322-6; *Daniels*, 13,900-2; *Claydon*, 22,459, 22,466-7.

## FORM:

- Uniformity desired, *Parsons*, 31,388; *Marsh*, 32,810-2.
- greater Uniformity and simplification desired, *Cox* - - - - - 30,343-54
- Fresh, on coming out of hospital suggested, *Wigglesworth* - - - - - 17,995, 18,299
- Given without seeing patients in certain cases, but wording altered, *Richmond* - - - - - 38,698-702
- possibly Granted too easily at first, but doctors now in better position to deal with, *Cox* 30,017, 30,023-31, 30,475-84
- Granting of, on statement of insured person, without careful examination, *Woodcock* - - - - - 15,232
- Granting of, without proper examination, *Macarthur*, 11,466, 11,487-96; *Daniels*, 13,989-92, 14,702-18.
- Granting of, without seeing patient, *Sanderson*, 257-9, 696-8; *Blundell*, 1602-5, 1607-10; *Gordon*, 2567, 2608, 2685, 2824-5, 2890-4; *Clayton*, 3071, 3214-6; *J. Duncan*, 3831-2, 3929-37; *Thomas*, 4473-5, 4630-40, 4716-7; *Shaw*, 6546-59, 6563-4, 6825-7, 6949-50, 6955-8, 6975-80; *Frith*, 8924-31; *Appleton*, 11,626-8, 11,787-93, 11,836-40, 11,894, 12,007-9, 12,076-119; *Macarthur*, 14,179-84; *Woodcock*, 15,077-8, 15,135-9, 15,153, 15,299-314; *Bennett*, 16,341-5; *Hartop*, 22,374, 22,431-8; *Paget*, 24,005a-7; *Johnson*, 26,327-34, 26,342-7, 26,486-7, 26,910; *Rigby*, 26,717; *Barber*, 28,946-51; *W. P. Wright*, 31,850-1; *Dawes*, 33,861-4; *Flather*, 36,927; *Pimble*, 37,220-3; *Buckle*, 39,745-6.

## Certificates—continued.

## GRANTING OF, WITHOUT SEEING PATIENT:

- Justified in some cases, *Bennett* 16,448-53, 16,756-93
- no Objection to, in certain circumstances, if fact made clear on certificate, *Paget* 24,126-31, 24,282-7
- Requests by agents, *Harrison* - - - - - 38,242-6
- Winked at, and encouraged by societies, and examples, *Oldham* 37,680-1, 37,689-94, 37,694-703, 37,742-3, 37,745-55
- Handing of, direct to patient essential, *Marsh* 32,874 to Hospital inmates, *see under Hospitals*.
- Illegibility, *Rigby* - - - - - 27,022-3
- "Illness" in lieu of name of disease, arrangement in Lancashire *re, Clare* - - - - - 36,368-70
- of Incapacity for work should be accepted, cause not considered so important, *Oldham* 37,670-2, 37,756-93, 37,817-35
- Incorrectness of, *Macarthur* - - - - - 14,095
- in case of Industrial disease, practice of doctors *re, Claydon* - - - - - 22,994-5
- Influencing of doctors by extraneous considerations in giving, *Cox* - - - - - 31,068-77, 31,168-87

## INITIAL:

## Giving of, on fourth day of illness:

- Advocated, but system of first certificate being notice only and followed up by another for payment would be satisfactory, *Harrison* 37,989-91
- Advocated, but advantage of early notice, *Buckle* 39,813-21
- with Statement of having found patient incapable on first day, would be a remedy, *Cox* 31,090-1
- should be Handed to society on first day, *Wigglesworth* - - - - - 18,278-80
- Handing in of, within 24 hours:
- Desirable, *Shaw*, 6878-80; *Barker*, 8478-82.
- Insistence on, would be an injustice in some cases, *R. Smith* - - - - - 13,101-2
- should be Issued on first day, and diagnosis could be left blank if necessary, *Jones* - 41,287-92, 41,291-2

## Limitation:

- would be Desirable, *Cox*, 30,755-7, 31,089-91; *Divine*, 33,252-9.
- Question of, *Daniels*, 14,719-28; *Bennett*, 16,517-21; *Hogarth*, 28,379-82.
- to Three days, suggestion, *Webb* 27,161-6, 27,795-9
- Payment of two weeks' sick pay on, and subsequent request to doctor to sign continuation certificate for date on which patient not seen, *Lilley* - - - - - 34,034-8
- Refusal by doctors and protests by societies, cases of, *Cox* - - - - - 30,501-2, 30,521
- Refusal to issue for four days after illness, cases of, owing to misapprehension referred to, *Parrott* - - - - - 20,887
- should not be Signed for three days, and then should be dated back, *Belding* - 34,485-8
- Issue, strict regulations desirable, *Jones* - 41,300
- Issue of vague indefinite certificates, case of, referred to Birmingham Medical Sub-Committee, *Parrott* 20,888-92
- Issue of, when patient following employment, particulars of case, referred to Birmingham Medical Sub-Committee, *Parrott* - - - - - 20,880-6
- Issue of, without having treated patient, particulars of case referred to Birmingham Medical Service Sub-Committee, *Parrott* - - - - - 20,903-13
- Keeping of, by doctors instead of patients bringing, question of, *Marsh* - - - - - 32,488, 32,813-7
- Lax giving of, by doctors in order to build up practice, in some cases, *Richmond* - 38,599-605
- for Minor ailments, *Gordon*, 2711-3, 2831; *J. Duncan*, 3843; *Thomas*, 4526-31; *Gray*, 5635; *Willson*, 5943; *Shaw*, 6530-9, 6786-92, 6964-9; *Jefferson*, 7226-7, 7617-22, 7663, 8216; *Barker*, 8465; *Hollins*, 9125-33; *Lamacraft*, 10,358-64; *R. Smith*, 12,563-4, 13,057-64; *Rogers*, 15,376-9; *Wigglesworth*, 18,157-62, 18,215-8; *Mander*, 21,751-61; *Hartop*, 22,265-78, 22,323-4; *Dyer*, 23,795-9; *Huntley*,



## Certificates—continued.

24,959, 25,051-3, 25,169-73; *Johnson*, 26,263-5;  
*Barber*, 28,725-6, 28,807; *W. P. Wright*, 31,682-5,  
 31,691-5, 31,815-7, 31,825, 31,850, 32,361;  
*Jackson*, 36,523-42; *Pimble*, 37,280-5.

for Minor complaints should be referred immediately to medical adviser, *Paget*, 24,073-5.

Need of clear understanding between doctors and societies as to sense in which words used agreed on, *Bennett* - - - - - 16,785-9

from Non-panel doctor, valid, *Bennett* - 16,471-4

Non-refusal, arrangement between doctors and societies in Rochdale, but doubtful cases reported to Secretary of Friendly Societies' Council, *Rigby* 26,988-91

for Persons needing rest, doctors' discretion should be trusted, *Divine* - - - - 33,144-8, 33,178

Possibility of doctor marking on, day on which patient should return to surgery, would be useful, *Cox* - - - - - 30,963-4

Pressure on doctors by employers, *Oldham* - 37,743

Refusal of further information by doctors except for fee, *Mander* - - - - - 21,792-5

Refusal by societies to pay on, *Claydon* - 22,540-3

## REFUSAL:

Lack of support by authorities, complaints heard, *Cox* - - - - - 31,011-20

always Supported by societies now, but not always under old system, and example, *Cox* 30,651-60

Reluctance to refuse, for fear of losing patients, *Shaw*, 6828-30; *R. Smith*, 12,609; *Bennett*, 16,133-42, 16,409-15, 16,471-6; *W. Duncan*, 17,666-72; *Wigglesworth*, 17,866-73; *Bond*, 18,523-7; *Hyner*, 19,178; *Parrott*, 21,262-71; *Hartop*, 22,377-8; *Scarlett*, 23,237, 23,292-7; *Barber*, 28,739, 28,886-92; *Layton*, 29,339, 29,423-4; *Daves*, 33,791-2; *Belding*, 34,219-22, 34,286-9, 34,393-6, 34,431-5; *Whiteley*, 35,305-15; *Pimble*, 37,227, 37,264-6; *Buckle*, 39,630-2; *Bell*, 40,776-7.

Reluctance to refuse for fear of losing patients a factor, but majority of doctors honest, and honesty easier than in case of private and club patients, *Cox* 30,289-308, 30,556-7, 30,851, 30,856-7, 31,177

Reluctance of doctors to refuse, in some cases, *Rigby*, 26,699-703, 26,990; *Hogarth*, 28,456-7.

Request for, often anticipated by doctors and prevented, *Claydon* - - - - - 24,485-91

Responsibility of doctors *re*, and some regard should be had to effect on society, *Peters* - 22,19-28

Revision by secretaries of societies, possibility of mistake, *Claydon* - - - - - 24,664-9

Review of, by medical referee, *see under* Medical referees.

Right of patient to professional confidence on part of doctor not destroyed by use of, *Devis* 40,140-3

Rubber stamp, use of, *Tuckfield*, 839-41; *Clayton*, 3071-2; *Barrand*, 5216-7; *Lamacraft*, 9920-8; *Appleton*, 11,739, 11,840; *Paget*, 24,000.

Rules *re*, question of laying down, but difficulty, &c., *Richmond* - - - - - 38,411-26

"Run down," for five weeks, not justifiable, *Cox* 30,396-7

Scientific terms should be given on, *W. Duncan* 17,351-3

Signing of, in pencil, *Woodcock* - 15,159, 15,302

## SIGNING OF, ON PARTICULAR DAY:

Insistence on, by society, unanimous objection to, by doctors, *Cox*, 30,213-49; *Marsh*, 32,467-87, 32,815-6.

not the Practice of all old friendly societies, *Cox* 30,223-39

Wording "I have this day seen," change needed, *Belding* - - - - - 34,410-1

Stamp, use of, *Woodcock* - - - - - 15,306

Statement on, as to probable length of incapacity advocated, *Devis* - - - - 39,943-50, 40,098-108

Submission of particulars to panel practitioners' committees, question of, *Bond* - - - - 18,781

Tendency to give, owing to effect on income at first, but less now, *Scarlett* - - - - 23,234-6

"Unfit for work," suggestion of woman doctor *re*, and question of, *Claydon* - - - - 22,996-8

Unnecessary complications, leakage of funds as result, *Cox* - - - - - 30,345-6, 30,862-5

## Certificates—continued.

Weekly, stringent regulations by Commissioners desired *W. P. Wright* - - - - 31,526-8

Withholding of, rule that payment should not be made in case of, without fair and reasonable cause, would be approved, *Barker* - - - - 8563-8

## WOMEN:

Certain women's diseases would not be put on, in certain cases if agent would see, *Bennett* 16,594

Dislike to complaints being placed on, *Cox* 30,824-6

Separate wording might be an advantage, *J. Duncan* 3958-60

Special certificate, stating inability to do household duties advocated, *Sanderson* - 313-6, 418-22, 438-9, 520-5

## WRONGFULLY GRANTED:

some Cases of, admitted, but stringent measures against doctors desired, *Cox* 30,931-3, 38,946

Commissioners not sufficiently strict *re* taking men off panel, *Cox* - - - - - 30,946-52

Charitable associations, contributions, decrease as result of Act, *Bennett* - - - - - 16,889

CHARLES, Dr. J., (Stanley, Durham) - 20,269-805

## Chemists:

no Complaints heard of having to obtain medicine from, *Gray*, 5638; *Dyer*, 23,786.

no Complaints heard of not taking prescriptions to, *Bunch* - - - - - 11,198-9

Complaints made of having to go to, for medicine, *J. Duncan*, 3910-4; *Thomas*, 4476; *Willson*, 5969, 6039, 6046; *Daniels*, 14,003, 14,005; *W. Duncan*, 17,035-42.

Delay in making up prescriptions, *Parrott* - 21,292, 21,343-4

Difficulties of getting medicine from, in some cases, *Barker* - - - - - 8638

Non-taking of prescriptions to, *Pimble* - 37,383-6

Prescriptions generally taken to, *Lilley* - 34,115-20

Prescriptions sometimes not taken to, *Smith* 13,369, 13,680-3

## Cheshire:

## DOCTORS:

Friction with societies at first, *J. E. Phillips* 35,638-9, 35,676-80

Greater tendency to consult, for trivial matters, *J. E. Phillips* - - - - - 35,513-5

Less interest taken in funds of societies than formerly, *J. E. Phillips* - - - - 35,518-46

Return to old relations with societies not desired, *J. E. Phillips* - - - - - 35,640-2

Severing of connection with societies, arrangement *re* treatment during interval after, *J. E. Phillips* 35,669-76

Undefined unrest among, and if minds set at rest things would work more smoothly, *J. E. Phillips* 35,760-7

## MEDICAL REFEREE:

One man would be sufficient, *J. E. Phillips* 35,559

Part-time panel doctor, profession would probably not care for, *J. E. Phillips* - - 35,580-1

no Preference personally as to type, *J. E. Phillips* 35,581-7

Specialist from Manchester hospital, doctors would not care for, *J. E. Phillips* - - 35,582-3

Societies' officials, objection to little men in villages, probably also shopkeepers, *J. E. Phillips* 35,716-7, 35,780-2

## Chesterfield:

Competition between doctors and medical institute and high sickness incidence, *Duncan* - 17,200-1, 17,403-7, 17,565-7, 17,691

## MANCHESTER UNITY:

Certificates required by visitor, supposed to report on each case at lodge meeting following notification of illness, *Wright* - - - 31,827

Excessive claims considered by secretary as largely due to arrears of sickness, *Wright* - - 31,827

Medical referee, objection to, from point of view of professional etiquette, *Duncan* - - 17,237-48, 17,442-58



- Chill, cold, catarrh, certificates not approved, *Richmond* 38,655-65
- "Chlorosis," case of refusal of certificate by society, *Claydon* - - - - - 22,654-6
- Cirrhosis of the liver, person with, not necessarily guilty of misconduct, *Claydon* - 22,864, 24,492-500
- CLARE, Harcourt E., Clerk to the Lancashire Insurance Committee - - - - - 36,343-458
- CLARKE, Dr. J. Michell, physician to Bristol General Hospital, pro-Vice-Chancellor and Professor of Medicine at University of Bristol, &c., nominated by the President of the Royal College of Physicians 39,200-422
- Clarke, Nicholls and Combe, Hackney Wick, two-thirds wages paid when employees sick for six weeks formerly, and money now made up to, and possible reason of amount of sickness, *Eastman* - 40,712
- Clay Cross district:**  
*see also* Derbyshire.
- Benefits not always taken advantage of by people until attention drawn to, *W. Duncan* - 17,024-7
- CERTIFICATES:**
- Acceptance of, without question and payment of benefit on, general practice before and since Act, *W. Duncan* - - - - - 17,551-5
- Circular from Commissioners would be more useful than conferences with societies, *W. Duncan* 17,754-62
- Difficulty in some cases of stating nature of disease at first, and question of attitude in case of request for further information, *W. Duncan* 17,159-80
- Fear of refusing, for fear of losing patients, *W. Duncan* - - - - - 17,666-72
- Post-dating formerly as part of system, *W. Duncan* 17,339-48, 17,637-40
- Request for further information, attitude *re*, *W. Duncan* - - - - - 17,541-50, 17,773-81
- Venereal disease, practice *re*, and before new agreement patients would pay doctor for medicine instead of going to chemist for, *W. Duncan* - - - - - 17,181-8
- Chemists, complaints made by people of having to wait for medicine, *W. Duncan* - - 17,035-42
- Colliery industry, *W. Duncan* - - - 17,076-87
- Dental treatment, facilities, *W. Duncan* 17,697-701
- DOCTORS:**
- Bad lives on list, *W. Duncan* - - - 17,303-6
- Conference with friendly society representatives might be useful, *W. Duncan* - - - 17,630-3
- Co-operation with sick visitors, *W. Duncan* 17,151-5
- Daily work of, time taken in receiving patients, &c., *W. Duncan* - - - - - 17,113-34
- Free choice, comparatively little exercised, *W. Duncan* - - - - - 17,557
- Instructions of, carried out by patients, *W. Duncan* 17,030-2, 17,043
- Majority of patients were formerly in societies, and practically no greater difficulty with, than before, but some difficulty with domestic servants, *W. Duncan* - - - - - 17,004-20
- Number and class of patients on list, *W. Duncan* 16,950-4
- Number of patients seen per week, *W. Duncan* 17,117-20
- Opinion *re* relations with committee and Commission, *W. Duncan* - - - - - 17,573-6
- Private practice, class of, *W. Duncan* - 16,955-7
- Proportion of patients seen at home and visited, *W. Duncan* - - - - - 17,441, 17,673-9
- Relations with societies, and likely to be better than formerly as officials had undue power, *W. Duncan* 17,322-34, 17,394-401, 17,505-16, 17,538-40
- Steps taken to send people back to work when fit, *W. Duncan* - 17,070-6, 17,087-8, 17,370-2
- System in case of man in more than one society, and one doctor would accept another's certificate, *W. Duncan* - - - - - 17,053-64
- few cases of Venereal disease, *Duncan* 17,702-3
- Work increased since Act, though not number of patients, *W. Duncan* - 17,437-40, 17,680-6
- conscious Exaggeration, a few cases, *W. Duncan* 17,095

**Clay Cross District--continued.****INCAPACITY:**

- Acceptance of patient's statement in cases difficult of diagnosis and confirmation watched for, *W. Duncan* - - - - - 17,389-92
- Certificate given according to statutory form, *W. Duncan* - - - - - 17,381-3
- Industries, *W. Duncan* - - - - - 16,949
- Over-insurance and consequent increase of claims, *W. Duncan* - - - - - 17,044-69
- Sick visiting, *W. Duncan* - 17,207-16, 17,641-7

**SICKNESS:**

- Exceptional amount in first few months of 1913, *W. Duncan* - - - - - 17,296-302
- Nature of, *W. Duncan* - - - - - 17,096-103

**SICKNESS BENEFIT:**

- Decrease of declarations on, as holidays approach, *W. Duncan* - - - - - 17,377
- Desire among girls to stay on funds until suitable place found, *W. Duncan* - - - 17,089-94
- Desire of certain class of men to return to work too soon if likely to lose job, *W. Duncan* 17,076, 17,369, 17,073-6
- Disposition to remain on, till end of week, *W. Duncan* - - - - - 17,378-80
- Gross amount not much different since Act, owing to revision of contributions, *W. Duncan* 17,269-73, 17,523-6
- Specialist treatment, facilities and no difficulty experienced, *W. Duncan* - - - - - 17,217-29
- Tuberculous cases, particulars *re* treatment, payment of doctors, &c., *W. Duncan* - 17,613a-26
- Women's diseases, no difficulty *re* hospital treatment, *W. Duncan* - - - - - 17,230-6

CLAYDON. DR. OLIVE, nominated by the London Association of Registered Medical Women (Oldham) 22,439-23,051, 24,288-774

CLAYTON, L., President of the Bristol Cotton Works Health Insurance Society - - 3037-3536

**Colchester and Maldon District, Essex, Manchester Unity Certificates:**

- for Minor ailments, *W. P. Wright* - - - 31,850
- Signing of, without seeing patient, *W. P. Wright* 31,850-1

**Collecting Societies:**

- Less good lives obtained than by friendly societies, *Layton* - - - - - 29,244
- Sickness experience would be expected to be higher than that of other societies, *Cox* - - - 30,875
- Committee on Sickness Benefit Claims, inquiry considered premature, *Shaw*, 7136; *Cox*, 30,366-79, 30,997-9; *Barnes*, 41,792.

**Compensation:**

*see also* Accident Compensation.

- Advance to insured person pending settlement of claim, leaving it open whether society or persons takes action, question of, *Morland* - 35,104-6
- Attempt by employees to shift burden on to approved societies, *J. Duncan* - - - 3677-9
- Benefit should be paid until compensation claim established, could then be refunded, *Claydon* 22,624-37
- Central fund for cases, suggestion, *Huntley* 25,236-40, 25,385-6, 25,474
- Collusion between employers and workmen in accident cases, *Appleton* - - - - - 11,802-5
- Disinclination to go for, when able to get sickness benefit, *Sanderson* - - - - - 113, 273-7
- Employers more inclined to contest cases than formerly, *R. Smith* - - - - - 12,906-21
- Hardship of refusal of sickness benefit in certain cases, *Morland* - - - - - 34,828-33
- Onus on society of recovering, suggested, *Morland* 34,829-33, 35,060-76
- Position of societies with regard to, under section 11, and complaint *re*, *R. Smith* - - - 12,893-921
- Question as to how far doctor should give indication on certificate, *Paget* - - - - - 24,158-62



**Compensation—continued.**

Society should be consulted before agreement made between employer and workmen, *Smith* 13,262-7  
 one Solicitor for each insurance area for, would be useful, *R. Smith* - - - 13,268-9  
 Taking over of duties under Act by Insurance Committees through Commission, suggestion, *Morland* 35,076-80  
 Unwillingness of members to claim, *Davies* 36,066-92

**Confinement :**

At home or in institution, attitude of women *re*, and housing conditions a factor, *Bondfield* 40,610-5

**RETURN TO WORK AFTER :**

under Four weeks not desirable, *Huntley* 25,286  
 at end of Fourth week undesirable and proper provision would reduce sickness claims in future, *Bennett* - - - 16,598-616

**SICKNESS BENEFIT AFTER :**

Doctor's certificate required, *Tuckfield* 1322-36  
 no Fixed period, as long as certified by doctor to be incapacitated, *Shaw* - - 7021-2, 7077-87  
 for about Five or six weeks, *Peters* - - 2141  
 for Four weeks :  
   in All cases, and after for real incapacity, *Daniels* 13,960-6  
   on Midwife's certificate, *R. Smith*, 12,464-9 ; *Johnson*, 26,612 ; *Flather*, 36,965.  
   on Midwife's certificate and afterwards on special reason, *Lamacraft* - 10,212-5, 10,431  
   if Not working and longer if necessary, *Barrand* 5271-6  
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 Only, *Clayton*, 3337, 3380-94, 3446-57, 3501-5 ; *Thomas*, 4230-6, 4593-5, 4675-7.  
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   generally considered Reasonable, *Cox* - 30,981  
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 for more than Four weeks :  
   Apparently allowed according to handbook, *Thomas*, 4653, 4669-70 ; *Willson*, 5812.  
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 Sickness benefit before, *see under* Pregnancy.

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Fixed benefit for so many weeks before and after would be advantageous, *Divine*, 33,224-5 ; *Belding*, 34,369-73.  
 Four weeks before and six after advocated as minimum, *Macarthur* 11,592, 14,405-7, 14,494-502  
 Lump sum for certain period before and after would be preferable to present system, *Bond* 18,606, 18,798-811  
 Needed, *Routh*, 35,870-3, 35,878, 35,927-8 ; *Davies*, 36,266-70.  
 Question of amount, *Routh* - - - 35,874-9

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 not Adequate, *M. Phillips* - 38,532, 38,835-7  
 Better, would tend to lessen sickness claims, *Claydon* - - - 24,478  
 Defective, troubles due to, and proper treatment and rest before and after would reduce sickness claims, *Bennett* - - - 16,602-10  
 Hospital accommodation, shortage, *Bondfield* 40,611-2  
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**Contributions, reduction of, under sec. 72 :**

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 Compulsory, in all societies would be approved, *Wightman* - - - 25,525-7

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**Dereham, East:**

*see also* Norfolk.

Admission of bad lives, and example, *Belding* 34,325

Casual workers, charwomen, &c., desire to go on fund for minor complaints, and needy condition, and difficulty re, *Belding* - 34,178-92, 34,328-30, 34,501-10

Certificates, refusal, *Belding* - - - 34,384-7

**DOCTORS:**

Area of panel work, *Belding* - - - 34,163-5

Conferences with representatives of insured persons, *Belding* - - - 34,251, 34,454-6

Conscientious treatment of insured persons, *Belding* - - - 34,422

Inquiry made as to nature of occupation, wages and insurance before giving certificate, *Belding* 34,404-6

Number, *Belding* - - - 34,170-1

Officials would be given reasonable information if not aggressive, *Belding* - - - 34,362-3

**PATIENTS:**

Number of, *Belding* - - - 34,161

Number of, receiving medical benefit, *Belding* 34,382-3

Occupations and class, *Belding* - 34,174-6

Tendency to put patient entirely first and forget society, &c., *Belding* - - - 34,366-7

Incapacity, interpretation as incapacity for ordinary employment, and each case considered on merits, *Belding* - - - 34,350-2, 34,414-21

Insured people, number, *Belding* - - - 34,172

Manchester Unity, pregnancy, non-payment for, alone, *W. P. Wright* - - - 31,903-4

**NATIONAL INSURANCE:**

certain Misunderstanding as regards principles of, *Belding* - - - 34,359-61

People generally favourable to, *Belding* - 34,358

Over-insurance, not much, but a good deal formerly, especially among railway employees, *Belding* 34,340-4

Population, *Belding* - - - 34,159

**SICKNESS BENEFIT:**

Cases of reluctance to go on fund, *Belding* 34,462

Complaints by officials if men not put on funds, *Belding* - - - 34,196-8

Declaring off at end of week, a sort of recognised practice, *Belding* - - - 34,408-9

Officials not in hurry to get people off, *Belding* 34,192-4, 34,295-300

Proportion of persons ready to go on fund at earliest opportunity very small, *Belding* 34,462-5

Sick visitors, professional, appointment by committees would be beneficial, but doubt if benefit equal to cost, *Belding* - - - 34,402-3

Voluntary nursing association, *Belding* 34,397-400

**WOMEN:**

Consider they are not insured against household work, and need for ruling re, *Belding* 34,333-9

Doubtful claims, reasons, *Belding* - 34,501-4

Workmen's compensation, many exaggerated claims, *Belding* - - - 34,195

DEVIS, DR. H. F., (Bristol) - - - 39,822-40,237

Diagnosis. *see under* Certificates and under Medical Benefit.



**Disablement benefit :**

- Definition of incapacity will be required, *Hogarth* 28,368
- Incapacity, different test will be required, *Cox* 33,116-20
- Incapacity question, *Webb* - - - - - 27,127
- Medical referees would be useful, *Cox* - - - - - 30,512
- Non-payment of contributions while receiving, considered serious, *Poulton* - - - - - 10,674-83
- Question would be more difficult to decide on than sickness benefit, *Rogers* - - - - - 15,967-8

**DIVINE, DR. JOHN**, past president of Hull Medical Society, honorary secretary of local medical committee, and on panel for Hull, nominated by the British Medical Association - - - 32,983-33,399

**DIXON, A. P.**, Secretary of the Cambridge Benefit Society, and National Insurance Association for the Eastern Counties - - - - - 39,423-39,573

**Doctor Croke Branch of National Independent Order of Oddfellows**, excess of sickness experience over estimate, *Johnson* - - - - - 26,400

**Doctors :**

see also Medical Benefit.

Acceptance of patient's word in many cases, *F. J. Smith* - - - - - 34,556-600

Action against, through Insurance Committee or Commission would be prejudicial ultimately to society, *Rigby* - - - - - 26,897-902

**APPOINTMENT :**

no Change suggested, *Wigglesworth* - - - 17,926

by Members of approved society preferred, *Tuckfield* 1242-3, 1368

Attitude towards Act, *Claydon* - - - - - 22,746

**ATTITUDE OF :**

see also Relations with Societies below.

Change of feeling on part of, since Act, *Hyner* 19,753-67

Bulk, honestly doing work, and not influenced by fear of losing patients, *Divine* - - - 33,186

Honestly trying to work Act, *Claydon* - - - 22,746

less Hostile, *Sanderson*, 52-61, 251; *Tuckfield*, 814-9, 1240-1; *Peters*, 1791, 1795-6; *Shaw*, 6524-9, 7131; *Jefferson*, 7206; *Hollins*, 9248; *Appleton*, 11,668-70, 11,773-4; *R. Smith*, 12,567, 12,638-9; *Holder*, 23,415-9; *Johnson*, 26,316-8, 26,487-8, 26,614-5; *Harrison*, 37,942-5; *Dixon*, 39,481; *Barnes*, 41,797, 41,854-5.

Improvement, and Insurance Act will help, *Bond* 18,452-63

Improvement in tone, and tendency towards more co-operation in making Act a success, *W. Duncan* 17,751-3

Indifference and lack of wide outlook, but improvement, and steps taken by B.M.A., *Cox* 30,065-7, 30,084-91, 30,099

Less interest taken in funds of societies than formerly, *J. E. Phillips* - - - - - 35,518-46

beginning to Realise monetary benefits of Act, *Easiman* - - - - - 40,684

as Regards saving funds, question of, *Burgess* 21,103

Repudiation of suggestion of deliberate bad working of Act, *Cox* - - - - - 30,062-4

more Careful work as result of keeping records, *W. Duncan* - - - - - 17,684-6

Carelessness and acceptance of patients' word, question of remedy, and no suggestion, *F. J. Smith*, 34,602-27, 34,710-1, 34,716-22, 34,739-41

Case of man going to second, after being refused certificate by first, *Hodgson* - - - - - 25,862-3

**CHANGE OF :**

at Any time, objections to, *Jefferson* - - - 8234-8

Check advocated, *Harrison* - - - - - 38,173-6

some Difficulty desirable, *Bond* - - - - - 18,526

if Due to doctors refusing certificates should be made difficult, but difficulty of, *Cox* 30,694-5

should be Easier, *Farman* - - - - - 33,629-31

Owing to doctor refusing certificate, difficulty, *Cox* 31,160-2

Possibility of, tendency to make doctors more lenient, *Lamacraft* - - - - - 10,324-8

Possibility of, may tend to certificates being given easily, but chance of changing approved, *Bunch* 11,162-3

**Doctors—continued.****CHANGE OF—continued.**

Refusal to accept patients changing owing to refusal of certificate, question of, *Claydon* 22,524-6, 22,536-9

should be easier, *Farman* - - - - - 33,629-31

Small amount, *Webb* - - - - - 28,091-9

Supervision desirable, *Divine* - - - - - 33,171-4

Charge for treatment of abscess in breast developing 3 weeks after confinement, case of, *Parrott* 20,953-8a

Charging by, for eye treatment, *Webb* - - - 27,783-4

Clerical work, work interfered with by large amount of, *Bennett* - - - - - 16,793

Close association between persons administering sickness benefits and, desirable, *Morland* - 34,864

without Club practice formerly, would have greater difficulty at first, *Farman* - - - - - 33,587-8

**COMMUNICATIONS WITH SOCIETIES :**

Annoyance of doctors when communicated with, re certificates, *Willson* - - - 5707-8, 5714, 5748-9

Co-operation with societies in way of answering frequent inquiries at inconvenient hours, and letters re insured persons, would be objected to, *Hogarth* - - - - - 28,532-41, 28,570-9

**Inquiries by officials :**

Discretion necessary, *Divine* - - - - - 33,310-4

not Generally resented, *Claydon* - - - - - 22,752-8

frequent Letters re patients with debility and anæmia would be unanswered, *Burgess* 21,057-60

no Objection to reasonable information being given to societies, but giving of information only by Medical Referee would be preferable, *Oldham* 37,592-611, 37,831-42

Obligation to answer letters, objection to, *Burgess* 20,040-66, 20,257-9, 21,109-18

Officials considered entitled to further information, *Belding* - - - - - 34,512-7

Question as to what doctor's attitude should be, *Cox* 30,401, 30,508-10, 30,419

Refusal to give information to society, case of, *Barber* - - - - - 28,715-7

Rule of societies that secretary might consult with doctors on any question re member's right to benefit would be useful, *Hyner* - - - 19,854-7

Societies should only criticise, or question certificates, &c., through a committee, and a medical committee in some cases, *F. J. Smith* 34,637

34,645-8, 34,742-60

Society believed to have no right to communicate with, direct, *Wigglesworth* 17,919-21, 18,415-29

Competition, tendency to better treatment, *Belding* 34,494-6

Competition in towns may lead to undue leniency, but country doctors in independent position, *J. E. Phillips* - - - - - 35,700-2, 35,775-9

Concentration of members of a branch in given area under one medical man, advocated, *Barker* 8415-6, 8521-43, 8600-2

8415-6, 8521-43, 8600-2

**CONFERENCES WITH SOCIETIES :**

would Probably be useless, *Burgess* - - - 20,262-8, 20,999-1001, 21,055-6

Proposal, *Huntley* - - - - - 25,475

Question of, *Farman* - - - - - 33,469-82

Question of possibility from doctors' point of view, *Burgess* - - - - - 20,262-6

might be Useful, *Appleton*, 12,026-7; *R. Smith*, 13,270-2; *Duncan*, 17,630-3; *Bond*, 18,631-5; *Hyner*, 19,388-94, 19,414-6; *Parrott*, 21,312.

should not have to Consider fact of over or under insurance, *Divine* - - - - - 33,213

**CONTRACT OF JAN. 1914 :**

Clause giving penalties under certain circumstances, considered harsh, *Morland* - - - 34,904-7

Clause re provision of continuous service, hardship in case of some country doctors, *Morland* 34,904-6

**CONTROL OF :**

Definite, advocated, and difficulty at present in getting complaints re, attended to, *Appleton* 11,725-42, 11,751-3

Effective, necessary, *Lamacraft* - - - - - 10,335-8

by Societies :  
no Demand by insured persons heard of, *J. E. Phillips* - - - - - 35,733-6

Objected to, *Macarthur* - - - - - 14,200

Sufficient, *R. Smith* - - - - - 12,882-3, 12,890-1



## Doctors—continued.

## CO-OPERATION WITH SOCIETIES:

- Attempts in some districts, *Cox* 30,100, 30,103, 30,466
- Attitude of doctors, *Claydon* 22,759-62, 23,046, 24,479-83, 24,721
- Compulsory bringing about of, impossible, must come spontaneously or by suggestion, *Claydon* 22,763-73, 23,036-51, 24,288, 24,698-703
- Conciliation committee composed of societies' representatives and doctors would be useful, *Cox* 30,473-4, 30,817
- Desirable, *Marsh*, 32,702; *Divine*, 33,219-20; *J. E. Phillips*, 35,683-6.
- Desirable, and question of means of bringing about, *Cox* - 30,100-12, 30,467-74, 38,758-9
- no Good would be derived, but question of, *Burgess* 21,157-65, 21,183-98
- Insurance committee might take steps and set up small committee, *Divine* - - - 33,129-31
- Individual doctors and officials, question of limit, and effect on professional confidence, *Cox* 30,760-88
- Information from societies *re* conduct or behaviour of patient, would be welcomed, *Hogarth* 28,551-3, 28,569
- would Largely remove difficulties, and suggestion *re* voluntary conciliation committee, *Hyner* 19,882, 19,829-31, 19,837-53.
- Principle of professional confidence involved, *Hogarth* - - - 28,549-50, 28,553
- Question of, *Bennett* - - - 16,892-944
- Undermining of professional confidence must be avoided, *Cox* - - - 30,778-84
- would be Useless, *Burgess* - - - 21,032
- Cordial relations with patient, importance of, *Belding* - - - 34,426-37, 34,497-500
- Deficiency in certain districts might be remedied by sending salaried doctor, *Webb* - - 27,876-9
- Densely populated areas, provision of centres and rota of doctors, a feasible suggestion, *Webb* 27,998-8001
- Difference of position as regards attitude towards private and panel patients, question of, *Bennett* 16,611-23, 16,627
- Difference in treatment of panel and private patients, cases heard of, but not great amount and will gradually die out, *Cox* - - - 30,464-5
- Difficulty of position, *Webb* - - - 28,037-41
- Dispensing by, case of, *Scarlett* - - 23,080-1
- Duty considered personally from professional point of view, and no connection with position of societies, *Burgess* - 20,041, 20,093-4, 21,141-56
- Extra charges made by, in some cases, *R. Smith*, 13,231-4, 13,360-4, 13,654-79; *Macarthur*, 14,226; *Morland*, 34,788.
- Fear of losing patients if too strict, *Jefferson*, 7936-8, 7978; *Appleton*, 11,843-5; *R. Smith*, 12,609; *Daniels*, 13,857-8, 14,703, 14,765-72, 14,776-82, 14,825-9.
- Feeling of duty towards patient, not to consider society's funds, *Claydon* - - - 22,749-50
- First duty to attend to health of patients, but certificates need not be given in every case, *Shaw* 6835-8, 6840
- First duty to patients, *Sanderson*, 437; *W. Duncan*, 17,367-8, 17,568-72; *Layton*, 29,275-8; *Cox*, 30,068-99; *Marsh*, 32,694; *Belding*, 34,541; *J. E. Phillips*, 35,658, 35,682; *Clarke*, 39,317-23, 39,327
- First duty to patient, but when benefit no longer required duty should turn towards society, *Divine* 33,133
- First duty to get patient well, and also to tell truth on certificate, *Belding* - - - 34,541-54
- FREE CHOICE:
- Advantage, *Bennett* - - - 16,425-8
- Advisable wherever possible, *Hartop* - 22,421
- should not have been Allowed, but society should have right to choose, *Shaw* - - - 6805
- not Approved, and appointment of doctors by societies for members would be better, *Scarlett* 23,232-3
- Disadvantages, *Macarthur* - - 11,511, 14,230-1
- Extent of, *Cox* - - - 30,563, 30,571-3

## Doctors—continued.

## FREE CHOICE—continued.

- Importance of, *W. Duncan*, 17,556, 17,659-65; *Marsh*, 32,730-1.
- any Increase in sickness claims not due to, *Cox* 30,679-83
- Majority of insured not interested in, but any system would have to consider persons who do care about, *Webb* - - - 28,079
- a Mistake, and objections, *R. Smith* - 13,273-6, 13,684-96
- Objection to, *Jefferson* - 7540-1, 7668-9, 8242-6
- People on the whole do not care about, *Webb* 27,883-4
- Popularity of, and value, and considered essential in really satisfactory service, *Cox* - 30,564-8, 30,665-6
- many General charges against, but few complaints actually laid or machinery of Act used, *Cox* 30,368, 30,375
- Giving of too much time to cases, and encouraging patients to go more than necessary in some cases, *Cox* - - - 30,049-56
- Half, doing work to best of ability, *F. J. Smith* 34,613-7, 34,673-6
- Importance of people going to, in early stages of illness, *Roberts* - - - 29,999-30,001
- in Independent position, paid salary by Commissioners, advantage, *Bond* - - - 18,841-2
- Inexperienced as far as Act concerned, *Appleton* 11,768
- INSTRUCTIONS GIVEN BY:
- not Always carried out, *Bennett* - - 16,170-86
- not Always sufficiently carried out, and need for supervision, &c., *Bond* - 18,575-9, 18,599
- Case of man refusing to carry out, and doctor telling him to transfer, *Bristol*, *Paget*, 24,044-8
- few Complaints *re* non-carrying out of, *Cox* 30,041, 30,046-8
- Difficulty of getting people to carry out, *Richmond*, 38,436-48, 38,454, 38,668-73
- Refusal to carry out, case of, *Hogarth* - 28,329-34, 28,507-12, 28,559-69
- Knowledge as to person's wages would be help to, *Hogarth* - - - 28,483-4
- Large proportion of, attending industrial classes, on panel, *Webb* - - - 27,864-9
- Late calls, policy recommended *re*, *F. J. Smith* 34,681-6
- NUMBER:
- will probably Increase every year, *Bennett* - 16,874
- Insufficient in many areas to cope with work, and bad results, *Macarthur* - - - 11,497
- One, for society, only possible where membership confined within reasonable area, *Wigglesworth* 18,152-3
- Overwork, *Willson*, 5766-71, 5780, 5878-85, 5934; *Appleton*, 12,139-44.
- PANEL SYSTEM:
- Better than previous system on the whole, *Layton* 29,260
- Better than State service from medical point of view, *Hogarth* - - - 28,438
- Comparison with club system, *Layton* 29,500-15
- Difficulty of doctors' position owing to possibility of losing patients, *Macarthur* - - - 11,511
- Doctors favourable to continuance of, *Marsh* 32,866-8
- proving Efficient, and change not advocated at present, as time too short to judge, *Divine* 33,186-7, 33,188-9
- Preferred if properly worked, and doctors should refuse to take patients leaving another doctor owing to strictness, &c., *Daniels* - 14,010-23, 14,753-5
- Sound if properly carried out, *Parrott* - 21,272
- Partnership, advantages, *Broster* - 37,519-20
- PATIENTS:
- Abnormal number of, in some parts, and consequent inadequate examination, *Webb* 27,079-97, 27,742-51, 27,762, 27,776-7, 27,885-90, 28,193, 28,198.
- Big lists:
- Cases of, and where work well done, *Cox* 30,057-61



## Doctors—continued.

## PATIENTS—continued.

## Big lists—continued.

Doctors with, not necessarily easiest with certifying, *Cox* - - - 30,939, 30,942-45  
 Due in some cases to gratitude for past actions, *Cox* - - - - 30,943-5

Case of large number of patients going to, with nothing the matter, *F. J. Smith* - 34,696-9

Conscientious treatment received, and better than private patients, *Layton* - - - 29,473

Doctor with reputation of granting certificates has bulk of, *Sanderson* - 380-4, 434, 477-80, 716-28  
 must be Given benefit of the doubt, *Divine* 33,134-5

## Limitation of number:

Advocated, *Macarthur*, 14,566, 14,569; *Daniels*, 15,008-10; *Farman*, 33,638-40.

not Advocated, *Divine* - - - - 33,187

Desirable, but fixing of limit would be difficult, *Rogers*, 15,686-90, 15,924-30, 15,992-6005.

might be Desirable, but difficulty of interfering with free choice of doctor, *Cox* - 30,696

certain Difficulty, but might be possible in time, *Daves* - - - - - 33,859

Objection to, as free choice would be interfered with, *Cox* - - - - 30,561-3, 30,569-73

a Possible remedy, *F. J. Smith* - - 34,738

Provision of suitable accommodation for patients desirable, *Daniels* - - - - 14,756-63

Suggested, *Johnson* - 26,618-20, 26,628-30

Number will get adjusted in course of time by patients going to less busy doctors, *Cox* 31,149-52, 31,159

Opinion *re* number, and question of best means of reducing number on list, *Claydon* 24,306-12, 24,522-36, 24,704-17

large Proportion go to surgery, *Bond* - 18,573

Question of reasonable number, *Layton*, 29,150-5, 29,429-30; *Marsh*, 32,790-1.

Reasonable number must depend on area and doctor, *Cox* - - - - 30,252, 30,463

Some doctors have too many, and suggestion *re* remedy by transfers, *Bennett* - 16,875-83

2,500 would be reasonable if doctor capable and without private practice, *Daves* - - 33,860

3,000 or 4,000 not necessarily excessive, *Divine* 33,187

Word not questioned in regard to medical and sickness benefit, statement by two doctors, *F. J. Smith* - - - - 34,566-70

## PAYMENT:

## by Attendance:

*see also under* Lancashire, Manchester and Salford.

Better treatment received and the best system, if possible, *Hyner* - 19,407-13, 19,443-5, 19,659-69, 19,676-83

Complaints made that certificates given more freely, but other factors would have to be considered, *Barrand* - - - - 4971-82

possible Dangers, but no information of excess of certification as result, *Cox* - 31,163-7

Duration of illness and number of visits increased, *J. Duncan*, 3714; *Jefferson*, 7228-49, 7754-8, 7955-77, 8015-30, 8233.

Large number of claims as result, *Hollins* 9258-9

Objection to, *Sanderson* - - - - 435

Sickness experience greater, *R. Smith* 12,640-6

Temptation to keep people longer away from work, *Sanderson*, 264-8, 701-3, 712-5; *Shaw*, 6839-41.

would Tend to unjustifiable claims, *Bennett* 16,406-8

Tends to over-attendance, over-prescribing, over-certifying, and over-spending on sickness benefit account, *R. Smith* - - 12,640-56

## Capitation system:

Advantages, *Shaw* - - - - 6839-42

Doctors would be interested pecuniarily in preventing disease, *Hyner* - - - 19,684-5

Increase of claims, *Rogers* - - - 15,604-8

Preferred, *Appleton*, 11,841-2; *Hyner*, 19,170-7.

Satisfactory, *Scarlett* - - - - 23,232

## Doctors—continued.

## PAYMENT—continued.

Definite and sufficient salary for attendance on certain number of patients would remove fear of offending relatives by refusing certificates, but objection to, *Bennett* - 16,564-74, 16,859-72  
 by Fixed salary:

Desired, *Hartop*, 22,409-10; *Scarlett*, 23,302-7.  
 no Difference would be made personally, *Burgess* 21,037

and Freedom of choice, question of, *Hartop* 22,417-21

might be Improvement, *Appleton* - - 11,843

Payment of small fee, 1d. or 2d. by insured persons, suggestion, *F. J. Smith* - - - - 34,737

Persuading of patients to stay away from work when willing to return, *Sanderson*, 253-60, 390-3, 459-60, 483-6, 699-703; *Clayton*, 3071-5, 3162-91; *J. Duncan*, 3944-54, 4050-6; *Thomas*, 4261; *Willson*, 5781, 5871-3.

Position and responsibility of, question of, *Macarthur*, 14,624-32

## PRESCRIPTIONS:

Criticism of, would be difficult without seeing patient, *Rogers* - - - - 15,696-701

Giving of, without examination, particulars *re* case before Bristol Medical Service Sub-Committee.

*Paget* - - - - 23,984-94, 24,247-50

Refusal to give unless members went on books, *Blundell* - 1434-42, 1518-22, 1588-92, 1622, 1669-71

Professional confidence, importance of, *Devis* 40,132-9, 40,142-3

Record should be kept of patients, *F. J. Smith* 34,738-9

Refusal to accept patient while ill, *Macarthur* 11,511-5

Refusal of green voucher, case before Bristol Medical Service Sub-Committee, *Paget* - - 24,029-30

Refusal to attend patient on Saturday afternoons or on Sunday, case before Bristol Medical Service Sub-Committee, *Paget* - - 24,024-9

Refusal to treat some cases without payment of fee, much complaint from insured persons in consequence, *Macarthur* - - - 11,502-3

Relationship with Insurance Committee, but less close than with old friendly societies, *Marsh* 32,695-701

## RELATIONS WITH SOCIETIES:

*see also* Attitude of, Communications with societies and Co-operation with societies above.

Change, *F. J. Smith* - - - - 34,640-1

Close touch, advantages, *Hodgson* - - 25,884

Closer, desirable, *Blundell*, 1664-7; *Wigglesworth* 18,183-7.

more Confidence desirable, and working committee of doctors and representatives of societies would be useful, *Appleton* - - 11,800-1, 12,156-65

no Connection with societies and little prospect seen of closer co-operation at present, *Burgess* 20,259-68

less Direct and looser than formerly, *Appleton*, 12,201-9; *Daniels*, 14,808-9.

Discourteousness to officials, *Appleton* - 11,672-3, 11,801, 11,896-7

less Friendly than formerly, *J. Duncan*, 3834-8, 3924-8; *Shaw*, 6581-3; *Barker*, 8375, 8406-8, 8414, 8451, 8513-4.

Improvement, *Buckle* - - - 39,624-6, 39,640-4, 39,739-44

Insurance Committees considered the medium of communication up to present, but question of closer co-operation, *Cox* - - - 30,402-7

Relations with old friendly societies, *Cox* 30,685-9

little Reluctance to go to, *Claydon* - 22,685-94

no Reluctance among people to go to, but great alacrity to go for trivial ailments, *Cox* 30,033, 30,036-40

Reputation should not be prejudiced on *ex parte* statements, *Buckle* - - - 39,736-8

should be Responsible to someone or somebody other than patient, *Pearce* - - - - 6438

Responsibility to societies recognised, *Richmond* 38,452-3



**Doctors—continued.**

Responsibility to third party and lack of personal interest in patient, *F. J. Smith* - - 34,658-66

**RETURN TO OLD RELATIONS WITH SOCIETIES:**

would be Advantageous, *Hollins*, 9420-2; *R. Smith*, 13,373-5.

Advantageous to friendly societies, and members would prefer, *Bunch*, 10,947-51, 11,067-79, 11,146-63, 11,192-6

Desired, *Wightman*, 25,378; *Johnson*, 26,448-51; *Pimble*, 37,412, 37,415-7, *Barnes*, 41,947-50

Desired and doctors would probably approve, *Jackson* - - 36,527-8, 36,643-8, 36,667-70

Impossible, *W. P. Wright* - - - 31,999 would be Objected to, *Belding* - - 34,389-91

not Practicable, *Webb* - - - 28,080-3 would be Satisfactory, *Poulton* - - 10,699-703

Shortage of, *Webb* - - - - 27,871

Specified hours for insured persons, not considered fair, *Thomas* - - - 4438, 4516, 4711-5

State Medical Service, *see that title*.

**SUPPLY OF MEDICINES:**

Objections of doctors to, *Daniels* - - 14,677 would Prevent many persons going on fund, *Daniels* - - - 13,993-4007, 14,060-1

**SURCHARGING OF, WHEN BENEFITS WRONGLY OBTAINED THROUGH ACTION OF:**

Advocated, *Appleton* - - 11,959-65, 12,210 would be Approved if done through medical committee, *F. J. Smith* - - 34,650-3

Doctors should be made responsible where due to their own carelessness, *R. Smith* - 13,112

Suggested, *Wigglesworth* 18,005, 18,013-4, 18,051 more "Sweethearting" of, desirable, *J. E. Phillips* 35,523-31, 35,662-6

Temptation to be less strict where keen competition, *W. Duncan* - - 17,197-201, 17,403-7, 17,561-7

Threats of action by medical council, *Appleton* 11,972-7, 12,120-5

Treating insured person for institution, attempt to draw money from committee as well, *Bristol*, *Paget* - - - - 24,052-4

Uneven distribution of, *Webb* 27,058, 27,548-52, 27,613-64, 27,870, 27,996, 28,200, 28,203-5

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Desire for, by women, and man doctor not always told everything, *M. Phillips* - - 38,890-6

Increase in number desirable, *Macarthur* 14,454-67

Increasing and general demand for, by women, *Claydon* - - - - 24,675-80

Refusal to allow treatment by, not heard of, *M. Phillips* - - - - 38,892

Refusal of permission to make own arrangements with, *Oldham* - - - - 37,625-30

Women patients, withholding of symptoms from men doctors, *Claydon* - - 22,694-7, 24,468-9

Work, increase out of proportion to income in some country practices, *Marsh* - - - 32,931-5

Young men disinclined to take up work of panel doctors, *J. E. Phillips* - - - 35,547-53

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Difficulties experienced by doctors *re*, *Cox* 30,445-6 often Ignorant as to what society they belong to, *Bennett* - - - - 16,498-9

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Refusal of doctors to state nature of disease, cases, procedure, &c., *Gordon* - - 2424-40, 2700-1

Signing of, without seeing patient, *Gordon* 2567, 2608, 2685, 2824-5, 2980-4

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Indication by doctors of misconduct, question of,  
*Holder* - - - 23,382

Sickness benefit should be paid if man really  
 incapable of work, *Holder* - - - 23,376-81

Dudley, number of population to one doctor, *Webb*  
 27,652

DUNCAN, J., Secretary of the Rational Association  
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DUNCAN, Dr. WILLIAM, Clay Cross, Chesterfield  
 16,945-17,802

Dundee Insurance Committee, complaint to, *Appleton*  
 12,105

Dunmow Friendly Society, over-insurance, effect on  
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Associations, *Cann* - - - 35,257

**CERTIFICATES:**

for "Alcoholism," *Charles* - 20,460, 20,643

All printed, but occasionally written, *Charles*  
 20,645-8

Carelessness in issue of, not admitted, *Charles*  
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Change in form at request of Co-operative Whole-  
 sale Society, *Charles* - - - 20,644

Dating system, *Charles* - - - 20,467-72

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*Charles* - - - 20,403-8

Drink as cause of illness, would not necessarily be  
 mentioned, *Charles* - - - 20,460-6

for Drunkenness, minimum wage would be  
 stopped, *Cann* - - - 35,286-95

Duplication of initial certificates, and complaint  
 of, *Charles* - 20,376-85, 20,474-84, 20,591-4

Laxity, no complaints heard, *Charles* - 20,371

Refusal of, *Charles* - - - 20,683-4

Refusal and consequent loss of patients, *Whiteley*,  
 35,305-6, 35,310

Refusal to men for venereal disease, *Charles*  
 20,443-7

Reluctance to refuse, for fear of losing patients,  
*Whiteley* - - - 35,305-15

Societies used to take, from any doctor, and no  
 complaints heard of laxity, *Charles* 20,365-70

System (white and yellow), *Charles* - 20,473-84

COMPENSATION:

Cases, procedure and question as to extent to  
 which accident indicated on certificates, *Charles*  
 20,486-99, 20,609

Men generally kept on, until fit for ordinary work,  
*Charles* - - - 20,580

Dental treatment, facilities, *Charles* - 20,531-4,  
 20,543-7

DOCTORS:

not Actuated by undue desire to please patients,  
*Charles* - - - 20,500-4

never Asked to meet societies' representatives to  
 discuss difficulties, but are willing, and would be  
 helpful, *Charles* - - - 20,662-4

Arrangements formerly, *Cann* - - 35,296-301

Attitude re giving certificates before and after Act,  
*Charles* - - - 20,588-90, 20,616-23

no Close relationship with societies, *Charles*  
 20,510

Colliery:

have Retained appointments generally, but at  
 reduced salaries, *Charles* - - 20,345-7

Same man generally attends man and family,  
*Charles* - - - 20,357-9

System, *Charles*, 20,348-59, 20,372-5, 20,586-7,  
 20,638-9, 20,750-4; *Whiteley*, 35,343-4.

few Communications heard of from societies re  
 heavy claims, *Charles* - - 20,511-20

Excessive claims never brought to notice of, *Charles*  
 20,780-1

Free choice, excessive claims not caused by, as a  
 whole, and greatest benefit would be derived by  
 efficient sick visiting, *Charles* - 20,551-2



**Durham—continued.****DOCTORS—continued.**

- Friendly relations with societies in colliery districts, *Charles* - - - - 20,360-1  
 few Friendly Society appointments formerly, *Charles* - - - - 20,362-5  
 Moral claim on, with regard to societies recognised, *Charles* - - - - 20,556-8  
 Panel system, preference for, over payment per attendance, and no tendency to create excessive claims, *Charles* - - - - 20,548-51  
 People accustomed to system, and follow instructions, *Charles* - - - - 20,333-7  
 Personal interview with officials would be preferred to letter-writing, *Charles* - - - - 20,612-5  
 Proportion coming to, for treatment and for sick benefit purposes, *Charles* - - - - 20,273-9  
 Request for further information would not be resented, but lot of letter writing objected to, *Charles* - - - - 20,559-61  
 Rush to, at first, owing to novelty, *Charles* 20,302-5, 20,309-10, 20,570-1, 20,631-7, 20,714-5  
 Transfers and reason, *Charles* - - - - 20,685-7  
 Work increased, but not number of patients, *Charles* - - - - 20,305-9  
 Women patients, class of, and more inclined to go to doctor than formerly, *Charles* - - - - 10,311-9  
 Eye treatment, facilities, *Charles* - - - - 20,536-42  
 Friendly societies seldom had special doctor, *Charles* 20,624-7  
 Healthiness of people, *Charles* - - - - 20,628-30  
 Housing conditions, but no connection with health of people, *Charles* - - - - 20,657-9  
 Illnesses, nature of, *Charles* - - - - 20,455-9

**INCAPACITY:**

- Interpretation:  
 no Difference made since Act, and never thought of, but difference should be specially put before doctors, *Charles* 20,756-67, 20,784  
 as Incapacity to follow usual employment, *Charles*, 20,386-402, 20,411-22, 20,506-8, 20,573-82, 20,724-37; *Whiteley*, 35,303-4  
 Practice of giving certificate if man not able to earn full day's wages not heard of, *Huntley* 25,027-31, 25,481-502  
 Second opinion would not be often required, *Charles* - - - - 20,409-11  
 Insurance understood by people, *Charles* 20,320-1

**MEDICAL AID ASSOCIATIONS:**

- Reason for formation of, *Charles* - - - - 20,788-92  
 Slackness in giving certificates, *Charles* - - - - 20,787

**MINERS:**

- Age to which able to work, *Cann* - - - - 35,273-6  
 Arduous nature of work, *Cann* 35,227, 35,374-80  
 Double insurance, *Charles* - - - - 20,322-7, 20,583-5  
 Drunkenness, *Charles* 20,286, 20,431-3, 20,448-54  
 Drunkenness at week ends, but no great harm done by, more harm done by over-eating, *Charles* 20,599-608, 20,640-1  
 Fairly freely accepted as members by societies. *Whiteley* - - - - 35,322-3  
 Greater percentage idle on Monday than on other days, *Cann* - - - - 35,284-5  
 Habits, and question as to amount of drinking, *Cann* - - - - 35,277-85  
 particularly Healthy, *Charles* - - - - 20,285-6  
 Hours and days worked, *Charles* - - - - 20,424-30  
 Insurance against sickness and medical benefit for many years, *Charles* - - - - 20,291-301  
 Most dropped one society after Act, *Charles* 20,718  
 Neuritis common, *Charles* - - - - 20,610-1  
 New system at certain colliery in case of men losing more than 5 day's in any one quarter, *Cann* - - - - 35,387-9, 35,421  
 Shift system and hours, *Cann* - - - - 35,367-9  
 about 10 days worked per fortnight, and reasons for losing day's work, *Cann* - - - - 35,233-7  
 over 30 usually remain miners, *Cann* - - - - 35,386  
 Wages, and system re payment, *Cann* 35,238-55, 35,381-5  
 Miners, engineers, &c., wages, *Charles* - - - - 20,328-22

**Durham—continued.****MINIMUM WAGE ACT:**

- Certificates, system, and causes for which certificates given *Charles* - - - - 20,434-42, 20,449-54  
 Working of, *Charles*, 20,599-602, 20,721; *Huntley*, 25,037 note; *Cann*, 35,286-92.

**MINING DISTRICTS:**

- Conditions better if anything than elsewhere, *Charles* - - - - 20,679-82  
 Housing conditions, *Whiteley*, 35,214-9; *Cann*, 35,217-21, 35,353-66, 35,370-3, 35,382-4.  
 Mortality rate, *Charles* - - - - 20,629  
 Sickness:  
 in 1911, 1912, 1913, *Charles* - - - - 20,768-72  
 None beyond what accustomed to in past, *Charles* 20,654-6

**SICK VISITING:**

- Inadequacy of, and advantage to be derived from efficient system, *Charles* 20,552-5, 20,660-1, 20,665-8, 20,688-707  
 Co-operation with doctors desirable and probable, *Charles* - - - - 20,695-707  
 Small amount of, and Durham Miners' Union very slack, but thorough system would do good, *Charles* - - - - 20,521-7, 20,723

**SICKNESS BENEFIT:**

- Heavy rate principally due to hardness of work as men cannot return till absolutely fit, *Charles* 20,205-8, 20,711-3  
 strong Inducement among miners to return to work, *Charles* - - - - 20,419, 20,423-34  
 Men coming on fund not found to have been recently drunk or to be getting drunk, *Whiteley* 35,320-1  
 Receipt of, for week by people only entitled to two or three days, *Charles* - - - - 20,773-6  
 Steps taken to get men back to work, *Charles* 20,668-9

**SICKNESS CLAIMS:**

- Few unjustifiable claims as miners so well paid, and generally honest, *Charles* 20,287-90, 20,568-9, 20,720-2  
 Women, sickness benefit is "found money," *Charles* 20,572  
 Societies with miners, excessive sickness, question of lax administration as cause, *Webb* - - - - 27,383-406  
 Specialists' and hospital facilities and local hospital with laboratory desirable, *Charles* - - - - 20,528-9, 20,794-805

**Sons of Temperance, see that title.****STANLEY AND DISTRICT:**

- Miners, greater proportion of panel patients, *Charles* - - - - 20,280  
 Nature of district, *Charles* - - - - 20,282-4  
 Number of doctors and population served by, *Charles* - - - - 20,738-49  
 Trade unions, deficiency on sickness benefit side, *Webb* - - - - 27,383-9  
 certain Unwillingness to return to work, but no increase since Act and doctors stronger in suggesting return, *Charles* - - - - 20,339-44

**Durham Miners' Association:****APPROVED MEMBERS:**

- Method of obtaining, *Whiteley* - - - - 35,332  
 Number, and reason for smallness of, *Whiteley* 35331-5

**APPROVED SOCIETY:**

- Hit severely through Compensation Act, and example, *Cann* - - - - 35,257-60  
 Reason for lateness in becoming, *Whiteley* 35,333

**CERTIFICATES:**

- Acceptance of, as sufficient evidence formerly, *Whiteley* - - - - 35,424  
 Change of form, *Charles* - - - - 20,708-10  
 with Disease on, to men really suffering from results of week-end debauch, *Cann*, 35,422; *Whiteley*, 35,422-3.  
 with Names of more than one doctor, *Whiteley* 35,307-9

**COMPENSATION CASES:**

- Disputed, no difference in number since Act, *Whiteley* - - - - 35,267  
 Procedure, *Cann*, 35,260-4; *Whiteley*, 35,265-6.



**Durham Miners' Association—continued.**

- Death benefits, *Whiteley* - - - - 35,414  
 Doctors, Conference being arranged, *Whiteley* 35,301  
 Lodges, number, size, &c., *Cann* - - 35,325-7  
 no Medical benefit on private side, *Whiteley* 35,339-42  
 Membership on private side, and no pressure brought to bear, *Cann* - - - - 35,328-30  
 Membership of trade union and private and State side, *Whiteley* - - - - 35,137-8  
 Officials, election method, position and pay, &c., *Whiteley* - - - - 35,196-204  
 Officials now all members of approved society, *Whiteley* - - - - 35,429-32  
 Organisation, *Whiteley* - - - - 35,154-6  
 Secretary, position and method of appointment, &c., *Whiteley* - - - - 35,190-5  
 Sick and medical fund before Act, *Charles* 20,672-7  
 Sick visiting, system, pay, &c., and improvement, *Whiteley* - - - - 35,390-4, 35,397-403

**SICKNESS BENEFIT:**

- Drawing of, instead of claiming compensation, not likely, *Cann* - - - - 35,268  
 Payment fortnightly, *Whiteley* - - 35,148  
 Payment to representative of insured person and by sick visitor, *Whiteley* - - - 35,395  
 on Private side:  
 Contributions, *Whiteley* - - - - 35,345  
 Reduction, &c., *Whiteley* 35,139-44, 35,346-52  
 Statistics, *Whiteley* - - - - 35,412-3  
 Statistics, *Whiteley* - - - - 35,145-51

**SICKNESS CLAIMS:****Excessive, causes:**

- Conditions of work, *Cann* - 35,227, 35,374-80, 35,406-11  
 Ill-housing and overcrowding, *Whiteley* 35,214-23

- Men want to be in fit and perfect condition before return to work, *Whiteley*, 35,224-6; *Cann*, 35,227, 35,228-32, 35,252-5, 35,270.

**Increase after Act, question of reason, *Charles***

- for Two or three days, *Whiteley* - - 35,426-8  
 Procedure and system *re* payment, *Whiteley* 35,157-89, 35,205-11

- Slackness of, *Charles* - 20,525, 20,563-7, 20,660  
 Steps being taken to tighten up administration and centralise control over local people, *Whiteley*, 35,316-7, 35,415-20; *Cann*, 35,404-5.

DYER, H. H., General Secretary of the Royal Oak Benefit Society - - - - 23,552-23,945

Dyspepsia, certificates should be accompanied by explanation after reasonable time, *Bond* 18,580-2

Ealing, certificates given too freely by some doctors, *Eastman* - - - - 40,683

East Dereham, *see* Dereham, East.

**Eastern Counties, National Insurance Association for:****CERTIFICATES:**

- Ante-dating and post-dating, *Dixon* - - 39,481  
 Payment on, without question, *Dixon* - 39,531-4

**CONSTITUENT SOCIETIES:**

- Administration, and variation in efficiency, *Dixon* 39,445-58, 39,464-78, 39,493-8, 39,535-41  
 all Picked societies, and rule *re* conditions of admission, *Dixon* - - - - 39,567-73  
 Sick visiting, system, *Dixon* - 39,459, 39,494-5, 39,512-3, 39,526-30, 39,542-4  
 Doctors, hostility to Act at first, but improvement, *Dixon* - - - - 39,481

**MEMBERS:**

- Interest taken in State Insurance, question of, *Dixon* - - - - 39,500-5  
 Less interest taken in affairs of society than before Act, *Dixon* - - - - 39,460-3

Objects and work of and constitution, *Dixon* 39,430-6

Over-insurance, and effect on claims, *Dixon* 39,481, 39,514-25, 39,553-61

Secretaries, payment, class, &c., *Dixon* - - 39,467, 39,472-8, 39,506-11

**Eastern Counties, National Insurance Association for—continued.**

Sickness, women, experience better than men, *Dixon* 39,479-80

Sickness and maternity benefits, experience for half year ended July 1913 and January 1914 - 39,441-3

Sickness claims by chronic invalids, *Dixon* 39,546-52

Voluntary side, reduction of contributions, few people availed themselves of, *Dixon* - 39,514-6

EASTMAN, WILLIAM, governing director of Messrs. Eastman and Sons, Limited, and representative of London Chamber of Commerce on Advisory Committee - - - - 40,639-40,713

**Eastman and Sons, Limited:**

more Abstentions for alleged illness since Act, and reasons, and little real malingering, *Eastman* 40,649-54, 40,659-62

Employees, number, and few married women, *Eastman* - - - - 40,641-8

few Married women, *Eastman* - - - 40,700-1

Sickness benefit, more attraction for lower-paid people, *Eastman* - - - - 40,670-1

Women, wages, but no more away from work than men, *Eastman* - - - - 40,685-8

Ebenezer Society, issue of certificates, when man following employment, case of, *Parrott* - 20,880-6

Edmonton, National Federation of Women Workers, *see that title.*

Eltham, number of population to one doctor, *Webb* 27,655

**Essex:**

Agricultural labourers, over-insurance and tendency to stay longer on funds, *Dixon* - - 39,481

Suffolk Unity, Order of United Sisters, *see that title.*

Excessive sickness, *see under* Sickness.

**Expulsions:**

Persuading persons to resign instead of, *Webb* 27,963-4

Variation in practice of societies *re*, and information might be obtained from Commissioners, *Webb* 27,144-1-57

for Withholding information on application for membership, complaints of made to Birmingham Insurance Committee by doctors, *Parrott* 21,207

Eyes, treatment of, exclusion from medical benefit by Commissioners - 27,923-6, 28,224-48, 28,226-36, 28,245

Fabian Research Department, Committee to investigate working of Act, *Webb* 27,058, 27,857-8, 27,976-84, 28,007-8, 28,084-7, 28,107-13

Factories, women workers, conditions which produce ill-health, *Bond* - - - - 18,859-61

FARMAN, Dr. R. J., nominated by the British Medical Association - - - - 33,401-764

Flat-foot, certificates for, might be justified, *Layton* 29,629-34

FLATHER, ARTHUR, Clerk to the Bradford Insurance Committee - - - 36,887-37,014

FLETCHER, G., Secretary of the Great Western Railway Staff Friendly Society - - 21,357-21,554

Foresters, The Ancient Order of:

Administration, uniformity in different courts, *Hyner* 19,494-6

ADMISSION OF MEMBERS:

Medical certificates:

Difficulties in obtaining, *Hyner* - 19,446-8

Found useless, *Hyner* 19,675, 19,687-97, 19,832-4

Medical examination insisted on in a few branches only, *Hyner* - - - - 19,359-64

Method, *Hyner* - 19,514-6, 19,675, 19,687-97, 19,832-6

**CERTIFICATES:**

general Acceptance of, before and after Act, and payment on, without question, short of violation of rules, *Hyner* - 19,051, 19,241-9, 19,380-3, 19,526-44

Back-dating, *Hyner* - - 19,149-50, 19,796-9

Bad writing on, and question of remedy, *Hyner* 19,793-5

Complaints by members *re* strictness of doctors, question of, *Hyner* - - - - 19,897-906



Foresters, The Ancient Order of—*continued.*CERTIFICATES—*continued.*

- new Form sent out but not yet universally adopted, *Hyner* - - - - 19,796-7  
 for Headache, *Hyner* - - - - 19,141-4  
 Objection of doctors at first to name disease, but improvement, *Hyner* - - - - 19,148  
 from Outside doctors, acceptance of, formerly, *Hyner* - - - - 19,101-2  
 Refusal, no case known, *Hyner* - 19,497, 19,590, 19,705-6  
 Reluctance to refuse, for fear of losing family practice, *Hyner* - - - - 19,178  
 Required and received weekly, *Hyner* - 19,478-9  
 Stating of nature of disease less important before Act, and doctors give intimation of misconduct, &c. to society, *Hyner* - 19,780-92, 19,781-5  
 Vague and indefinite, case referred to Birmingham Medical Sub-Committee, *Parrott* - 20,888-92  
 Compensation cases, trivial cases recovering within a week would probably go on sickness benefit, and possibility of remedying, *Hyner* - - 19,425-8

## COURTS:

- some Mixed and some for men and women only, *Hyner* - - - - 19,020-1  
 Meetings, and attendance, *Hyner* - 19,568-74  
 None set up for particular occupations, *Hyner* - 19,038-9

## DOCTORS:

- Advantages to, of leniency, *Hyner* - 19,586-9, 19,611-12  
 Arrangements before Act, and relations with, &c., *Hyner* - - - - 19,090-120  
 Change of feeling on part of, since Act, *Hyner* - 19,753-67  
 few Complaints of, to County Committee and those hung up, *Hyner* - 19,155-69, 19,820-8  
 few Complaints of, to medical service sub-committee, *Hyner* - - - - 19,473-6  
 Conferences with, would be useful, *Hyner* - 19,388-94, 19,414-6  
 Co-operation with, and return to former friendly relations would largely remove difficulties, and suggestion *re* voluntary conciliation committee, *Hyner* - - - - 19,829-31, 19,837-53  
 Difficulty of getting people to complain of, *Hyner* - 19,147  
 Friendly relations with, formerly, but change since Act, *Hyner* - - - - 19,449-55, 19,582-5  
 Inadequate treatment not complained of, *Hyner* - 19,752  
 Laxity *re* certificates due to increased number of patients, *Hyner* - - - - 19,768-79, 19,800  
 Limited supply of, a great difficulty, *Hyner* - 19,395, 19,398  
 Payment by attendance, better treatment received, *Hyner* - - - - 19,407-13, 19,659-69  
 Payment on capitation system preferred, payment by attendance tried in two cases and associations had to be closed in consequence, *Hyner* - 19,170-7, 19,401-3  
 Refusal since Act to recognise societies and have friendly intercourse with, *Hyner* 19,121-35, 19,146, 19,153-4, 19,801-19  
 Rule that secretary might consult with, on any question *re* member's right to benefit would be useful, *Hyner* - - - - 19,854-7  
 Shortage of, in West Norfolk, *Hyner* - 19,719-35  
 Double insurance, but no great effect on claims, *Hyner* - - - - 19,065, 19,349, 19,644-7  
 Efficient in checking claims, *Webb* - - - - 28,033  
 Fraud, two cases only in Downham Market court, *Hyner* - - - - 19,066-8  
 Government with regard to State members same as on voluntary side, *Hyner* - - - - 19,365-6  
 Grouping, under section 40, steps taken *re*, *Hyner* - 19,618-23  
 Illness due to misconduct would probably be detected, *Hyner* - - - - 19,375-9  
 Improved relations with other societies, but further improvement possible, *Hyner* - - - - 19,657-8  
 Lodge meetings, business, attendance, &c., *Hyner* - 19,236-44

Foresters, The Ancient Order of—*continued.*

- Lumbago, large amount of, in Downham Market district since Act, and malingering suspected, *Hyner* - - - - 19,136-40  
 Insurance, principle understood but considerable prejudice against Act, *Hyner* - - - - 19,464-72

## MEDICAL REFEREES:

- Desire for, and question of power to consult, *Hyner* - - - - 19,261-71, 19,386-7, 19,858  
 Opinion *re* payment of, *Paget* - - - - 24,281

## MEMBERS:

- Average age, *Hyner* - - - - 19,341-4  
 Contributions to slate clubs dropped in many cases since Act, *Hyner* - - - - 16,349-53  
 Distribution, and most industrial occupations covered by, *Hyner* - - - - 19,032-6  
 Fraternal spirit, disappearance of, since Act, *Hyner* - - - - 19,078-87  
 Insurance generally understood by, *Hyner* - 19,046-8  
 Knowledge of each other, extent, *Hyner* 19,565-81  
 Large proportion not also members of voluntary side, *Hyner* - - - - 19,482-3  
 Leaving voluntary side would have to be retained on State side unless wishing to leave, *Hyner* - 19,486-7  
 Method of obtaining, *Hyner* - - - - 19,484-5  
 Number insured on both sides, *Hyner* 19,019 *note* on State side:  
 and All members not also on voluntary side *Hyner* - - - - 19,016a-7  
 Number of men and women, *Hyner* 19,019 *note* on State side only, status in court, *Hyner* 19,517-9  
 Norwich Court, *see that title.*

## ORGANISATION:

- Extent to which women take part, *Hyner* - 18,503-13  
 Number of courts and districts, *Hyner* 19,013-5  
 Over-insurance, extent of, but no great effect on claims, *Hyner* - 19,069-77, 19,645-7, 19,698-704, 19,702  
 Position weakened by operation of Act, but may improve, *Hyner* - - - - 19,648-9

## RUTLAND LODGE:

- Membership and benefits, *Parsons* - - - - 31,342  
 have Sick visitors, *Parsons* - - - - 31,348  
 Secretaries, payment and position of, and question of advantage to, of leniency, *Hyner* - 19,545-53, 19,591-617, 19,621-3

## SICK VISITING:

- Position and payment of visitors, *Hyner* 19,222-30, 19,555  
 System, and considered effective, *Hyner* 19,211-3, 19,219-38, 19,367-73, 19,480-1, 19,554-64

## SICKNESS:

- Excess, any complaints of, from order generally, not any particular lodge or locality, *Hyner* - 19,045  
 no Excess as a whole, but numerous complaints of excess, *Hyner* - - - - 19,057-61  
 Experience, heavier on female side than anticipated, *Hyner* - - - - 19,442  
 Rate, about what expected, *Hyner* - - - - 19,042-4

## SICKNESS BENEFIT:

- Comparison before and after Act, *Hyner* 19,456-63  
 Cost, *Hyner* - - - - 19,339-40  
 Drawing of, when out of work never regarded indulgently, *Jones* - - - - 41,551-5  
 Members staying on funds longer than formerly, *Hyner* - - - - 19,065  
 Proportion of members declaring on funds during one year, *Hyner* - - - - 19,499-502  
 Rate would be higher than general average and expectation owing to higher average age, *Hyner* - 19,339-47  
 Rule *re* conduct during, enforced as far as possible, *Hyner* - - - - 19,477  
 Stoppage in doubtful cases, procedure, but difficulty of going behind certificates, *Hyner* - 19,244-60  
 Taken more frequently than formerly by men entitled to, but not requiring, *Hyner* 19,087-9



Foresters, The Ancient Order of—*continued.*

## SICKNESS CLAIMS:

- Causes of excess, but decrease probable, *Hyner*  
19,348, 19,354-7, 19,420-4  
Procedure, *Hyner* - - - 19,203-19, 19,374  
Unjustifiable claims:  
Opinion of secretaries that claims are not being  
made, *Hyner* - - - 19,488-93, 19,523-5  
Owing to doctor's laxity in giving certificates,  
*Hyner* - - - - 19,049-65  
State medical service would probably be objected to  
by members, *Hyner* - - - - 19,397-8

## VOLUNTARY SIDE:

- Benefits, *Hyner* - - - - 19,025-31  
Comparison of claims since Act and before, *Hyner*  
19,042-4, 19,309-35  
Membership, *Hyner* - - - - 19,016  
Reduction of contributions, small amount, reason  
for not effecting compulsory reduction, *Hyner*  
19,321-8, 19,336-8, 19,458-9, 19,520-2

## WOMEN:

- More difficulties with, than with men, *Hyner*  
19,151-2  
Question as to part taken in management, *Hyner*  
19,503-13  
Women's courts, medical examination in all, on  
voluntary side, *Crisp* - - - - 39,123

## Fraud, deliberate:

- Cases rare, *Claydon*, 22,727-9; *Webb*, 27,437.  
Existence of, *Tuckfield*, 778-80, 1135-41, 1283-8;  
*Peters*, 1781a-7, 2009-10; *Barrand*, 4763-4; *Shaw*,  
6517-23, 6565-80; *Jefferson*, 7198-9, 7321-34;  
*Barker*, 8370; *Saunders*, 9574; *Lamacraft*, 9882-  
94, 10,351-4; *R. Smith*, 12,341-4, 12,355-83; 12,555-  
60; *Daniels*, 13,900-2; *Wigglesworth*, 17,850-5;  
*Mander and I. Wright*, 21,752-8, 21,771-4; *Page*,  
24,035-42; *Hogarth*, 28,321-50; *W. P. Wright*,  
31,829-36; *Jones*, 41,213-7.  
Small amount of, in comparison to total membership  
and claims, *Webb* - - - - 27,058

## Free Gardeners, National United Order of:

- Certificates accepted and payment made on, without  
question, short of personal misconduct and viola-  
tion of rule, *Wigglesworth* - 18,100-9, 18,117-8  
Organisation, *Wigglesworth* - - - 17,804-6

## PRINCESS ALEXANDRA LODGE:

- Ability to work at home undetected, *Wigglesworth*  
18,177  
Admission, method, *Wigglesworth* - 18,071-80  
Cases of newly married women going on funds  
and probably not working again, *Wigglesworth*  
18,037-40

- Cases of women going on funds, returning to work  
and going on funds again, and chiefly among  
married women, *Wigglesworth* - 18,346-52

## Certificates:

- Acceptance of, and payment on, without  
question, short of personal misconduct and  
violation of rule, *Wigglesworth* - 18,087-109,  
18,100-9

- Bulk of, for minor complaints, *Wigglesworth*  
18,157-62, 18,215-8

## Continuing:

- Failure to date at first, but no trouble now,  
*Wigglesworth* - - - - 17,890-3

- Required every seven days except when mem-  
ber in hospital, although doctors have gone  
on signing, and fresh certificate on coming  
out desirable, *Wigglesworth* - 17,992-8,  
18,299-311

- Dating of, a month back, *Wigglesworth* 17906-  
15

## Declaring off:

- at Week end, stating of time on, and special  
wording desirable, *Wigglesworth* 18,045-50,  
18,281-98

- Wording "until" objected to, and putting of  
time desirable, *Wigglesworth* - 17,900-6

- Dislike of doctors to give, owing to trouble, but  
more persistent patients obtain, *Wigglesworth*  
18,130-46

Free Gardeners, National United Order of—*continued.*PRINCESS ALEXANDRA LODGE—*continued.*Certificates—*continued.*

- should be Given to member on first day of in-  
capacity and delivered to society on same  
day, *Wigglesworth* - - - 18,278-80

- Nature of illness, no trouble *re*, but little im-  
portance attached to, and certificates generally  
illegible, *Wigglesworth* - 17,890, 17,894-6

- New form, less trouble since use of, *Wiggles-*  
*worth* - - - - 17,916-8

- Putting of time on, would remove difficulties,  
*Wigglesworth* - - - - 17,905-6

- Reluctance of doctors to refuse for fear of losing  
patients, and failure to distinguish between  
illness and incapacity, *Wigglesworth* 17,866-  
73, 17,884-9

- Required every week but not on certain day,  
*Wigglesworth* - - - - 18,122-3

- Stamping of names, at first, but no trouble now,  
*Wigglesworth* - - - 17,890-1, 18,154-6

- Statement of nature of illness of no value ex-  
cept in cases of pregnancy, confinement, mis-  
conduct, and accidents, *Wigglesworth* 17,894-  
5, 17,974

- no Compensation claims, and cases thoroughly in-  
vestigated with view to, *Wigglesworth* 17,961-7,  
18,180-1

- Confinement, sickness benefit after, payment  
where certificate granted by midwife for four  
weeks, but where granted by doctor for longer,  
*Wigglesworth* - - - - 18,329-36

## Doctors:

- Arrangement before Act, *Wigglesworth* 18,211-4

- Conferences with, good idea, but doubt as to  
practical value, *Wigglesworth* - 18,052-64

- Large number of patients and inadequate accom-  
modation, *Wigglesworth* - - - 18,313-8

- Question whether same as before Act, *Wiggles-*  
*worth* - - - - 17,897-9

- Reasons for irregularity of, in giving certificates  
not being reported, *Wigglesworth* - 18,182

- Return to old relationship desirable, but one  
medical officer not possible where members  
scattered over area, *Wigglesworth* 18,149-53

- Society believed to have no right to com-  
municate with, direct, *Wigglesworth*  
17,919-21, 18,415-29

- no Steps taken *re*, except in one case, *Wiggles-*  
*worth* - - - - 17,999-8001

- Strained relations with, *Wigglesworth* 17,922-5,  
18,052-64, 18,425-30

- no Women doctors on panel in Leeds known of,  
*Wigglesworth* - - - - 18,353-4

- Fraud, suspected, case of, *Wigglesworth* 17,850-5

- Married members on State side not also members  
of private side, *Wigglesworth* - - 17,380-2

- Married women, turned away from work when  
pregnant, but places generally kept open,  
*Wigglesworth* - - - - 18,377-81

- one Maternity claim only, and that unmarried,  
*Wigglesworth* - - - - 17,979, 17,983-4

## Members:

- Condition of work, *Wigglesworth* - 18,240-6

- becoming Married, difficulty, and suspension of  
members on marriage for certain time  
suggested, *Wigglesworth* 18,017-9, 18,037-40,  
18,355-414

- Number of married women, *Wigglesworth*  
17,975

- Occupations, *Wigglesworth* - - - 17,810-1

- Personal acquaintance between, *Wigglesworth*  
18,168-9

- Private side, *Wigglesworth* - 17,807, 17,818

- Rate of wages, *Wigglesworth* - - 17,838-41

- Rights of appeal, *Wigglesworth* - 18,163-7,  
18,068-9

- on State side and number also on private side,  
*Wigglesworth* - - - - 17,808-9

- Medical treatment, and inadequate examination,  
and complaints heard from patients, *Wiggles-*  
*worth* - - - - 17,873-89, 18,312-8

- little Over-insurance, *Wigglesworth* - 17,829-30

- Patients would generally see doctor every three  
days, *Wigglesworth* - - - - 18,125-9



**Free Gardeners, National United Order of—continued.****PRINCESS ALEXANDRA LODGE—continued.**

Pregnancy not paid for formerly, but paid since Act, *Wigglesworth* 18,260, 18,319-28, 18,337-44  
 Procedure generally based on that of male branches, *Wigglesworth* - - - 18,081-2  
 Retention of benefit on private side not a serious element, *Wigglesworth* - - - 18,015-6  
 Sick visiting:  
 Payment, *Wigglesworth* - - - 18,175-6  
 System and value of, *Wigglesworth* 17,947-55, 17,985-91, 18,110-8, 18,170-9

**Sickness benefit:**

Cases of women doing household work while in receipt of, *Wigglesworth* 17,844-8, 17,856-65, 18,345  
 Claims lighter during first quarter than previously, *Wigglesworth* - - - 18,026  
 Comparison showing that the less the benefit the less the claims, *Wigglesworth* 17,831-6  
 Complete weeks and to end of week paid generally, *Wigglesworth* - 18,120-1, 18,124  
 to Members in hospital, practice re, *Wigglesworth* - - - - 17,968-72  
 Payments more than anticipated, *Wigglesworth* 18,027  
 Payments, particulars, *Wigglesworth* 18,023-6  
 Payment by sick visitor, *Wigglesworth* 17,943-6, 17,956-7  
 Two claims only to reduce rate of, *Wigglesworth* - - - - 17,837

**Sickness claims:**

none Admitted until all doubt removed, and proportion of claims deferred for additional particulars, *Wigglesworth* - - - 18,083-6  
 none Disputed on grounds of pregnancy, *Wigglesworth* - - - - 17,976-8  
 Doubtful cases, procedure, *Wigglesworth* 17,958-60  
 Excessive, increase chiefly due to compulsory insurance, *Wigglesworth* - - - 17,824-8  
 Meeting of, will be impossible unless some check, but improvement probable, *Wigglesworth* - - - - 18,031-4  
 Most, come from poorest people but temptation probably not an incentive, *Wigglesworth* 17,838-40  
 Omission of members to send declaring-on form in first instance with certificate, *Wigglesworth* - - - - 17,938-42  
 Procedure, *Wigglesworth* - - - 17,937-43  
 Proportion of forms not properly filled up, *Wigglesworth* - - - - 17,937  
 Statistics before and after Act, and increase, *Wigglesworth* - - - - 17,815-23  
 Unjustifiable:  
 Believed to be made, *Wigglesworth* 17,814-5  
 Comparison of wages with benefit, *Wigglesworth* - - - - 18,188-210  
 from Young girls, *Wigglesworth* - 18,041-4, 18,263-8  
 Sickness experience, before and after Act, comparison with men's societies, *Wigglesworth* 18,226-39  
 Unwillingness to return to work and difficulty of taking steps re, *Wigglesworth* - 17,842-9, 18,249-58

**Friendly Societies:**

Loss of old fraternal spirit, *Webb* 28,059-64, 28,068-71  
 System satisfactory for voluntary insurance but not for compulsory, and administration of State insurance undertaken by, under misconception, *W. P. Wright* - - - - 32,150-9

FRITH, J., Secretary of the Newbold Friendly Society 8663-9044

Gateshead, Ancient Order of Druids, signing of certificates on particular day was not insisted on, *Cox* 30,224-39

**General Federation of Trade Unions for National Insurance and Friendly Society purposes:****ADMINISTRATION:**

Difficulty in keeping expenses down to 3s. 5d. possible, *Appleton* - - - 11,932-41  
 by Members, question of, *Appleton* - 12,187-92  
 Underpaid and voluntary work, *Appleton* 11,934-41  
 Administration account, division between head office and branches, *Appleton* - 11,862-6, 11,868

**ADMISSION TO INSURED SECTION:**

all Members of affiliated trade unions admitted irrespective of state of health, *Appleton* 11,812-5  
 Practice re, *Appleton* - - - - 11,812-5  
 Agents, duties, payment, &c., *Appleton* - 11,855-61

**BRANCHES:**

Financial arrangements with regard to surpluses and deficiencies, *Appleton* - 11,782-5, 11,846-8, 12,177-86  
 Number, &c. - - - - 11,594-9  
 too Small and geographical basis would be preferred, *Appleton* - - - - 11,718

**CERTIFICATES:**

Complicated descriptions of simple ailments, and consequent payment of unjustifiable claims, *Appleton* - 11,675-88, 11,725, 11,755-6, 11,775-7, 11,794-9, 11,829-30, 11,972, 11,979-80, 12,020-3  
 Continuing, modified form desired and proposed, *Appleton* - - - - 11,746-50  
 Declaring-off, difficulty in obtaining, sometimes, *Appleton* - - - - 11,895  
 Failure of doctors to distinguish between illness and incapacity, *Appleton* - 11,623, 11,626-32, 11,725, 11,757-66, 12,193-200  
 Generally regarded as entitling to benefit, *Appleton* 11,956-8, 11,965, 12,041-3  
 Granting of, without seeing patient, *Appleton* 11,626-8, 11,787-93, 11,836-40, 11,894, 12,007-9, 12,076-119  
 Post-dating, *Appleton* - - - - 11,730-1  
 Reluctance to state nature of disease, *Appleton* 12,035-40  
 Signing of, by doctor's wife with rubber stamp, *Appleton* - - - - 11,739, 11,840  
 Chemists, no case known of prescription not being taken to, *Appleton* - - - - 11,904  
 Committees, rule re women on, *Appleton* 11,777-9  
 Compensation benefits, communication with Commissioners re, *Appleton* - - - 11,998-2000  
 Compensation cases, *Appleton* - - - 11,802-5  
 Connection with National Federation of Woman Workers, *Macarthur* - - - - 14,343-6

**CRADLEY HEATH DISTRICT:**

Decrease of sickness claims owing to nurse, *Appleton* - - - - 11,780-1  
 Maternity nurse may have to be appointed as existing service ineffective, *Appleton* - 11,780  
 Dockers, well paid and earn more at work than from sickness benefit, *Appleton* - - - 11,657-8

**DOCTORS:**

Complaints made to Commissioners and Committees re, but sometimes without result, *Appleton* - 11,629-31, 11,725-41, 11,788-93, 12,080-119  
 Difficulty re making complaints re, *Appleton* 11,745  
 Discourteousness to officials, *Appleton* - 11,672-3, 11,801, 11,896-7  
 Fear of losing patients if too strict, *Appleton* 11,843-5  
 Few patients go to, for treatment without intention of bringing away certificate, *Appleton* 11,831-5, 12,031-4  
 somewhat less Hostile than formerly, *Appleton* 11,668-70, 11,773-4  
 too many Patients in some cases, *Appleton*  
 Threats made by, of action by Medical Council, *Appleton* - - - - 11,972-7, 12,120-5, 12,139-48



# General Federation of Trade Unions for National Insurance and Friendly Society Purposes—*continued.*

- little Double insurance, but sickness benefit still paid by some unions, *Appleton* - 11,649-55, 11,659-64, 11,888-93
- Explanation of, *Macarthur* - 11,328-31
- Honorary workers, difficulty of getting, at first for State scheme, *Appleton* - 11,716
- Incapacity, practice *re*, *Appleton* 11,969-71, 11,978, 12,014-20, 12,056-62, 12,132-8a
- Insured persons, number, and number of men and women, *Appleton* - 11,602-5
- Local trade union officials, duties of, in connection with insurance and payment, &c., *Appleton* 11,851-8, 11,865-6, 11,868, 11,871, 11,926-31

## MALINGERING :

- no Excessive amount, *Appleton* - 11,994-7
- Suspected, steps taken in cases of, and in most cases members declare off on first inquiry, *Appleton* 11,900-3

## MEDICAL BENEFIT :

- Arrangements in society before Act, *Appleton* 12,012-4
- Specialist, case of man being sent to, and payment out of administration expenses, *Appleton* 11,696-700, 11,754

## MEDICAL REFEREES :

- would not be Objected to, but objection to payment for, by societies, *Appleton* - 12,152
- Two cases sent to, and results, *Appleton* - 11,696

## MEMBERS :

- Average wages, *Appleton* - 11,656
- Expelled for offence against trade union, and unable to obtain admission to another approved society would be allowed to remain member of society for health insurance purposes, *Appleton* 11,826-8 11,922
- Occupations and class, *Appleton* - 11,608-12
- Misunderstanding as to principles of insurance and intention to get as much as possible, but steps taken to instruct people *Appleton* - 11,633-40 11,767, 11,878-86

## NURSE :

- to be Put in Manchester. *Appleton* - 11,786
- System of, but unfriendly attitude of doctors. *Appleton* - 11,780
- Officials, practically no conflict of duty as regards insurance and union sections, *Appleton* 11,641-8
- Organisation, *Appleton* 11,594-7, 11,705-8, 11,716-23, 11,872-4, 11,924-31

## PREGNANCY :

- Certificates sometimes given for something else instead of, *Appleton* - 11,770
- Practice *re*, *Appleton* - 11,771
- Private side of societies, sickness claims said to have increased since Act in many cases, *Appleton* 11,916
- Registers kept in head office, *Appleton* - 11,849-50
- Rules of affiliated societies, position *re*, *Appleton* 12,169-76

## SICK-VISITING :

- not entirely Satisfactory but fairly efficient, *Appleton* - 11,875-7
- System, *Appleton* - 11,701-4, 11,709-15
- Whole-time visitors could not be afforded in many places, but steps being taken to unite branches for, *Appleton* - 11,867-70
- Woman, whole-time visitor appointed in Manchester, *Appleton* - 11,786

## SICKNESS :

- Difficulty chiefly with women, *Appleton* 11,879-81, 11,885-7
- of Men, not excessive, *Appleton* - 11,613-4
- of Women, claims in excess of estimate, *Appleton* 11,613, 11,621

## SICKNESS BENEFIT :

- Administration :
- Multiplicity of regulations, principal difficulty, but will decrease, *Appleton* - 11,905-6
- by Societies, control over, *Appleton* - 11,907-13
- Cases on funds for long period, procedure, *Appleton* 11,695

# General Federation of Trade Unions for National Insurance and Friendly Society Purposes—*continued.*

## SICKNESS BENEFIT—*continued*

- Drawing of, for 26 weeks :
- Members would formerly have attempted to come on funds again after 12 months, but not now, *Appleton* - 11,955
- Procedure in cases of, *Appleton* - 11,947-52
- Payments to different classes, statistics, *Appleton* 11,615-6
- Rules *re* conduct while in receipt of, *Appleton* 11,816-25
- Supervision of payment not yet entirely satisfactory, and steps taken, *Appleton* - 11,786
- Women not allowed to do housework, *Appleton* 12,026

## SICKNESS CLAIMS :

- Connection with condition of trade, *Appleton* 11,665-7, 11,807-11, 11,918-21
- Doubtful cases, procedure, *Appleton* - 11,691-4
- Numbers of different classes, *Appleton* 11,617-8
- Procedure, *Appleton* - 11,689-94
- Unjustifiable :
- no Large amount, *Appleton* - 11,622-4
- Method of dealing with, *Appleton* - 11,624-5
- Women members, number outside National Federation of Women Workers, *Appleton* - 11,724

## Germany :

- Consultations, provision for, *Webb* - 27,101
- Diagnosis, provision for, *Webb* - 27,101
- Medical referees, system, *Hogarth* 28,392, 28,432
- Provision of appliances, *Webb* - 27,114

## Gillingham, Kent, Manchester Unity Lodge :

- Panel doctors, certificates given of needing change of air, &c., *W. P. Wright* - 31,706
- no Steps taken against members owing to belief of secretaries that panel doctors' evidence would be accepted against them, *W. P. Wright* - 31,707-9
- Glasgow, Pottery Workers, National Amalgamated Society of, *see that title.*

## Gloucestershire :

### DOCTORS :

- Best, have not gone on panel, *Pimble* 37,289-95
- Inadequate number, *Pimble* - 37,267
- Number on panel, but greater number not, *Pimble* 37,455-6
- One, struck off panel, and reason, *Pimble* 37,455, 37,462
- Insurance Committee, complaints to, little help received, and Committee considered to have bias, *Pimble* - 37,103-23
- Societies, no great competition between, for members, *Pimble* - 37,313-7

## Gloucester Conservative Benefit Society :

- Administration, *Pimble* - 37,028-31, 37,193-203, 37,216-9, 37,341-2
- Admission of members, procedure, and proportion of applications rejected, *Pimble* 37,176-84, 37,192, 37,413-4
- an Apportioning and Holloway Society, *Pimble* 37,399-401
- CERTIFICATES :
- Dating forward, but doctors communicated with *re*, *Pimble* - 37,148-53
- Granting of, without seeing patient, *Pimble* 37,220-3
- for Minor ailments, increase since Act, *Pimble* 37,280-5, 37,080-3
- Payment on, without question, but doctor communicated with in some cases, *Pimble* 37,268-78, 37,421-48
- Reluctance of doctors to refuse, for fear of losing patients, and State service desirable, *Pimble* 37,226-31, 37,264-6
- Submission to medical referees would be useful, *Pimble* - 37,449-52
- Weekly, required, *Pimble* - 37,376
- District, *Pimble* - 37,031-3



**Gloucester Conservative Benefit Society—continued.****DOCTORS :**

Attitude, <i>Pimble</i> - - - -	37,332-4
Change in relations with, and consequent difficulties, <i>Pimble</i> - - - -	37,377-82
in Country districts, attendance at surgery only once or twice a week in some cases, <i>Pimble</i> - - - -	37,255-8
Making of own arrangements by members, <i>Pimble</i> - - - -	37,306-8
Many members paying extra to choose own doctor instead of going to panel doctors, <i>Pimble</i> - - - -	37,287-305, 37,387-91, 37,453-4
Return to old relations desired, <i>Pimble</i> - - - -	37,412, 37,415-7
Medical referees, prohibitive fees asked by doctors, but system would be beneficial if appointed by Commissioners, and society would be willing to pay doctor's fee, <i>Pimble</i> - - - -	37,136-47

**MEMBERS :**

of Approved societies about 90 per cent. also members of parent society, <i>Pimble</i> - - - -	37,026
Occupations, <i>Pimble</i> - - - -	37,034-7, 37,039-40
of Parent society, <i>Pimble</i> - - - -	37,023
Part taken by, in administration, <i>Pimble</i> 37,193-7, - - - -	37,216-9

**State :**

Lack of interest in affairs of society, <i>Pimble</i> - - - -	37,309-12
Numbers, <i>Pimble</i> - - - -	37,024, 37,319-20
for Men only, <i>Pimble</i> - - - -	37,019
Misunderstanding of principles of insurance, <i>Pimble</i> - - - -	37,235-40
Nurses, not appointed as district associations satisfactory, <i>Pimble</i> - - - -	37,328-9
Over-insurance, <i>Pimble</i> - - - -	37,357-61
not Political, <i>Pimble</i> - - - -	37,398
Prescriptions, large number not taken to chemist, <i>Pimble</i> - - - -	37,383-6

**PRIVATE SIDE :**

Benefits and contributions, <i>Pimble</i> - - - -	37,044-8
Benefits, option of reduction given, but little availed of, and over-insurance, <i>Pimble</i> 37,049-53, - - - -	37,368-70
Medical arrangements, <i>Pimble</i> - - - -	37,288-305
Reduction of benefits, postponement of scheme, <i>Pimble</i> - - - -	37,053, 37,154-75
Sickness benefit, increase since Act, <i>Pimble</i> - - - -	37,054-6

**SICK-VISITING :**

Permanent sick visitor, work of, &c., <i>Pimble</i> - - - -	37,084-102, 37,124-6
System, <i>Pimble</i> 37,206-14, 37,330-40, 37,352-6	

**SICKNESS BENEFIT :**

Difficulty of getting men off fund, <i>Pimble</i> - - - -	37,245-50
Drawing of, till end of week, <i>Pimble</i> - - - -	37,254-63
Statistics, <i>Pimble</i> - - - -	37,069-73
Withholding of, procedure and cases, <i>Pimble</i> - - - -	37,343-51

**SICKNESS CLAIMS :**

Excessive :	
Considered due to certificates for small ailments, and loss of control of doctors, <i>Pimble</i> - - - -	37,185-91
Over-insurance the first cause, <i>Pimble</i> 37,241-50	
Procedure, <i>Pimble</i> - - - -	37,204
Unjustifiable claims, <i>Pimble</i> - - - -	37,074-8

**Gloucester Conservative Benefit Society (Women) :****CERTIFICATES :**

for Minor ailments, increase since Act, <i>Pimble</i> - - - -	37,280-5
Payment on, but doctor communicated with in some cases, <i>Pimble</i> - - - -	37,080-3, 37,421-48
Doctors, many insured persons paying extra to choose own doctors, <i>Pimble</i> - - - -	37,453-4

**MEMBERS :**

of Approved section, about 80 per cent. also members of parent society, <i>Pimble</i> - - - -	37,027
Occupations, <i>Pimble</i> - - - -	37,038-43
Parent society, <i>Pimble</i> - - - -	37,025
State side, <i>Pimble</i> - - - -	37,025

**Gloucester Conservative Benefit Society (Women)—continued.**

Pregnancy, payment of benefit during, for other complaints, <i>Pimble</i> - - - -	37,371-5
Prescriptions, large number not taken to chemist, <i>Pimble</i> - - - -	37,383-6
Private side, sickness benefit, some increase, but rule re prevention of over-insurance, <i>Pimble</i> - - - -	37,057-64, 37,402-7
Sick-visiting, system, <i>Pimble</i> - - - -	37,127-35

**SICKNESS BENEFIT :**

Difficulty of getting women off fund, <i>Pimble</i> - - - -	37,251-3
Statistics, and increase, <i>Pimble</i> - - - -	37,065-8
Unjustifiable claims, <i>Pimble</i> - - - -	37,075-8
Women, many declare on State fund and not on parent fund, as prefer to accumulate, <i>Pimble</i> - - - -	37,408-11

GORDON, ALBAN, Secretary of the Domestic Servants' Insurance Society - - - - 2348-3036

GRAY, MRS. EDWIN, President of the York Female Friendly Society - - - - 5367-5654

**Great Western Railway Staff Friendly Society :****CERTIFICATES :**

Acted on, without hesitation, <i>Fletcher</i> - - - -	21,394, 21,419-22
Complaint generally put in Latin and not always legible, <i>Fletcher</i> - - - -	21,461-6
Continuing, a little trouble re, owing to certificates not having been supplied by society, <i>Fletcher</i> - - - -	21,467-71
Wrongly dated, a few cases of, but no difficulty on applying to doctors, <i>Fletcher</i> - - - -	21,467-9
Compensation cases, procedure, <i>Fletcher</i> - - - -	21,513-22
Drink, particulars of case, <i>Fletcher</i> - - - -	21,485-9
Insurance principles generally understood, <i>Fletcher</i> - - - -	21,378-81
some Malingering, but no deliberate fraud, <i>Fletcher</i> - - - -	21,390-1
Medical referees, system, fees, results, &c., doctors usually notified but no case known of attending, <i>Fletcher</i> - - - -	21,443-9, 21,451-2

**MEMBERS :**

Grades of service, <i>Fletcher</i> - - - -	21,504-12
Method of obtaining, <i>Fletcher</i> - - - -	21,524, 21,537-8
Number, &c., <i>Fletcher</i> - - - -	21,365-9
Membership confined to persons on G.W.R. staff, but not compulsory, <i>Fletcher</i> - - - -	21,361-2
New society, started owing to difficulties re making old society an approved society, <i>Fletcher</i> - - - -	21,551-3
Old society, <i>Fletcher</i> - - - -	21,374-7
Organisation, <i>Fletcher</i> - - - -	21,395
Position of, <i>Fletcher</i> - - - -	21,357-64
Position of Company as regards, <i>Fletcher</i> - - - -	21,363, 21,402-9, 21,534-5
Relations of old and new societies, no connection <i>Fletcher</i> - - - -	21,526-33, 21,551-4
Sick-visiting, <i>Fletcher</i> - - - -	21,393, 21,415, 21,421-43

**SICKNESS BENEFIT :**

Comparison with wages, <i>Fletcher</i> - - - -	21,382-6
Cost a head a week, <i>Fletcher</i> - - - -	21,370-1
in Early part of year naturally heaviest, <i>Fletcher</i> - - - -	21,372-4
Number of persons struck off, <i>Fletcher</i> - - - -	21,392
Payment, through stations, method, <i>Fletcher</i> - - - -	21,548-50
Persons on fund kept an eye on by other members, and example, <i>Fletcher</i> - - - -	21,436-42

**SICKNESS CLAIMS :**

Doubtful cases, procedure, <i>Fletcher</i> - - - -	21,415-8
not Excessive, and favourable experience due to class of men, <i>Fletcher</i> - - - -	21,491-501, 21,541-3
on Private side, no appreciable difference since Act, <i>Fletcher</i> - - - -	21,544-5
Procedure, <i>Fletcher</i> - - - -	21,410
Unjustifiable, no large number, <i>Fletcher</i> - - - -	21,387-9
Venereal disease, procedure and payment if not due to misconduct, <i>Fletcher</i> - - - -	21,473-84, 21,490
Great Yarmouth Institute, <i>Scarlett</i> - - - -	23,064



**Greenwich :**

Arrears of sickness, *Hogarth* - - - 28,448-9

**CERTIFICATES :**

Given on first day person applies, *Hogarth* - - - 28,376-8

Official form used, *Hogarth* - - - 28,353

Specific disease put on, *Hogarth* - - - 28,470-1

System, *Hogarth* - - - 28,371-8

Dental treatment, lack of facilities, *Hogarth* - - - 28,449-50

**DOCTOR :**

Attitude as regards inquiries from societies, *Hogarth* - - - 28,420-7, 28,530-41, 28,570-9

Compensation cases, *Hogarth* - - - 28,386-90

Considered as servant of London Insurance Committee and has no relations with societies, *Hogarth* - - - 28,416-9

Difficulty *re* giving continuing certificates no greater with women than men, *Hogarth* - - - 28,554

few Home visits, *Hogarth* - - - 28,359-61

Hours, and time given to patients, *Hogarth* - - - 28,354-62, 28,497-506

Number of persons on list, and occupations, *Hogarth* - - - 28,292-302

Panel patients, number seen, 1913, *Hogarth* - - - 28,303, 28,445-7

few Pregnancy cases, *Hogarth* - - - 28,385

Refusal to carry out instructions of, *Hogarth* - - - 28,329-34, 28,507-12, 28,559-69

Refusal of certificates, one case of patient going off list known of, but no knowledge as to others, *Hogarth* - - - 28,314-9

Second opinion obtained from hospital in two cases only, *Hogarth* - - - 28,555-8

Venereal disease would be stated plainly on certificate, *Hogarth* - - - 28,391-2, 28,513-4

Women, a little difficulty *re* incapacity in some cases, *Hogarth* - - - 28,383

Women not examined unless friend with her, *Hogarth* - - - 28,363-5

Incapacity, interpretation as incapacity for usual work, *Hogarth* - - - 28,366-70

Insured persons, small minority determined to get return for contributions, *Hogarth* - - - 28,456-7

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Women not examined unless friend with her, *Hogarth* - - - 28,363-5

Incapacity, interpretation as incapacity for usual work, *Hogarth* - - - 28,366-70

Insured persons, small minority determined to get return for contributions, *Hogarth* - - - 28,456-7

**Hampshire and General Friendly Society—continued.****ADMISSION OF MEMBERS—continued.**

Rejections, *Bunch* - - - 11,020

Sickness rate partly due to care exercised in, *Bunch* - - - 11,021-2, 11,212

**AGENTS :**

Instructed to point out drawbacks of staying too long on fund, *Bunch* - - - 11,645-7

Payment, and work of, class, &c., *Bunch* - - - 10,971-87

Position and work of, *Bunch* - - - 11,102-7

Annual meetings, elaborate provision for, but meeting not to be held until accounts completed, *Bunch* - - - 11,232-3

Approved for England only, *Bunch* - - - 10,830

Approved section, relation to parent society, *Bunch* - - - 11,096-101

Arbitrators, names, *Bunch* - - - 11,184

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**Hampshire and General Friendly Society—continued.****ADMISSION OF MEMBERS—continued.**

Rejections, *Bunch* - - - 11,020

Sickness rate partly due to care exercised in, *Bunch* - - - 11,021-2, 11,212

**AGENTS :**

Instructed to point out drawbacks of staying too long on fund, *Bunch* - - - 11,645-7

Payment, and work of, class, &c., *Bunch* - - - 10,971-87

Position and work of, *Bunch* - - - 11,102-7

Annual meetings, elaborate provision for, but meeting not to be held until accounts completed, *Bunch* - - - 11,232-3

Approved for England only, *Bunch* - - - 10,830

Approved section, relation to parent society, *Bunch* - - - 11,096-101

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**Hampshire and General Friendly Society—continued.**

Misunderstanding of principles of insurance, *Bunch* 10,858-62, 11,045-9, 11,186-91  
 Organisation, *Bunch* - - - - - 10,955

**PRIVATE SIDE:**

Contributions, question of how men manage to pay, *Bunch* - - - - - 10,893  
 Lapses, *Bunch* - - - - 10,894-5, 11,237-42  
 Managing Committee, method of election and constitution, &c., *Bunch* - - - - 11,228-31  
 Reduction of benefits, but provisional scheme only, under section 72, submitted, *Bunch* 11,310-9  
 Reduction of contributions, small amount of, *Bunch* - - - - - 10,878  
 Sickness, average payments and average duration, *Bunch* - - - - - 11,028-9  
 Sickness benefits:  
 Amount chosen by member, *Bunch* 10,831-3  
 Amount in March and June and September quarters, 1912 and 1913, showing increase, *Bunch* - - - - - 10,850  
 Amounts for which people insured, *Bunch* 10,863-71

**SICK-VISITING:**

Members insured for State benefit only not visited by, *Bunch* - - - - - 11,108-9  
 Sick visitors, on private side, but none appointed yet under Act, *Bunch* - - - - 10,987-90  
 System desirable, and adoption considered, *Bunch* 10,992-1,000  
 System, and reduction of claims from, *Bunch* 11,080-91

**SICKNESS.**

Favourable rate, reasons, *Bunch* - 11,021-436, 11,221-2  
 Prolonged, not challenged if certificate provided and visitor satisfied, *Bunch* - - - 11,223  
 Rights of appeal, *Bunch* - - - - 11,177-85

**SICKNESS BENEFIT:**

Comparison with estimate and actual payments below estimate, *Bunch* - 10,851-4, 11,302-5  
 Declarations on, each month, numbers and comparison with months before Act, showing increase, *Bunch* - - - - - 10,846-7  
 for First three days, payment of double benefits from private side, *Bunch* - 11,121-35, 11,320-4  
 Increase believed to be in permanent, not deposit section, *Bunch* - - - - - 11,110-15  
 Over-insurance, particulars *re*, *Bunch* - 10,866-88, 11,050-60, 11,243-4

**Payment:**

by Agent, *Bunch* - 10,972, 10,982-4, 11,083-4  
 Fetched or sent for in some cases, *Bunch* 11,085-9  
 by Sick visitor, *Bunch* - - - - - 11,086  
 Period on funds longer than before Act (chiefly on private side), *Bunch* - 10,842-5, 10,639-4, 11,037-44

**Rules of conduct during:**

Believed to be strictly enforced, and one member expelled for breach of, *Bunch* - 11,168-77  
 Breach of, penalties exacted if bad case, *Bunch* 11,234

**SICKNESS CLAIMS:**

Higher than they should be, *Bunch* - - 11,306  
 considered Legitimate, *Bunch* - - - - 10,855  
 Procedure, *Bunch* - - - - - 10,958-9  
 Unwillingness to return to work, *Bunch* 11,058-60  
 Hampstead, number of population to one doctor, *Webb* 27,655-9  
 Hanley district, Potteries, excessive sickness claims, reasons, *Shaw* - - - - - 6805

**HARRISON, Dr. J. A., Haslingden, Manchester**

37,836-38,334

Hartlepool, West, Sons of Temperance, sickness experience, *Huntley* - - - - - 24,981-2

HARTOP, J., Secretary of the Bedfordshire Federation of Friendly Societies - - - - 22,233-22,438

**Haslingden, Manchester:****CERTIFICATES:**

Dated on day patient seen, but Form 26 used in some cases, *Harrison* - - - - 37,993-7

**Haslingden, Manchester—continued.****CERTIFICATES—continued.**

Dated only on day on which patient seen, but requests made by patients and societies' officials to do otherwise, *Harrison* 37,968-81, 38,133-7  
 Dating, hour would be put on if asked for, not otherwise, *Harrison* - - - - 38,139-47  
 Giving of, on fourth day preferred, *Harrison* 37,983-92  
 Giving of, generally suggested by patient, *Harrison* 37,918-20  
 Proportion of numbers on medical benefit receiving, *Harrison* - - - - - 37,898-9  
 Refusal of, *Harrison* - 37,888-97, 38,100-3  
 Requests by agents for signing of, for days on which patient not seen, *Harrison* - 38,243-6  
 Specific disease stated and synonyms not used, *Harrison* - - - - - 37,949-55  
 Various forms, *Harrison* - - - - - 38,138  
 Venereal disease, if certificate given, nature of disease would be stated, *Harrison* - 38,263-73  
 Confinement, two cases only of benefit for more than four weeks, *Harrison* - - - 38,236-7  
 Declaring off at end of week, tendency, *Harrison* 38,120-4

**DOCTOR:**

Area, hours, &c., *Harrison* - - - - 37,852-70  
 Assistant, not on the panel, certificates of, accepted by societies, *Harrison* - - - - 38,001-6  
 Children seen, no decrease in number, *Harrison* 38,181-2  
 Insured persons on list, number, and number of men and women, *Harrison* - - - 37,842-3  
 Larger number of patients coming to, for trivial ailments, but decrease in pneumonia owing to colds being treated sooner, *Harrison* 37,876-84, 38,075  
 People come mostly for treatment, not certificates, *Harrison* - - - - 37,885-7, 38,071-4  
 Societies' representatives rarely seen, *Harrison* 38,018-20, 38,036  
 Surgery work on average less heavy than before Act, as medicine lasts longer, *Harrison* 38,128-30  
 Transfers, *Harrison* - - - - - 38,102-3  
 less Trouble with women than men, and no more claims from, but stay rather longer on funds, *Harrison* - - - - - 37,890-917  
 Tuberculosis treatment, arrangements, *Harrison* 38,149-55  
 Women patients, occupations and wages, *Harrison* 37,847-51  
 Work no heavier than before Act, *Harrison* 37,871-3

**DOCTORS:**

Meeting with societies would be useful, *Harrison* 38,023-9  
 would Probably be willing to give information to officials, *Harrison* - - - - - 38,084  
 Engineers and builders, *Harrison* - - 38,105-9  
 Hospital facilities, *Harrison* - - - - 38,202-7  
 Incapacity, interpretation as incapacity to follow ordinary occupation, but if men permanently incapable taken off fund and told to find other work, *Harrison* - - - - - 37,921-34  
 Industries, *Harrison* - - - - - 37,840-1  
 Insured persons mostly members of National Amalgamated, few old friendly societies in district, *Harrison* - - - - - 37,964-7, 38,030-5  
 Little experience of bad trade, *Harrison* 38,093-9  
 Medical arrangements before Act, and practice *re* payment, *Harrison* - - 38,177-88, 38,189-90

**MEDICAL REFEREE:**

Appointment by societies would be approved, and all information would be given to, personally, *Harrison* - - - - - 38,048-55  
 Employers should have power to refer cases to, *Harrison* - - - - - 38,047  
 no Need felt for, personally, *Harrison* 38,037-42  
 Suggested, in order to satisfy societies, *Harrison* 38,037, 38,043-6  
 Misunderstanding of principles of insurance, *Harrison* - - - - - 38,086-92



**Haslingden, Manchester—continued.**

- Operations, arrangements *re* surgeon's fee, &c.,  
*Harrison* - - - - 38,280-2, 38,286-8  
 Little Over-insurance, *Harrison* 38,078-9, 38,191-4  
 Persons able to obtain medical treatment before  
 Act, *Harrison* - - - - 37,872-4, 38,976  
 Pneumonia and abdominal trouble, fewer cases of  
 owing to earlier treatment. *Harrison* - 28,283-6,  
 38,274-9  
 Population and number of doctors. *Harrison*  
 38,125-7  
 Pregnancy cases, little difficulty *re*, *Harrison* 38,085  
 Sickness claims, would increase if trade bad or big  
 strike on, owing to people being under-fed,  
*Harrison* - - - - 38,037-9  
 Sick visitors, discourtesy and treatment by, resented  
 by patients, and examples of ordering patients  
 back to work too soon, *Harrison* - 37,958-67,  
 38,021-2, 38,058-70, 38,104-10

**WOMEN :**

- Longer on funds than men, owing to nature of  
 diseases, *Harrison* - - - - 38,208-13  
 no More sickness among, than before Act, *Harrison*  
 38,007-13

**Headache, certificates for :**

- not Justifiable, *Parsons* - - - - 31,309-10  
 Justified in some cases, *Layton* - - 29,324-38,  
 29,627  
 Unmarried women, when maternity claim due, case,  
*Payet* - - - - 24,007-9, 24,262-4  
 Health of community generally, will improve as  
 result of Act, *Shaw*, 6815-8, 6931-3; *Layton*,  
 29,250-1, 29,487.

**Heart disease :**

- Accusation by society of malingering, *Claydon*  
 22,659  
 Doctors will not tell truth on certificates, *Webb*  
 27,167  
 Practice *re*, *Marsh* - - - - 32,513-4  
 Prejudicial in some cases to state, *Cox*, 30,152-65,  
 31,127-34, 31,145-8; *Devis*, 39,953-64.  
 Suggestion *re* certificates in case of, *Layton*  
 29,697-713

**Hearts of Oak Society :**

- Appeals, arrangements, *Webb* - - - - 23,162  
 Certificates - *W. Duncan*, 17,690; *Marsh*, 32,490  
 Refusal to have coal-miners as members, *Webb*  
 27,380-2

**HODGSON, DR. STANLEY**, secretary of Salford  
 Panel Committee and Medical Committee, nominated  
 by the Salford Local Medical Committee

- 25,605-26,198  
 Herefordshire, maternity nursing arrangements, *Bond-  
 field* - - - - 40,621  
 Hertfordshire, maternity nursing arrangements, *Bond-  
 field* - - - - 40,621

**HOGARTH, DR. C. W.** (Greenwich), assistant  
 school medical officer of L.C.C., 28,289-28,579

**HOLDER, DR. W.,** (Hull) - - - 23,328-23,551

**HOLLINS, A.,** Acting Secretary of the Health  
 Insurance Section of the National Amalgamated  
 Society of Male and Female Pottery Workers 9045-  
 9528

**Hospitals :**

- Charging of patients, *Webb* - 27,061, 27,068-70,  
 27,937-9

**CONVEYANCE TO :**

- Difficulties, *Webb* - - - - 27,067  
 Means must be provided, *Webb* - - - 27,159  
 Difficulty *re* medicines, *Webb* 27,076, 27,984-92  
 Distribution of beds for each county, *Webb* 27,418-9  
 proper Facilities must be provided, *Webb* 27,159,  
 27,578-83, 27,665-93  
 Inadequacy of accommodation, *Webb*, 27,059-61,  
 27,535-6, 27,792-4; *Cox*, 30,828.  
 Nationalisation desirable, *Scarlett* - - - 23,301  
 Out-patients (insured persons), acceptance only on  
 recommendation of panel doctor, advantage, *Clarke*  
 39,371-82

**Hospitals—continued.****PATIENTS :****Certificates for :**

- Acceptance by societies of certificate of person  
 being in hospital would get over difficulty.  
*Roberts* - - - - 29,947  
 Charge of 3d. every time medical officer signs  
 continuing certificate, case of, *Webb* 27,066-7  
 Difficulty, *Roberts*, 29,986-90; *Dawes*, 33,916.  
 Difficulty in case of person in infectious diseases  
 hospital, *Pimble* - - - - 37,224-5  
 Doctor of hospital should certify, *Cox* 30,258-9  
 Refusal of hospitals to give, *Roberts* 29,937,  
 29,944-6  
 Sickness benefit :  
 Difficulties in the past owing to lack of uniform-  
 ity in practice *re*, *Wigglesworth* - 17,968-72  
 Payment to dependents, *Barrand* - 5106-8  
 Payment to hospital, *Peters* - - 2149-50  
 Practice *re* payments, *Sanderson* - - 553-9  
 System should be brought into touch with insurance  
 scheme, *Bond* - - - - 18,793-5, 18,816-20  
 for Women, inadequacy, *Webb* - - 27,934-6  
 Hove, Manchester Unity, certificates accepted without  
 question, *W. P. Wright* - - - - 31,808

**HUGHES, Miss AMY**, General Superintendent of the  
 Queen Victoria Jubilee Institute for Nurses  
 40,238-40,412

**Hull :**

- Bacteriological examination, facilities, *Divine*  
 33,357-70

**CERTIFICATES :**

- no Carelessness on part of doctors, *Divine*  
 33,108-15  
 Case of refusal and loss of patients, *Divine*  
 33,039-40  
 Continuing, alleged refusal of doctor to sign by  
 society and request for signing afterwards  
 although patient not seen, *Divine* - 33,051-61  
 Diagnosis given on, *Holder* - - 23,426-34  
 Doctors would not generally be influenced by fear  
 of losing patients, *Holder* - 23,459-64, 23,505  
 Patients in hospital, practice *re*, *Divine* 33,068-79  
 Practice if patients away, *Divine* - 33,064-7  
 Practice *re* pregnancy, *Holder* - - 23,479-84  
 Proportions of males and females attended  
 receiving, 25 April to 17 November, 1913, under  
 practitioner and institution, *Divine* - 33,004-6  
 Reluctance to specify venereal disease on, as  
 patients prevented from coming for treatment,  
*Holder* - - - - 23,466-78  
 Signing on particular days, difficulty *re* insistence on,  
*Divine* - - - - 33,062-3  
 Venereal disease, practice *re*, *Holder* - 23,539-51  
 Women, no carelessness on part of doctors heard  
 of, *Divine* - - - - 33,116-8  
 Dental treatment, facilities, *Divine* - 33,343-50  
 Diagnosis, further facilities required, *Divine* - 33,375  
 Disease, present amount not normal and increase  
 probable, *Holder* - - - - 23,363-5

**DOCTORS :**

- Attitude towards Act, and improvement, *Holder*  
 23,415-9  
 some Confusion in working with societies at  
 present, *Holder* - - - - 23,423-5  
 Difficulty in some cases of deciding whether to give  
 certificate, *Divine* - - - - 33,049-50  
 Free choice, valued by more intelligent artisans,  
 &c., *Divine* - - - - 33,159  
 Hours and numbers seen, *Divine* - 33,019-28  
 Information given to societies' officials when  
 required, but no time to write letters, *Holder*  
 23,420-3  
 Instructions generally carried out, *Holder* - 23,389  
 some Irksomeness felt at having to give explanation  
 to societies, *Divine* - - - - 33,175-7  
 Large number of patients at first owing to novelty,  
 but decrease, *Divine* - - - - 33,197-200  
 Misconduct, cases treated, but no attempts made  
 by persons to claim benefit, *Divine* - 33,227  
 Number of attendances or visits in year, *Divine*  
 32,995-6  
 Number on list, and number registered as coming  
 for sickness, *Holder* - - - - 23,338-46



**Hull—continued.****DOCTORS—continued.**

Number of persons not selecting, <i>Divine</i>	- 33,159
Number and size of practices, <i>Holder</i>	23,357-8,
	23,361-2
Number of patients and proportion of men, and occupations, <i>Divine</i>	- - 32,986-93
Panel patients, majority were formerly private patients, <i>Divine</i>	- - - 33,008-10

**PATIENTS:**

List showing nature of diseases, <i>Holder</i>	23,347-50
Occupations, <i>Holder</i>	- 23,349, 23,351-6
Question of proportion asking for certificates, <i>Divine</i>	- - - 33,037-8
People (especially women) among patients who would formerly not have gone to doctor, <i>Holder</i>	23,397-406
People now come for treatment for trivial ailments, <i>Holder</i>	- - - 23,396
Practice <i>re</i> cases requiring special treatment or second opinion, <i>Holder</i>	- - 23,506-18
Relations with societies, <i>Divine</i>	33,119-24, 33,129,
	33,132, 33,222-3
Remuneration, particulars <i>re</i> , and comparison with before Act, <i>Divine</i>	33,154, 33,315-21, 33,333-4
Resignation of club practice, <i>Holder</i>	- 23,359
Services of, willingly taken by insured with a few exceptions, <i>Holder</i>	- - 23,3387-8
more Surgery work for insured than for private patients, <i>Divine</i>	- - 33,013-5, 33,018
Those who had club practices have largest panel practices, <i>Holder</i>	- - - 23,358
Time taken in seeing panel and private patients about the same, <i>Divine</i>	- - 33,024-8
more Trivial ailments among insured, <i>Divine</i>	33,029-32
some Unnecessary visits to, at first but not now, <i>Divine</i>	- - - 33,033-6
Visits at homes, <i>Divine</i>	- - 33,011-8
Eye treatment, facilities, <i>Holder</i> , 23,510-2; <i>Divine</i> , 33,339-42.	
Fraud, a few isolated cases only, <i>Holder</i>	23,394-5
old Friendly society members understand principles of insurance, <i>Divine</i>	- - 33,193-6
Hospital treatment, facilities, <i>Holder</i> , 23,523; <i>Divine</i> , 33,371-4.	
Incapacity, interpreted as incapacity for usual work, but possible exception if man capable of other work after long period, <i>Holder</i> , 23,440-50; <i>Divine</i> , 33,230-4.	

**INSURED PERSONS:**

Attendances, from 5 April to 17 November 1913, to men and women, by doctors and institutions, <i>Divine</i>	- - - 32,998-3004
Number, and number of men and women, November 17, 1913, <i>Divine</i>	- - - 32,998
Malingering, <i>Holder</i> , 23,368-9; <i>Divine</i> , 33,041-3, 33,221.	

**MEDICAL REFEREE:**

Desirable under proper conditions, and appointment of independent man by Committee or Commissioners, <i>Divine</i>	- - - 33,085-7
Official, man with experience of operative district who had been in general practice would be preferred, <i>Holder</i>	- - - 23,538
Proposal by society to appoint, irritation would be caused by, <i>Holder</i>	- - - 23,457-8
System adopted not satisfactory, <i>Divine</i>	33,080-4,
	33,266-71
would be Useful in some cases, but senior physician or surgeon of hospital in locality would be preferred, <i>Holder</i>	- - - 23,452-5
Medical service sub-committee, constitution, <i>Divine</i>	33,328-9
Medical society, work of, <i>Divine</i>	- 32,983 note
Misunderstanding of principles of insurance, <i>Holder</i>	23,383-4
Reckitts, freedom to transfer to another doctor, question of, <i>Holder</i>	- - - 23,525-30
no Reluctance to return to work as a rule, but desire in some cases, <i>Holder</i>	- - - 23,393
Second opinion, one case only, <i>Divine</i>	- 33,335-6
Sick-visiting, probably fairly efficient, <i>Divine</i>	33,125-6

**Hull—continued.****SICKNESS:**

no Excessive sickness-rate heard of, <i>Divine</i>	33,102-7, 33,179-80
Larger volume dealt with than expected, <i>Divine</i>	33,192
Unjustifiable claims, or excessive incidence, no complaints heard, <i>Holder</i>	- - 23,531-4

**SICKNESS BENEFIT:**

Approximation to wages, very few cases, <i>Holder</i>	23,390
Declaring off at end of week, general, but little practical harm and no practical remedy, <i>Divine</i>	33,262-3
no Large number of cases of persons being compelled by employers to stay away from work, <i>Divine</i>	- - - 33,204-8
Persuading of people to return to work, <i>Divine</i>	33,041-3
Return to work, no difficulty experienced in deciding question of capacity for, <i>Divine</i>	33,240-7
no Undue advantage being taken of, <i>Divine</i>	33,209-10

**SICKNESS CLAIMS:**

for Debility as result of drunkenness, and nature of disease only put on certificate, <i>Holder</i>	23,372-6
not Excessive, <i>Divine</i>	- 33,044-8, 33,235-6
Unjustifiable:	
Example, <i>Holder</i>	- - - 23,389
very Few, and causes, <i>Holder</i>	- - 23,366-72
Sons of Temperance, sickness claims, 1912 and 1913, <i>Huntley</i>	- - - 24,976
Transfers, <i>Divine</i>	- - - 33,171-2
Wages, <i>Holder</i>	- - - 23,390-2
Women, fewer certificates obtained by, than by men, <i>Divine</i>	- - - 33,322-5
Women's diseases, facilities for treatment, <i>Holder</i>	23,519-23
X-rays and electrical treatment, facilities, <i>Divine</i>	33,351-6

HUNTLEY, T. W., President of the Order of the Sons of Temperance, &c. (joint evidence) 24,775-25,604

HYNER, WILLIAM J., High Chief Ranger of the Ancient Order of Foresters - 19,009-19,968

**Ideal Benefit Society:**

Admission of members, method and success of (claims reduced as result), <i>Daniels</i>	- 14,842-50
Appeals to committees, and women always see women, <i>Daniels</i>	- - - 13,924-7

**APPROVED SOCIETY:**

Administration, <i>Daniels</i>	- - - 14,794-8
a Separate section, <i>Daniels</i>	- - - 13,797
Cases of women on getting married saying that they are going on working in order to draw benefit, and never going back to work after, and procedure, <i>Daniels</i>	- - - 13,969-75

**CERTIFICATES:**

Ante- or post-dating, practically no trouble <i>re</i> , now, <i>Daniels</i>	- - - 14,071-2
Granting of, without proper examination, <i>Daniels</i>	13,989-92, 13,999-4,000, 14,069-70, 14,702-18

**COMMITTEES:**

Constitution, <i>Daniels</i>	- - - 14,914-9
Method of appointment, &c., <i>Daniels</i>	- 13,903-4
Compensation cases, and unfair action by insurance companies, <i>Daniels</i>	- - - 14,920-3
no Complaints in Birmingham to Insurance Committee, and reasons, <i>Parrott</i>	- - 21,283-6

**CONFINEMENTS:**

Sickness benefit after, payment in all cases for one month, and afterwards for real incapacity, <i>Daniels</i>	- - - 13,960-6
Unwillingness to return to work after, <i>Daniels</i>	13,966-9
Disputes, procedure, <i>Daniels</i>	- - - 14,068



## Ideal Benefit Society—continued.

## DOCTORS:

## Birmingham:

Certificates given very easily and often incorrectly, and members not properly examined, *Daniels* - - - - 13,856-63

Distribution of patients among, *Daniels*

14,996-5,001

Difficulty with - - - - 14,747

Excuse made by, for carelessness, &c. of having too many patients, but improvement hoped for, *Daniels* - - - - 14,993-5,013

Fear of losing patients if too strict, and question of remedy, *Daniels* 13,857-8, 14,703, 14,765-72, 14,776-82, 14,825-9

Few persons go to, for treatment without going on funds, *Daniels* - - - - 13,997-4,000

Less in touch with officials than formerly and need for improvement and improvement anticipated, *Daniels* - - - - 14,807-12, 15,015-23

Number of members going to, without going on funds, *Daniels* - - - - 14,677-85, 14,974-80

Procedure in case of difficulty with, *Daniels*

13,918-20

Fraud, cases of, *Daniels* - - - - 13,900-2

## INCAPACITY:

Difficulty and practice re, *Daniels* - - - - 14,740-6

to Follow ordinary employment, payment of benefit, *Daniels* - - - - 13,875-6

Increased contribution after 35, and surplus of 25s. per member per share per annum, system, *Daniels*

13,792-3

Laundresses, &c., *Daniels* - - - - 14,927

Maternity benefit, payment to unmarried women, *Daniels* - - - - 13,889

Maternity claims for each quarter, *Daniels* - 13,819

Medical arrangements formerly, *Daniels* 14,692-701

## MEDICAL REFEREE:

Cases sent to, results, &c., *Daniels* - - - - 13,871-4,

13,928-9

System, payment, &c., *Daniels* - - - - 13,863-70

## MEMBERS:

Class, *Daniels* - - - - 13,810-5

Distribution, *Daniels* - - - - 13,801-3

Method of obtaining, *Daniels* - - - - 14,792-3

Number of women, and number not also in parent society, *Daniels* - - - - 14,789-91

Number of men and women, *Daniels* - - - - 13,798

Number belonging to parent society, *Daniels*

13,809

must Report immediately when ill, whether

coming on funds or not, *Daniels* - - - - 14,835

Men's and women's sections distinct, *Daniels*

13,799

Misconduct, illness due to, refusal of payment, cases and procedure, *Daniels* - - - - 13,886-96

Misunderstanding of principles of insurance at first, but decrease and steps taken, *Daniels* 13,826-30,

19,055-9

Organisation and working, *Daniels* - - - - 13,804-7,

13,903

little Over-insurance, *Daniels* - - - - 13,840

## PARENT SOCIETY:

Number of members and number of men and

women, *Daniels* - - - - 13,794-6

Practice re pregnancy, *Daniels* - - - - 14,870-2

Sickness claims, no appreciable increase as result of Act, *Daniels* - - - - 13,816-7

## PREGNANCY:

no Distinction as regards unmarried women,

*Daniels* - - - - 13,889

Payment of benefit only if distinct illness apart,

and practice, *Daniels* 13,878-84, 14,876, 14,881,

14,902-10

## PRIVATE SIDE:

Benefits and comparison with wages, *Daniels*

13,841-6

Reduction, power of, if member over-insured,

*Daniels* - - - - 13,852-5

Sick-visiting, system, and special visitors to be

appointed in some parts, as visiting by fellow

members not so effective, *Daniels* - 13,904-21,

13,930-1, 14,062, 14,830-4, 14,884-92

## Ideal Benefit Society—continued.

## SICKNESS:

Difficulties chiefly among women, *Daniels* 14,054,

14,690

Experience of women analysed according to occupations, *Daniels* 14,668, 14,804-6, 14,924-45

## SICKNESS BENEFIT:

Cost of, for men and women for each quarter,

*Daniels* - - - - 13,818-23

Non-payment for first three days, little effect on unjustifiable claims, *Daniels* 13,976-89, 14,668

Payment by visitors, *Daniels* - - - - 13,904

Rules re conduct while in receipt of, and penalties for breach of, *Daniels* - - - - 14,064-7

no Scheme at present for cases where benefit more than two-thirds of wages, *Daniels*

14,894-6

Women doing housework, practice re, *Daniels*

13,897-9, 14,888

## SICKNESS CLAIMS:

Charwomen, heavy, *Daniels* - - - - 13,832

Decisions re, rests with Committee, *Daniels*

13,922

mostly Proper, *Daniels* - - - - 13,826

Unjustifiable:

by Members not previously insured, *Daniels*

13,808

Question of, *Daniels* - - - - 14,730-9

Women, difficulties in case of low-paid labour, *Daniels* - - - - 14,078-80

Women doing heavy work in Birmingham in factories and as outworkers, excessive, *Daniels*

13,832-9

Transfers from, not refused, *Daniels* - - - - 14,046

## WOMEN:

Accidents, difficulty in getting information of

*Daniels* - - - - 14,924-6

Circular letter sent to, on marriage, but many conceal marriage, *Daniels* - - - - 14,916-9

Married, difficulty, *Daniels* - - - - 14,739, 14,950-8

Women's section, *Daniels* - - - - 14,796-8

Impersonation, case of, *Jefferson* - - - - 7334

## Incapacity:

see also Certificates.

Alteration in wording of certificate desired to lessen difficulty, *Poulton* - - - - 10,766-70

Certificates requiring statement of incapacity for work of any description, including housework, required in some cases, *Cox* - - - - 30,982-5

Conditions considered to involve, *Burgess* 20,187-96,

21,120-1, 21,124-6

Convalescence question, *Bond*, 18,642-5, 18,726, 18,972

-81; *Claydon*, 22,719-26, 24,741-74, 24,597-601.

Decision must rest with doctors, *Bond*, 18,831-9,

18,950-1; *Richmond*, 38,766.

Difficulty, *Daniels*, 14,740-6; *Holder*, 23,451; *Layton*,

29,303-5; *Parsons*, 31,397a.

Difficulty of deciding in many cases, and medical referee would be useful, *Burgess*

21,002-9,

21,052-4, 21,082-91, 21,117-9

Difficult, and "Incapable of doing any work" or

"Capable of doing light work" proposed, *Layton*

29,359

Difficulty of question, and societies should be given guidance, *Macarthur*

11,546-7, 11,551, 11,561

Dispensing power to doctors, opposition probably from country at large, *Parsons* - - - - 31,403

Difficulty of doctor's position, *Webb* - - - - 27,116-27

## DISTINCTION BETWEEN ILLNESS AND:

Advantage if attention of medical profession were drawn to, *R. Smith* - - - - 13,079, 18,114

Failure to distinguish between illness and incapacity, *Sanderson*, 62-3, 683-7; *Appleton*, 11,623,

11,626-32, 11,725, 11,757-66, 12,193-200;

*R. Smith*, 12,357, 12,412, 12,564, 13,023-42,

13,065-82, 13,568; *Macarthur*, 14,104-7;

*Wigglesworth*, 17,870-3, 17,884-9; *Davies*

36,137-45, 36,256, 36,375 (note).

Doctor's decision would be final in most cases, but societies have right to revise in certain cases, *Cox*

30,417-31, 30,503-4, 30,537-41

Effect on future health should be considered instead of, *Webb* - - - - 27,116



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- "Factory made" illness, difficulty of question, *Bond* 18,482-5, 18,840
- Failure of doctors to distinguish between illness and excessive sickness claims, and result, *Macarthur* 11,209-14, 11,448-56
- Infectiousness as cause of, question, *Macarthur* 14,202-8

**INTERPRETATION :**

- before Act, *Webb* 27,331-8, 27,349-55, 28,072-3
- Clear understanding *re*, would be helpful, *W. P. Wright*, 32,365-72
- Definite instruction and guidance needed, *Claydon*, 22,996; *Webb*, 27,296-313; *Cox*, 31,064-7; *Dawes*, 33,887.
- Dependence on nature of work, *Harrison*, 38,195; *M. Phillips*, 38,831.
- Differences of opinion *re*, and conflict of interpretation in handbook by Thos. Smith and debate in House, and need for instructions from Commissioners, *Claydon* - 24,541-7, 22,776-96
- Difficulty and many differences in practice, *Jefferson* 7541, 7653-7
- Doctors must treat panel patients in same way as private patients, *W. P. Wright* - 31,593-7
- Each case must be taken on its merits, *Layton*, 29,323-38, 29,345-57, 29,457-69; *Cox*, 30,504, 30,545-53, 30,858-9, 31,021-39.
- from Employers' point of view, question of, and man would not be wanted at work if in pain, *Eastman* - - - - 40,689-99
- Fair, since Act, *W. Duncan* 17,408-10, 17,709
- Free interpretation of, and longer view considered in accordance with Act, and will decrease sickness in future, *W. Duncan* 17,411-3, 17,709-15
- Inability to work without physical injury being caused, or risk, *Richmond* - 38,504-6, 38,606, 38,638-67
- Incapacity for any work, *Lamacraft*, 10,425-30; *Mander*, 22,040-2; *Dyer*, 23,706-29, 23,868-71.
- Incapacity for any kind of work, but doctor must decide, *W. P. Wright* - - - 31,580-97
- Incapacity for any work :
- Advocated, *Gordon* - - - 2867-72
- Impossibility, *Hodgson*, 26,007-12; *Webb*, 27,116-27, 28,074-5; *Roberts*, 29,915; *Harrison*, 37,938-41.
- Impression conveyed by Commissioners, *Webb* 27,117-25, 27,314-30, 27,362-5
- Incapacity for ordinary employment, *Blundell*, 1606; *J. Duncan*, 3642; *Barrand*, 4654-5, 4787-9, 5257-60; *Gray*, 5391-401, 5552-7, 5571-3; *Daniels*, 13,875-6; *Woodcock*, 15,211-2; *Charles*, 20,386-402, 20,411-22, 20,506-8, 20,573-82, 20,724-37; *Parrott*, 21,252; *Holder*, 23,440-50; *Hodgson*, 25,726-36, 25,910-3, 25,920-9, 25,999-6,017; *Hogarth*, 28,366-70; *Layton*, 29,322, 29,457-69, 29,498-9; *Roberts*, 29,898-917; *Cox*, 30,505-14; *Marsh*, 32,648-63; *Divine*, 33,230-4; *Farman*, 33,514-21; *Lilley*, 34,107-10; *Belding*, 34,350-2, 34,414-21; *Whiteley*, 35,303-4; *J. E. Phillips*, 35,697-9; *Flather*, 36,969; *Broster*, 37,542-5; *Harrison*, 37,921-32.
- Incapacity for ordinary employment :
- Advocated, *W. Duncan* - 17,156-8, 17,384-8
- Advocated, but different test will be required as regards disablement benefit, *Cox* - 30,113-20, 31,021-39
- Disapproved, *Clayton* - - - 3460-70
- the General practice, *Webb* - - 28,004-6
- must be Incapacity to follow usual employment, and definite guidance from Commissioners needed, *Webb* - - - 27,116, 27,314-65
- where Infectious disease, but person himself not incapable of work, considered justified, *Cox* 33,056-63
- that Man ought not to be at work, and doctor must decide question, and difficulty *re*, *Cox* 30,121-44
- Prevention of serious trouble coming on, *Cox* 30,702-3
- when Rest and sickness benefit would be advantageous, justification for complete cure or to prevent serious illness, *Cox* 30,900-25, 30,924-5, 30,927-30, 30,952-6, 31,040-55, 31,078-82

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- Impossible, but appointment of referees would tend towards, *Marsh* - - - 32,827-8
- Need for, *Bond* - 18,481, 18,586, 18,646-52, 18,821
- Statement that person states he is totally incapacitated suggested in some cases, *Burgess* 21,003
- should be Total incapacity, *Willson*, 6019-23; *Barber*, 28,952-6.
- Uniformity desirable, *Webb* - - - 28,011
- Variations, *Webb* - - - 27,116
- Wider interpretation given to, by doctors than formerly, *Macarthur* 11,407-8, 14,100-7, 14,583-95
- Interpretation of, personally, *Claydon* - 22,736-8, 24,555-96
- Men should not be granted certificates if able to work, even if not own work, *Sanderson* 440-2, 481
- Need of rest for ultimate restoration to health should be included, *Burgess* 21,016-28, 21,049-51, 21,079-81
- Payment for temporary incapacity from ordinary employment but not for permanent, *R. Smith* 13,066-95
- Societies not compelled to take different and more liberal view of disability under Act, *Blundell* 1571
- Temporary disablement and permanent incapacity to follow occupation must be distinguished, *Webb* - - - 27,127-8, 27,816-24
- Words "Incapable of work" regarded by doctor as mere formality in many cases, *Appleton* 11,966-71
- Independent National Union of Boot and Shoe Women Workers, *see* Boot and Shoe Women Workers, Independent National Union of.
- Independent Order of Oddfellows, Manchester Unity, *see* Manchester Unity.
- Independent Order of Rechabites, *see* Rechabites.
- Industrial disease :**
- Lead poisoning, question as to doctor's duty *re* certifying, *Cox* - - - 31,004-6
- Sufficient information not always given by doctors, and more assistance desired, *Hollins*, 9133-44, 9257, 9260-79, 9291-304, 9478-83, 9495-6
- Infirmity patients, difficulty *re*, *Layton* 29,605-14
- Insomnia, certificates justified in some cases, *Cox* 30,697-701
- Inspectors, complaints made of women being visited by men instead of women, *Webb* 27,967-8, 28,255-9
- Institutions, encouragement of, advocated as corrective to carelessness, &c. of doctors, *Daniels* - 14,024-9
- Insurance, *see* National Insurance.
- Insurance Commissioners :**
- Appointment of medical referees by, *see under* Medical Referees.
- Appeals to, *see under* Appeals.
- Complaints made to, *re* doctors, but without result, *Appleton* - - 11,629-31, 11,725-41, 12,080-119
- Delay in dealing with request of Lancashire societies *re* statement of nature of illness, *Rigby* 26,903-9
- Position and responsibility of, and question of responsibility as regards actions of societies, *Webb* 27,169-214, 27,259-72, 27,304-5, 27,566-76
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- Administration of sick visiting by, *Claydon* 23,003-9
- Appointment of medical referees by, *see under* Medical Referees.
- Complaints made to, but little satisfaction obtained, *Jefferson*, 7214-25; *Appleton*, 11,629-31, 11,725-41, 12,080-119.
- many Complaints would never reach, *Dawes* 33,823-4
- no Control over doctors, *Daniels* - - 13,947-51, 14,081-9
- Difficulty of access to, and of proving case before, but taking up of cases by district secretaries would help, *Hyner* - 19,156-69, 19,399, 19,820-8, 19,880-97, 19,473
- Important decisions often taken when majority of representatives of insured persons not present, *R. Smith* - - - 12,874-5



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- Improvement in working on, *Cox* - - - 30,818-9  
 Representation of approved societies on inadequate, *Appleton*, 12,211-24; *Daniels*, 13,947-50, 14,081-9, 14,669-74, 14,821-4.  
 inadequate Representation of insured persons, and need for, *Morland* - - - - 35,005-11  
*Ipswich Lodge, Manchester Unity*, opinion *re* pregnancy, *W. P. Wright* - - - - - 31,913  
*Ironbridge, Prudential Approved Societies*, *see that title*.

**Isle of Wight, Manchester Unity:**

- Certificates for minor ailments, *W. P. Wright* 31,815-7  
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 Medical service, considered by secretary less satisfactory and efficient than before Act, *W. P. Wright* 31,814-5

**JACKSON, G. T.**, General Secretary of the Amalgamated Society of Tramways and Vehicle Workers 36,459-36,764

**Jarrow**, number of population to one doctor, *Webb* 27,652

**JEFFERSON, J. A.**, Actuary of the National Amalgamated Approved Society - - 7167-8294

**JOHNSON, G. E.**, Chief Secretary of the National Independent Order of Oddfellows - 26,199-26,652

**JONES, E. LLOYD**, Provincial Corresponding Secretary of the Manchester and Salford District of the Manchester Unity of Oddfellows' Friendly Society 41,087-41,584

**Kennington**, *see* Brixton and Kennington.

**Kent:**

- Approved societies' negotiations with nurses, difficulties, *Puxley* - - - - 36,816-9  
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- Facilities, lack of knowledge *re*, at present, *Bond* 18,914  
 Importance of development, *Bond* - - 18,921-4

**LAMACRAFT, A.**, Manager of the National Health section of the Royal Liver Friendly Society 9827-10,501

**Lambeth:**

- certain Cases sent to surgeons, *Farman* 33,682-5, 33,731-2

**CERTIFICATES:**

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 frequent Changes in form, *Farman* - 33,693-5  
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   Refusal, reluctance of doctors in some cases for fear of losing patients, *Farman* - 33,749-53  
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- Adequate attention given personally and work not hard, *Farman* - - - - 33,426-8  
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 Insured persons, number and class, *Farman* 33,403-12  
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**PANEL ASSOCIATION:**

- Attitude *re* transfers, *Farman* - - 33,689-92  
 Clinic of doctors to deal with doubtful cases, scheme, *Farman* - - 33,634-7, 33,686-8

**PREGNANCY:**

- few Claims, *Farman* - - - - 33,571-3  
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- Arrears, and decrease probable in future, but sickness will increase in time of unemployment, *Farman* - - 33,443-8, 33,453, 33,550-5  
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**SICKNESS BENEFIT:**

- Encouragement by agents to stay on, *Farman* 33,670-2, 33,452, 33,458-63  
 to Girls, sometimes taken by parents, *Farman* 33,622-4  
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- Agricultural labourers, men and women, wages, *Blundell* - - - - 1415-8  
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**CERTIFICATES:**

- Attempt to induce doctor to sign, for insured person obtaining treatment from bone-setter, *Oldham* - - - - 37,676-94  
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 no Distinction made between persons capable and incapable of work, *Sanderson* - - 62-3  
 Easily obtained, *Sanderson* - - - 264-5  
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- Insistence on signing of, on particular day, *Oldham* 37,743
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- Pressure on doctors by employers *re, and example, Oldham* - - - - - 37,743
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- Chemists, more claims on, for medicine where women doing standing work, natural, *Harrison* 38,014-7
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- Confinements more often attended by doctor since Act, *Oldham* - - - - - 37,612-3
- Correspondence with societies showing opinions *re* general working of Act, *Clare* - 36,374-5 note
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**COTTON WEAVERS :**

- Wages and earnings of men and women, *Thomas* 4416-21, 4563-9
- Women do same work as men with few exceptions, and effect on sickness, *Thomas* 4415, 4422-7

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- less Antagonistic in most cases and prepared to give information to societies, *Sanderson* - 52-61
- Attitude of, *Claydon*, 22,745 ; *Harrison*, 37,942-5.
- Attitude *re* giving information to societies, *Clare* 36,375 note
- Cases of vague certificates being given instead of specific disease, *Sanderson* - - - 688-95
- Disputes with, method of dealing with, *Clare* 36,362-4
- no Distinction between incapacity for ordinary work and incapacity for any work, *Sanderson* 683-7
- First duty to patients, but responsibilities to societies recognised, *Oldham* - - 37,711-8
- Friendly relations with societies on the whole. *Clare* - - - - - 36,393
- Have honestly endeavoured to carry out obligations, *Clare* - - - - - 36,365-6
- Number, 1913, 1914, *Clare* - - - 36,344-5
- Number not on panel, and reasons, *Clare* 36,346-9
- Number of patients, *Clare* - - - 36,350-2
- no Objection generally to giving information to societies, but objection to enter particulars on certificate in some cases, *Oldham* - 37,592-6
- Payment by attendance :  
see also under Doctors.
- Case of doctors encouraging people to stay at home under, *Sanderson* - - - 264-8
- Objection to, *Sanderson* - - - 88-95
- Patients more often persuaded to stay away from work longer, *Sanderson* 701-3, 712-5
- Refusal of permission to women to make own arrangements with woman doctor, *Oldham* 37,625-30
- little Reluctance to go to, *Claydon* - 22,685-94
- more Sick visits in Manchester and Salford than in other towns, *Sanderson* - - - 272
- Societies should trust more than they do, *Oldham* 37,664-72, 37,756-93
- Special difficulty with, *re* not stating nature of illness, and attitude of insurance committee, *R. Smith* - - - - - 13,594-7
- Statement made by, of not daring to refuse certificates, *Rigby* - - - - - 26,990
- Transfers, *Clare* - - - - - 36,356-8
- Drugs, amount spent on, for Manchester and over-spending, *R. Smith* - - - 12,652-5, 13,371-2
- Druids, Order of, see that title.

**Lancashire—continued.**

- Factory districts, sickness experience, *R. Smith* 12,507-8
- Half-timers, *Thomas* - - - - - 4558-61
- Hospital treatment, facilities and more funds would increase, *Clare* - - - - - 36,386-92
- Housing conditions, excessive sickness partly due to, *Rigby* - - - - - 27,002-4
- Institutions, number of persons treated by, *Clare* 36,353

**INSURANCE COMMITTEE :**

- Complaints to, *R. Smith* - 13,622-36, 13,655-8
- Continuation certificates, wording "as before" approved by, *Claydon* - - - 22,657-8
- Delay in dealing with request of societies *re* statement of nature of illness, *Rigby* - 26,903-9
- no Interference between approved society and members, *Clare* - - - 36,393, 36,403-16

**INSURED PERSONS :**

- Number, *Clare* - - - - - 36,357
- Number making their own arrangements, class of people, &c., *Clare* - - - - - 36,353-5
- Number not selecting doctor, *Clare* - - 36,353
- Legal liability, question raised in, *Cox* - 30,415-6

**MEDICAL REFEREES :**

- as Consultants, suggestion, *Clare* - 36,379-83, 36,418-23, 36,436, 36,446-7
- Desirable, and payment from central fund and appointment by central authority would be preferred, *Clare* 36,376-9, 36,435, 36,458, 36,445
- Doctors, particularly in country, would welcome, *Clare* - - - - - 36,449-51
- Functions, question of, *Clare* - - 36,438-52
- Medical Service Sub-Committee, set up 1914, not required before, *Clare* - 36,359-62, 36,417
- Misconduct, illness due to, inquiries made by societies, and example, *Oldham* - 37,651-60
- North-east, medical arrangements before Act, *Johnson* - - - - - 26,639-40

**PREGNANCY :**

- Mill districts, women generally went away from work two months before confinement since Act, *Rigby* - - - - - 26,801
- Uniformity of practice desirable, *Cox* - - 30,972
- Women will stop away from work for three months before confinement, if possible, *Frith* - 8812
- Women generally stop away from work the last month, and employers often refuse to let pregnant women remain in works, *R. Smith* - 12,409
- Women generally sent home when obviously pregnant, *Harrison* - - - - - 38,222
- Women turned off from mill owing to condition to very slight extent, *Sanderson* - 248-50
- Prescriptions, average number in whole area and in certain towns, and average in Manchester and Salford, *R. Smith* - - - - - 12,647-51

**SICKNESS BENEFIT :**

- Comparison with wages, *Claydon* - 22,706-15
- Household work by women during, practice *re, Claydon* - - 22,806, 22,818-9, 22,827-32
- Use of, to pay for holidays, *Oldham* - 37,743-4
- Sickness claims, possibility of unjustifiable claims in border-line cases, *Claydon* - - - 22,663-71
- Sickness experience in many districts higher than in Manchester, *Jones* - - - 41,314-6, 41,429
- Spinners with good lives in one society and card-operatives with bad lives in another, *Sanderson* 207-14

**TUBERCULOSIS :**

- Dealing with, by county council, *Clare* 36,395-6, 36,427-9
- Deficiency in hospital accommodation, *Clare* 36,390-1

**WOMEN :**

- Excessive sickness among, largely due to conditions of employment, *Rigby*, 26,996-9 ; *Harrison*, 38,197-9, 38,212-3.
- Many stay on funds longer than considered necessary, but possible justification, *Sanderson* 242-6
- Married, most, would always be in condition justifying certificate, *Sanderson* - - 54



**Lancashire—continued.****WOMEN—continued.**

- Married, should not work in mills, *Sanderson* 400-1, 578-81  
 Married women workers, *Sanderson*, 241; *Thomas*, 4555-7, 4562.  
 do not Return to work very soon after confinement, *Harrison* - - - 38,200-1  
 Start work in mills at 13 or 14, and work as hard as men, and consequent higher sickness rate, *Sanderson* - - - 45, 204-6, 671-82  
 Withholding of symptoms from men doctors, *Claydon* - - - 22,694-7  
 Worked when unfit before Act, *Thomas* - 4624  
 Working on and off all their lives, *Sanderson* 237-40

**Lancashire Federation of Rural Friendly Societies :****ADMISSION :**

- Procedure, form but no medical examination, and no questions *re* health, *Blundell* 1464-7, 1572-8  
 Selection, questions considered, *Blundell* 1468-72  
 Some members admitted by secretaries only, *Blundell* - - - 1463  
 Auditing, *Blundell* - - - 1566-71  
 Branch meetings attendance increased, *Blundell* 1510-2  
 Branches, members, *Blundell* - - 1514-6  
 some Cases of people going back to work too soon, and undesirability of, *Blundell* 1605, 1610, 1653-9, 1672-3

**CERTIFICATES :****Continuing :**

- Reluctance of doctors to grant, *Blundell* 1431-3  
 where Seeing patient unnecessary, society should be communicated with, *Blundell* 1660-7

- Difficulty in getting doctor to state nature of disease in Leigh district, no complaint elsewhere, *Blundell* - - - 1427-30, 1562-4

- Given more easily than before Act, in opinion of secretaries, *Blundell* - - - 1593-8

- without Seeing patient, *Blundell* 1602-5, 1607-10

- Diseases among women, no difficulties *re*, *Blundell* 1601

**DOCTORS :**

- no Choice in some places, *Blundell* - - 1611-4  
 Feeling among branch secretaries that doctors want looking after, *Blundell* - - - 1561  
 Good relations of societies with, formerly, and old club doctors taken as panel doctors in many cases, *Blundell* - - - 1534-41  
 Little confidence in, *Blundell* - - 1425-6  
 Refusal to give prescriptions unless members went on books, near Ormskirk and Burscough, *Blundell* 1434-42, 1518-22, 1588-92, 1622, 1669-71  
 Relations with, *Blundell* - - - 1666-8  
 Dressmakers in, *Blundell* - - - 1647-9  
 Executive Council, representative nature of, *Blundell* 1493-6, 1502-7  
 Financial arrangements, *Blundell* - - - 1403  
 Fining of members under consideration, *Blundell* 1643  
 Ignorance as to principles of insurance, *Blundell* 1404-7, 1529-33  
 Maternity claims, *Blundell* - - - 1633  
 no Medical referees appointed, but independent doctor might be consulted if necessary, and would be preferred, *Blundell* 1473-6, 1480-8, 1615-20

**MEMBERS :**

- not More heavily insured than before Act, *Blundell* - - - 1413-4  
 Proportion previously insured, *Blundell* - 1501  
 Number and occupations, *Blundell* - 1395-401

**MEMBERSHIP :**

- Effect of Act on, *Blundell* - - - 1553-4  
 no Strict geographical limitation, *Blundell* 1544-5  
 Strongest in the Fylde and between Preston and Lancaster, *Blundell* - - - 1459-60  
 Misconduct, no question of, *Blundell* - - 1644  
 Nature of societies prior to federation, *Blundell* 1497-500

**Lancashire Federation of Rural Friendly Societies—continued.**

- Old friendly society members less scrupulous about drawing State money than if it were their own, *Blundell* - - - 1508-9  
 Position of, *Blundell* - - - 1392-4  
 Secretary, *Blundell* - - - 1502  
 Secretaries and treasurers less keen about work than before Act, *Blundell* - - - 1513

**SICK VISITING :**

- Impossible in some branches where farms scattered, *Blundell* - - - 1456-7  
 Procedure, if dissatisfied with case, *Blundell* 1461-2  
 no System for federation as a whole, but different in different places, *Blundell* - - 1453-8

**SICKNESS BENEFIT :**

- no Difficulty in getting people off fund, *Blundell* 1419  
 Granted if man not capable of following own occupation without injury, *Blundell* - 1606  
 to Women during spring cleaning, *Blundell* 1625-6

**SICKNESS CLAIMS :**

- not Excessive, *Blundell* - - - 1402-4, 1528  
 during Pregnancy and after confinement, question of, *Blundell* - - - 1633-41

**Unjustifiable :**

- can be Checked only by proper supervision by elected officers, *Blundell* - - - 1513-7  
 some Claims made, but not to cause excessive sickness, *Blundell* - - - 1528  
 of Women, comparison with men, *Blundell* 1628-30

- Sickness, low rate, and reasons, and comparison with actuarial calculation, *Blundell* - 1477-9, 1489-90, 1674-5

- Slack management by branch, *Blundell* - 1421-4  
 no Suspensions or expulsions, *Blundell* - 1642, 1646

**VOLUNTARY SIDE :**

- Connection between State side and, *Blundell* 1409-12  
 Difficulty *re* providing medical benefit, *Blundell* 1542-3, 1598-600  
 Sickness claims, increase in some districts and decrease in others, *Blundell* - - 1407-8

**WOMEN MEMBERS :**

- on Committees, but not on managing committee, although possible, *Blundell* - - - 1546-52  
 Numbers, and practically all come in since Act, *Blundell* - - - 1623-4  
 greater Proportion unmarried, *Blundell* - 1632

**Lancaster :**

- Certificate for "Abscess," inquiry by society as to whether misconduct the cause, *Claydon* 22,651-4

**MANCHESTER UNITY LODGES :**

- Certificates accepted without question in most lodges, *W. P. Wright* - - - 31,685-6  
 Medical arrangements before Act, *W. P. Wright* 31,658-60  
 Sickness benefit, on private side, experience varied but no increase on the whole, *W. P. Wright* 31,686

- Sons of Temperance sickness experience, *Huntley* 24,985, 24,987  
 Laundresses, high sickness rate, *Macarthur* - 14,111

- LAYTON. Dr F. G., physician to Walsall and District Hospital - - - 29,103-29,747

**Leeds :**

- Boot and Shoe Operatives' Society, *see that title.*

**CERTIFICATES :**

- Ante-dating and post-dating, complained of by society, but complaints not made in writing, *Buckle* - - - 39,613-7  
 Continuing, supply of to doctors, question of, *Buckle* 39,803-10  
 Declaring on, signing of, without seeing patient, *Johnson* - - - 26,327-33  
 Giving of, without seeing patient, *Buckle* 39,620, 39,745-6



**Leeds—continued.****CERTIFICATES—continued.**

Forms, <i>Buckle</i>	- 39,617-9, 39,651-8, 39,798-802
Granting of, without careful examination, general complaint heard, <i>Buckle</i>	- - - 39,597-8
Re-dating, case of, <i>Buckle</i>	- - - 39,591-6
certain Reluctance to refuse, and medical referee would be welcomed by doctors, <i>Buckle</i>	39,699-708
Statements heard of, when person not incapable, but no experience of, and no proof, <i>Buckle</i>	39,776-8, 39,789-97
Weekly, insisted on, <i>Buckle</i>	- - - 39,650

**DOCTORS:**

Clerical work complained of, <i>Buckle</i>	- 39,737-8
Distribution of patients, <i>Buckle</i>	- - 39,578-83
Friendly attitude, generally speaking, <i>Buckle</i>	39,608-12
Number, <i>Buckle</i>	- - - - 39,575
Number not on panel, and reasons, <i>Buckle</i>	39,576-7

Questions between societies and, settlement without coming before committee, <i>Buckle</i>	39,621-3
Relations with societies, improvement, <i>Buckle</i>	39,624-6, 39,640-4, 39,739-44
Transfers, <i>Buckle</i>	- - - - 39,588-90

Druids, Order of, *see that title.*

Free Gardeners, National United Order of, *see that title.*

**INSURED PERSONS:**

no Approved institutions and no people allowed to make own arrangements, <i>Buckle</i>	39,586-7
Number, <i>Buckle</i>	- - - - 39,584
Numbers not having selected doctor, <i>Buckle</i>	39,585

**MEDICAL REFEREES:**

Appointment, varied opinions <i>re</i> , but advantage to be derived by appointment of independent man by Commissioners, <i>Buckle</i>	- 39,628-39, 39,748-50, 39,661-77
Appointment by approved societies, and difficulties, <i>Buckle</i>	- - - 39,747-8
Contributions by societies, societies ready to contribute and question of basis, <i>Buckle</i>	39,632, 39,635-6, 39,659-74, 39,714, 39,749, 39,751, 39,756-8, 39,762-73
Payment from medical fund, question of and objection to, <i>Buckle</i>	39,662-73, 39,701-16, 39,783

**MEDICAL SERVICE SUB-COMMITTEE:**

Complaints before, particulars <i>re</i> , and difficulty of getting societies to put complaints in writing, <i>Buckle</i>	- - 39,591-608, 39,647, 39,725-36
Meetings, hours, and no difficulty in way of lodging complaint before, <i>Buckle</i>	- - - 39,731-6
Pregnancy, difficulty <i>re</i> , <i>Buckle</i>	- - - 39,811-2
Sickness claims, excessive, <i>Buckle</i>	- - - 39,752-5
State service, no general opinion in favour of, heard, <i>Buckle</i>	- - - - 39,645-6

**Leicester:**

Boot and Shoe Operatives, National Union, *see that title.*

Conjoint dispensary, <i>Bond</i>	- - - 18,889-97
Dental treatment, inadequate facilities for insured persons, <i>Bond</i>	- - - - 18,537-45

**DOCTORS:**

no great Change of, <i>Bond</i>	- - - 18,523-4
few Complaints of, by societies to committee, and those have ended satisfactorily, <i>Bond</i>	18,866-8, 18,925-6

Conscientious service given to patients, *Bond* 18,709

no Reckless or wilful desire to defeat Act, but over-leniency, <i>Bond</i>	- - - 18,589-91
Tribunal of appeal to assist in terminating period of incapacity would be welcomed by, <i>Bond</i>	18,546-50

Excessive sickness chiefly among women, and reasons, *Bond* - - - - 18,596-600

Eye treatment, inadequate facilities for insured persons, *Bond* - - - - 18,538

Hospital treatment, and facilities, and conversion of out-patient system for insured into consultative department, *Bond* - - 18,529-36, 18,910-3

**Leicester—continued.**

Hospitals, sickness among insured would be reduced by more accommodation and prompt treatment, <i>Bond</i>	- - - - 18,812-4
Laboratory facilities, <i>Bond</i>	- - - - 18,915-20
Manchester Unity, acceptance of doctor's certificate as authorisation, <i>W. P. Wright</i>	- 31,782-3
Medical referees, attitude of doctors, and difficulty owing to referees being on panel, <i>Bond</i>	18,551-7
Misunderstanding as to principles of insurance and need for instruction, <i>Bond</i>	- - - 18,679-81
Nursing service, using existing associations and administered by committees, desired and suggestions, <i>Bond</i>	- - - - 18,614-5

**PREGNANCY:**

Practice <i>re</i> , <i>Bond</i>	- - - - 18,515
Women work up to end, but none should work at least during last fortnight, <i>Bond</i>	- - - 18,805
Public medical service, <i>Bond</i>	- - - - 18,538

**SICKNESS CLAIMS:**

Arrears of sickness, a factor, <i>Bond</i>	- 18,683-5
Large number made beyond expectation, but actual malingering not very common, <i>Bond</i>	18,443-4
Unwillingness to return to work, <i>Bond</i>	- 18,601-4
Waiting at surgeries, <i>Bond</i>	- - - 18,927-32
Women more liable to illness, <i>Bond</i>	- 18,723-5, 18,874-88

LILLEY, J. E., Clerk to Manchester Insurance Committee - - - - 33,959-34,156

LINGSTROM, GEORGE L., Corresponding Secretary of the North London District of the Manchester Unity of Oddfellows Friendly Society 41,585-41,714

**Liverpool:****CERTIFICATES:**

Accepted by societies and benefit paid on, *Bennett* 16,628-32, 16,704-5

Attitude as regards, formerly and at present, *Bennett* - - - - 16,526-31

**Dating of:**

a Few days previously in certain cases, *Bennett* 16,336-40, 16,522-3

Practice *re*, before Act, *Bennett* - 16,750-1

**for Debility:**

Request by society for further information would probably be ignored, *Bennett* - 16,633

when Suffering from consumption, case of, *Bennett* - - - - 16,173-83

Declaring-on and signing-off certificates only required by Oddfellows before Act, *Bennett* 16,752-5

no Difficulty experienced in stating nature of complaint and practice *re*, *Bennett* - 16,319-28

Fear of refusing for fear of losing patients, *Bennett* 16,133-42, 16,409-15, 16,471-6

Form of, formerly, *Bennett* - - - 16,488-90

Full diagnosis of symptoms always given, but question in case of venereal diseases, and causes, *Bennett* - - - 16,575-86, 16,794-806

for Incapacity to follow usual work, granting of, for certain period, *Bennett* 16,220-50, 16,654-9

Incapacity for work, difficulty of decision in many cases, but second opinion would not be desirable, *Bennett* - - - 16,251-4, 16,257-60

Majority of doctors conscientious as to granting and realise responsibilities, *Bennett* - 16,210-9

Requests by societies for further information: not Known of, *Bennett* - - - 16,333-5

Question of attitude *re*, *Bennett* - 16,694-6

Signing of, without seeing patient in a few cases, *Bennett* - - - - 16,341-5

no Trouble with patients for refusal or with societies for granting, *Bennett* - 16,126-8

certain Women's diseases would not be put on, in in certain cases if agent would see, *Bennett* 16,594

Dental treatment, facilities, *Bennett* - 16,393-4, 16,454-7

**DOCTORS:**

Advice not always followed by patients, *Bennett* 16,170-86

Attitude as regards societies, *Bennett* - 16,624-7



## Liverpool—continued.

## DOCTORS—continued.

- many Bad lives on lists, *Bennett* 16,503-10, 16,525  
 Close touch with society, no advantage would be derived except in connection with sick visiting, *Bennett* - - - - - 16,364-79  
 Control over, *Bennett* - - - - - 16,815-6  
 Co-operation with societies, question of attitude, *Bennett* - - - - - 16,906-42  
 first Duty towards patient, and financial interest of society a new factor, *Bennett* - 16,416-24  
 Insured persons generally ready to take doctors, *Bennett* - - - - - 16,143-6  
 Majority doing work conscientiously, *Bennett* - - - - - 16,636  
 Number formerly having contract work, *Bennett* - - - - - 16,421-2  
 Numbers and number on panel, *Bennett* - - - - - 16,146-52  
 Number of patients seen every week, question of, *Bennett* - - - - - 16,650  
 Number of persons on list, *Bennett* - - - - - 16,087-9, 16,153-4, 16,648-9, 16,158  
 Opposed to working Act at first, but majority now working conscientiously, *Bennett* 16,207-9  
 not Overworked as a whole, *Bennett* 16,157-68  
 Panel system satisfactory, *Bennett* - - - - - 16,667  
 Payment, capitation system, no objection heard, *Bennett* - - - - - 16,406  
 Proportion not conscientious, *Bennett* 16,770-1  
 Relations personally with friendly societies' officials before Act, but officials never seen now, *Bennett* 16,351-63  
 Relations personally with Oddfellows before Act, and no change since, *Bennett* - - - - - 16,477-98  
 Second opinion would be valuable in some cases, *Bennett* - - - - - 16,255-6, 16,261-3  
 no Special hours for insured persons in most cases, *Bennett* - - - - - 16,155-7  
 Transfers of patients, *Bennett* - 16,132, 16,623  
 Unfriendly attitude of old societies towards, *Bennett* - - - - - 16,670-6, 16,931  
 Domestic servants with homes in neighbourhood, unwillingness to return to work, *Bennett* 16,187-96  
 Fraud, case of attempt, *Bennett* - - - - - 16,197-205  
 Health of patients comes first with doctors, and preservation of funds first with societies, *Bennett* 16,637-40  
 Incapacity, difficulty as to decision and question of practice *re*, *Bennett* - - - - - 16,547-59  
 Institutional services and treatment, adequate facilities, *Bennett* - - - - - 16,387-95  
 Instructions from Commissioners not always understood, *Bennett* - - - - - 16,693

## INSURED PERSONS:

- Allowed to make own arrangements with doctors, and certificates of non-panel doctors will be accepted, *Bennett* - - - - - 16,809-14  
 Number, *Bennett* - - - - - 16,153

## MEDICAL REFEREE:

- Acts in interests of society, *Bennett* 16,259-60  
 Appointment should be made by Commissioners and should be whole-time, *Bennett* 16,263-78  
 Area that could be included in work, *Bennett* 16,857-8  
 Case of girl with ulcerated ankle being ordered back to work by, too soon, *Bennett* 16,292-7, 16,318, 16,442, 16,685-9  
 Case of man with tuberculosis being reported by, as well and ordered back to work, *Bennett* 16,318, 16,686-9  
 Panel doctors not notified at first of patients being sent to, and do not attend now although notified as convenience not consulted, and difficulty, *Bennett* - - - - - 16,298-313, 16,436-41  
 System of society sending cases to, after certain period of illness, *Bennett* - - - - - 16,257  
 Nursing facilities, but supplementing of, needed in certain portions of town, *Bennett* - 16,886-9  
 Medical treatment not adequate in some cases, *Bennett* - - - - - 16,166-9  
 Operations, arrangements, *Bennett* - 16,396-8

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## Liverpool—continued.

## PANEL PATIENTS:

- Class of, *Bennett* - - - - - 16,098-108  
 Ignorance of rules of societies, *Bennett* 16,681-3  
 Large number seen and given prescriptions without certificates being given, *Bennett* 16,118-27, 16,651-3  
 Proportion and numbers attended personally, *Bennett* - - - - - 16,109-14, 16,466-70  
 Post Office, sickness experience of men and women, *Bennett* - - - - - 16,510-6, 16,709-14, 16,735-6  
 Pregnancy, sickness benefit during, refusal of Commissioners to give opinion, *Bennett* 16,346-7, 16,690-2  
 Return to work, majority of doctors take up firm attitude, *Bennett* - - - - - 16,206  
 Rules of societies, ignorance of insured people *re*, *Bennett* - - - - - 16,228  
 Sick visiting, inadequacy of, many cases not visited, *Bennett* - - - - - 16,380

## SICKNESS CLAIMS:

- Excessive, caused by women, *Bennett* 16,715-23  
 Unjustifiable:  
 no Large amount of, *Bennett* - - - - - 16,944  
 Made, but to small extent only, *Bennett* 16,094-7  
 Spectacles, insured persons can get prescription, but must pay for, *Bennett* - - - - - 16,392  
 Unwillingness to return to work, *Bennett* 16,095-7, 16,128-9, 16,195

## WOMEN'S HOSPITALS:

- Inadequate accommodation, but no special difficulty as regards insured persons, *Bennett* 16,399-405, 16,458-61  
 Persons would in most cases be on funds while waiting to get in, *Bennett* - - - - - 16,587

## Liverpool Victoria Approved Society:

## ADMISSION OF MEMBERS:

- no Medical examination, but proposals carefully reviewed, *Peters* - - - - - 1803-9  
 Proposal forms:  
 great Care taken in examining, *Peters* 1851-7  
 Question whether applicant already insured in company, *Peters* - - - - - 1927-33  
 Signing of, by agent, *Peters* - - - - - 2321-2  
 Safeguards, and method justified, *Peters* 2035-46  
 Untrue answers on proposal form, termination of membership for, and particulars *re* cases, *Peters* 1810-43, 1916

## AGENTS:

- do not Act as sickness visitors, but attention called by, to suspicious cases, *Peters* 1970-7, 2110, 2124-9, 2270-6  
 Additional fee for getting members, *Peters* 2254  
 Assistance in filling up forms by, *Peters* 2252-60  
 Benefits paid by, and cards collected and supplied, *Peters* - 1951-7, 1969-70, 2109, 2184-6, 2193  
 might not be entirely Impartial as regards sick visiting, and duties therefore not entirely entrusted to, *Peters* - - - - - 2317-20  
 Payment of, *Peters* - - - - - 2187-93  
 Position as regards parent society and approved society, *Peters* - - - - - 2309-13  
 Agreement with parent society, *Peters* - 2300-9

## CERTIFICATES:

- Easiness of obtaining, *Peters* - 1791-2, 2021-4  
 Incorrectly given if men only not capable of usual work, *Peters* - - - - - 1797  
 Post-dating, many instances of, and doctors in most cases morally right, *Peters* - 1997-8  
 Reference back to doctor in some cases, *Peters* 2277-80  
 no Refusal known of, but some refusals possible, *Peters* - - - - - 2083-6  
 Stating of specific disease on, little difficulty *re*, *Peters* - - - - - 1798  
 Tendency to put elaborate descriptions of common diseases, *Peters* - - - - - 1799-800  
 Committee of management, no women on, *Peters* 2148  
 Complaints, procedure, &c., and appeals to arbitration, *Peters* - - - - - 1896-905, 2146-7, 2282-94  
 Confinement, payment for about five or six weeks after, *Peters* - - - - - 2141

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**Liverpool Victoria Approved Society—continued.****DOCTORS :**

- Antagonism decreasing, *Peters* - 1791, 1795-6  
 Co-operation increasing and best way of reducing excessive sickness claims, *Peters* - 2030-1  
 Payment by attendance and by capitation, no difference seen in attitude of doctors in giving certificates, *Peters* - - - 1801-2  
 People in many instances told to take long rest, *Peters* - - - - 1889-93  
 Expulsion of man, treatment of wife would not be effected, *Peters* - - - - 2156

**FRAUD, DELIBERATE :**

- Cases of, *Peters* - - - 1781a-7, 2009-10  
 Prosecuting, difference of opinion with Commission *re, Peters* - - - 1785-7  
 Inspectors, position of, *Peters* - - - 1943-6  
 Malinger, chiefly where casual employment and wages low, *Peters* - - - 2133-8  
 Management, *Peters* - - - 2004-8

**MEDICAL REFEREES :**

- Appointment by Commission and not by Insurance Committee would be useful, *Peters*, 2034, 2101-6  
 no Communication made to panel doctor when person sent to, but will be considered, *Peters* 2330-2  
 Right of appeal to Committee from, and referee's reports not always relied on, *Peters* 2060-2  
 Refusal to act as, in Lancashire, *Peters* 2096-100  
 Refusal to make statement where panel doctor has made examination, *Peters* - - 2033  
 Refusal to see, due to conscience, and more among women than men, *Peters* - - 2057-9  
 Right to have case submitted to arbitration, *Peters* 2324-30  
 System, number, fees, &c., *Peters* - 1752-69, 2066-9, 2095  
 Meetings and position of members as regards, *Peters* 1909-22

**MEMBERS :**

- in Hospital, payment of benefit to hospital, *Peters* 2149-50  
 Number, and proportion of men and women, *Peters* 1688-9, 1923  
 Regard system as opportunity for drawing money, *Peters* - - 1774-9, 1906-8, 1915, 2001-3  
 Women, number, and question of occupation, *Peters* - - - 2011-20

**MEN :**

- Cases of staying on funds while looking for work or during unemployment, and until end of week, *Peters* - - - - 1698, 1989  
 Proportion formerly members of parent organisation, *Peters* - - - - 1925  
 Nurses, may be appointed, but no appointments so far, *Peters* - - - - 1985-8

**PARENT SOCIETY :**

- Members, *Peters* - - - - 1686, 1924  
 Payment of expenses of approved society by, *Peters* - - - - 2209-10  
 Payment of benefits, procedure, *Peters* 1952-7, 2109

**PREGNANCY :**

- Practice *re, Peters* - - - 1869-73, 2139-40  
 Single women, payment made, *Peters* - - 2145  
 Private side, members insured for 25l. or 50l. only subject to medical examination, *Peters* 2159-60

**SICK VISITORS :**

- do not Act as agents, and have no business connection with parent organisation, *Peters* 1934-42  
 Communication with agents, question of, *Peters* 2264-8  
 Men, reason for good many being required, *Peters* 2231-5  
 Payment, *Peters* - 2122-3, 2182-3, 2250-1  
 Qualified nurses, and some hospital-trained, *Peters* 2107-8, 2114-6  
 System, *Peters* 1699-707, 1731-8, 1887-8, 1962-6, 1979-84, 2117-21, 2167-75, 2194, 2200-4, 2261-3, 2343-7  
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**Liverpool Victoria Approved Society—continued.****SICK VISITORS—continued.****Women :**

- Method of obtaining, *Peters* - - 2244-9  
 Question of adequacy of staff, *Peters* 2176-81

**SICKNESS :****Excessive :**

- Causes, carelessness, and faulty certificates of doctor, *Peters* - - - 1791-4, 1958-68  
 would be Decreased if immediate inquiries could be instituted, but expense would be out of proportion, *Peters* - - 1873-81, 1978  
 Period, one week most common, *Peters* - 2052

**SICKNESS BENEFIT :**

- no Check until a fortnight's pay received, *Peters* 1862-8  
 Closeness of, to income an inducement, *Peters* 1990-1  
 for Incapacity for all work only, not understood by members and doctors, and steps being taken, *Peters* - - - 2070-82, 2089-94, 2112-3  
 Cost, expected and actual, *Peters* - - 1690  
 Number on funds in one week, *Peters* - 1708  
 Refusal to women doing household work, *Peters* 1859-61  
 no Reports asked for, from agent on panel society side, *Peters* - - - - 1894-5  
 Rules *re* conduct while receiving, extent of control over breach of, *Peters* - - - 2206

**SICKNESS CLAIMS :**

- of Men, machinery for dealing with, better than in case of women, *Peters* - - - 2242  
 Procedure, *Peters* - - - - 1709-73  
 "Suspicious," procedure, *Peters* - - - 1720  
 Unjustifiable, women, nature of complaints certified, *Peters* - - - - 1691-8, 1907-8  
 in Stepney, doctor's evidence *re, see under* Stepney.  
 Suspensions and procedure, *Peters* 1743-70, 2142-4  
 Testers, functions, &c., *Peters* - - - 2338-41  
 Transfers, few members gained or lost by transfers but more gained, and consent given where reasonable cause, *Peters* - - - 2026-9

**WOMEN :**

- Excess of sickness over estimate not necessarily excess over what correct, *Peters* 1846-50, 1880, 2215-8  
 Young married women going on fund for long period and then stopping work, and machinery to check, desirable, *Peters* - 1882-6, 2229

Local Medical Records Offices, suggestion, *Webb* 27,176

**London :**

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**CERTIFICATES :**

- Charges for, cases but practice has ceased, *Daves* 33,865  
 Complaint by societies *re* refusal of doctor to specify nature of complaint to their satisfaction, and recommendation by medical service sub-committee that societies should supply form of certificate, *Daves* - - - - 33,847  
 Granting of, without seeing patient, *Daves* 33,861-4  
 for Persons in hospital, difficulty *re, Daves* 33,916  
 Submission to medical referees, practicability doubted, *Daves* - - - - 33,946-9  
 Tendency to give, wherever case of doubt, *Daves* 33,791-2  
 Wholesale giving of, threats of, *Daves* 33,788-96  
 Chemists, no knowledge of persons not taking prescriptions to, *Daves* - - - 33,866-7  
 District offices, establishment by Commission suggested, *Daves* - 33,808, 33,948, 33,956-8
- DOCTORS :**
- Attitude as regards societies, *Daves* - 33,838-40  
 Changes, and reasons, *Daves* 33,775-6, 33,868-70, 33,917-8  
 Complaints of treatment by, by insured persons, particulars, *Daves* - - - - 33,841  
 no Feeling of responsibility to Committee at first, but more now, *Daves* - - - - 33,837  
 with 5,177 patients, case of, and success, *Daves* 33,856-8



## London—continued.

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- Insufficiency in certain districts, and question of excess of sickness, and question of remedy, *Dawes* - - - - - 33,926-34
- Numbers and number of patient to, *Dawes* - - - - - 33,766-9
- possible Number of people not having chosen, *Dawes* - - - - - 33,770-1
- Number of persons making own arrangements with, and cases, *Dawes* - - - - - 33,772-4
- Variation in capacity of, *Dawes* - - - - - 33,919-20
- Hospitals, refusal to take insured persons at one time, but largely under misunderstanding, and no difficulty now, *Dawes* - - - - - 33,907
- Hospital accommodation, inadequacy of, *Webb* 27,061
- Hospital treatment, &c., question under consideration by sub-committee, *Dawes* - - - - - 33,906
- Incapacity, prolonging of period by lack of facilities for expediting recovery, *Dawes* - - - - - 33,900-1
- no Income limit fixed, *Dawes* - - - - - 33,832

## INSTITUTIONS:

- Number receiving medical treatment through, *Dawes* - - - - - 33,835
- Number of persons treated at, *Dawes* - - - - - 33,772

## INSURANCE COMMITTEE:

- little Assistance from, *Hogarth* - 28,311, 28,325, 28,451-2
- no Complaints to, of ante-dating or post-dating certificates, *Dawes* - - - - - 33,843-6
- Constitution complained of, *Hogarth* - 28,463-4
- General policy of, not to approve institutions, *Dawes* - - - - - 33,833-6
- no Knowledge whether claims excessive, *Dawes* - - - - - 33,950-1
- Lists, chaotic state, *Hogarth* - 28,317-8, 28,451
- Power to deal with incomplete statements on certificate, question of, *Dawes* - 33,848-51
- Witness would not willingly serve on, *Burgess* - 21,078
- Insured persons, complaints *re* conduct of, but nothing serious, *Dawes* - - - - - 33,871
- Malingering, no large amount of, *Dawes* 33,878-80

## MEDICAL REFEREE:

- Advantages, *Dawes* - - - - - 33,807
- Appointment by Commission preferred, *Dawes* - - - - - 33,804-6
- Attendance at local offices or going about to places would be necessary, *Dawes* - 33,800-1
- Cases sent to, no suggestion of haphazard selection, *Dawes* - - - - - 33,897
- Difficulty *re* pregnancy, and different views taken, *Dawes* - - - - - 33,891-4
- Difficulty of reporting on cases where special pathological examination necessary, no formal report heard of, *Dawes* - - - - - 33,895-6
- Doctors always communicated with, *Dawes* - - - - - 33,940-2
- no Formal report received from, *Dawes* - 33,905, 33,925
- Meeting heard of, but no knowledge of formation of board, *Dawes* - - - - - 33,882, 33,921-4
- More use might have been made of, if allowed to deal with section 11 cases, *Dawes* 33,797-800, 33,829
- Payment, *Dawes* - - - - - 33,795
- Practice *re* "incapacity," *Dawes* - - 33,880-90
- Results of cases sent to, *Dawes* - - - 33,877-9
- Right of doctor to send cases to, desirable and to be considered, *Dawes* - - - - - 33,936-9
- Salaried, work would be sufficient for, *Dawes* - - - - - 33,804
- Small number of cases sent to, by old friendly societies, and question of reason, *Dawes* 33,796, 33,825-31
- Societies only have right to send cases to, *Dawes* - - - - - 33,935
- Suggestion by societies that certain questions should be put to, and refusal by Committee, no knowledge of, *Dawes* - - - - - 33,898-9
- System, *J. Duncan* - - - - - 3909
- Temporary system, and working of, *Dawes* - - - - - 33,794-803

## London—continued.

## MEDICAL SERVICE SUB-COMMITTEE:

- Complaints to, from insured persons *re* treatment, results and procedure, *Dawes* - - - 33,777-84
- Complaints to, by doctors *re* conduct of insured persons, *Dawes* - - - - - 33-777, 33,785-6
- Submission of questions *re* certificates to, *Dawes* - - - - - 33,910-5
- Pregnancy, difficulty *re*, *Dawes* - - - - 33,872
- Sons of Temperance sickness experience, *Huntley* - - - - - 24,981-3
- Specialist services, preferable through hospitals, *Dawes* - - - - - 33,908-9
- London County Council, certificates required before tramway men return to work, certificate of panel doctor not accepted, *Jackson* - - - - 36,732-3
- London and Provincial, doctor's evidence *re*, in Stepney, *see* Stepney.
- Lumbago, difficulty of detecting malingering, *Claydon*, 22,479-88; *Hodgson*, 25,745-7.

MACARTHUR, Miss MARY, honorary secretary of the National Federation of Women Workers, member of the executive of the General Federation of Trade Unions for Insurance and Friendly Society Purposes, and secretary of the Women's Trade Union League, 11,325-11,590, 14,091-14,667

## Malingering:

- Amount overestimated, *Claydon* - - - - 22,729
- Cases of, *Rogers*, 15,399-402; *Claydon*, 22,728-9, *Holder*, 23,368; *Rigby*, 26,714-8, *Divine*, 33,041.
- where Casual employment and wages low, *Peters* - - - - - 2133-8
- Definition, *Hodgson* - - - - - 25,946
- has Increased and is likely to increase partly owing to State interference, *Bond* - - - - - 18,445-6
- Small amount of, in comparison to total membership and claims, *Webb* - - - - - 27,058, 27,437, 28,114-5
- WOMEN:
- Explanation of apparent malingering, *M. Phillips* - - - - - 38819-22
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- Young married women, husbands earning from 30s. to 2l. a week, *Sanderson* - - - - - 44

## Malpas district:

Agricultural labourers, wages, *J. E. Phillips* 35,487-8

## CERTIFICATES:

- Ante-dating instead of giving certificate on first day, and use of special form, *J. E. Phillips* - - - - - 35,615-31, 35,794-7
- Attitude *re* granting same as before Act, *J. E. Phillips* - - - - - 35,772-5
- should be Authority to society to pay benefit, *J. E. Phillips* - - - - - 35,703-8
- Illness due to accident, facts made clear, *J. E. Phillips* - - - - - 35,710-5
- no Difficulties, *J. E. Phillips* - - - - - 35,612-4
- Refusal, *J. E. Phillips* - - - - - 35,645-8, 35,657
- Character of district, *J. E. Phillips* - - - - - 35,441-6
- Dairymaids, wages &c., and tendency to stay from work too long, *J. E. Phillips* - - - - 35,497-501
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## DOCTORS:

- Area of practice, and working of, *J. E. Phillips* - - - - - 35,447-52
- Attendance of members of Oddfellows before Act, arrangements, *J. E. Phillips* 35,462-77, 35,667-71
- Cases outside scope of, practice *re*, *J. E. Phillips* - - - - - 35,589-93
- little Change in practice since Act, *J. E. Phillips* - - - - - 35,633-7
- Control by society, no demand for, by insured persons heard of, *J. E. Phillips* - - - 35,733-6
- Difficulty in deciding condition in some cases, *J. E. Phillips* - - - - - 35,492-4
- Hours, &c., *J. E. Phillips* - - - - - 35,453
- Income, practically no change since Act, *J. E. Phillips* - - - - - 35,552, 35,643-4, 35,743
- Insured persons, treatment the same as for private persons, *J. E. Phillips* - - - - - 35,730-1
- Interests of insured person considered paramount, and satisfactory treatment received by, *J. E. Phillips* - - - - - 35,658-9



**Malpas district—continued.****DOCTORS—continued.**

Locum, increased cost of, <i>J. E. Phillips</i>	35,547-55, 35,737-42
Number of patients, and proportion of women, <i>J. E. Phillips</i>	35,438-40
One, only in village, but another doctor not on panel, but little competition, <i>J. E. Phillips</i>	35,482-4, 35,632
Patients, class, <i>J. E. Phillips</i>	35,456-8
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Relations with officials, before Act and since, <i>J. E. Phillips</i>	35,685-91, 35,783-91, 35,799
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no deliberate fraud, <i>J. E. Phillips</i>	35,750
Friendly society, pooling of subscriptions and payment of doctor in ordinary way, particulars <i>re</i> , before Act, <i>J. E. Phillips</i>	35,718-24
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Liverpool hospitals, sending of cases to, <i>J. E. Phillips</i>	35,589-611
Milking, wages earned by married women, and women not insured, <i>J. E. Phillips</i>	35,502-5
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<b>SICKNESS BENEFIT:</b>	
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Unjustifiable claims not made deliberately, <i>J. E. Phillips</i>	35,460-1
Women's diseases, facilities, <i>J. E. Phillips</i>	35,600-3
Women, no more valetudinarianism among, than among men, <i>J. E. Phillips</i>	35,508
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Beswick Branch of Amalgamated Union of Co-operative Employees, sickness rate, *Davies* 36,109

**CERTIFICATES:**

Allegations made by certain members of the insurance committee of laxity in granting, <i>Lilley</i>	34,066-76
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Declaring off, signing of, on July 29th, and dating for 5th August, case of, <i>Lilley</i>	34,030-3
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General complaint of certificates being readily furnished but no specific complaints produced, <i>Lilley</i>	34,047-55, 34,062-4
<b>Initial:</b>	
Payment of two weeks' sick pay on, and subsequent request to doctor to sign continuation certificate for date on which patient not seen, <i>Lilley</i>	34,034-8
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Refusal of doctor to furnish, in case of patient not applying till three weeks after commencement of treatment, and special certificate subsequently given, <i>Lilley</i>	34,033-4
Signing of initial and declaring-off certificates on same day, case of, <i>Lilley</i>	34,016-24
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**DOCTORS:**

Case value, <i>R. Smith</i>	12,656-9
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Distribution of patients among, <i>Sanderson</i> , 269-71; <i>Lilley</i> , 33,959-73.	
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Feeling among societies of not being able to ask for information or refusal of doctors to give, no complaints heard of, <i>Lilley</i>	34,102-4
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Undertaking, with six exceptions, not to claim more than 800 <i>l.</i> whatever the amount of work, <i>Lilley</i>	33,982-9
Meeting of, <i>Claydon</i>	22,966, 24,354-61
Meetings with society representatives, <i>Lilley</i>	34,077-88
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Number of persons allowed to make own arrangements, <i>Lilley</i>	33,990-1
<b>Payment by attendance:</b>	
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Continuance desired by doctors, <i>Lilley</i>	33,966
Increase of claims as result, <i>Davies</i>	36,034-40, 36,122-36
Objection to, and question of result, <i>Sanderson</i> , 88-95; <i>Jackson</i> , 36,734-8.	
Reasons for continuance, <i>R. Smith</i>	13,277-83
Refusal to answer questions of officials, no instruction by Insurance Committee, but suggestions by Medical Committees that matters should go through, <i>Lilley</i>	34,097-102
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Surgeries, waiting in, and outside for two hours, <i>Jones</i>	41,460-2
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Nurse to be put in, <i>Appleton</i>	11,786
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Health visitors, <i>Bondfield</i>	40,475
Hospital, refusal of medicine to patients, <i>Webb</i>	27,066, 27,984-92
Institutions, applications, but only Post Office medical system approved, <i>Lilley</i>	33,992-3
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<b>INSURANCE COMMITTEE:</b>	
Attitude <i>re</i> system of medical benefit, <i>Jones</i>	41,477-87
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**Manchester—continued.****INSURANCE COMMITTEE—continued.**

- no Representations made to societies encouraging officials to ask doctors for further information, *Lilley* - - - - - 34,093-6
- Resolution in favour of inquiry into best system of medical benefit referred to, *Lilley* - - - - - 34,154-5
- Views of members handed in, *Lilley* - - - - - 34,149-50
- Insured persons, number, *Lilley* - - - - - 33,968
- Laundresses, *see also* Co-operative Employees, Amalgamated Union of.
- Low-wage earners, comparison of wages with benefit, *Rigby* - - - - - 26,923-6

**MEDICAL REFEREE:**

- Case of doctor objecting to cases being sent to, *Rigby* - - - - - 26,918
- Case of man with cardiac disease being pronounced fit to work by, on evidence of agent without examination, and dying few days later, *Claydon* - - - - - 22,866, 24,313-25
- Case of man ordered to appear before, when in dying condition, *Claydon* - - - - - 22,862-5, 24,314
- Employment not considered by Insurance Committee, report of Committee awaited, *Lilley* - - - - - 34,089-92
- Opinion of medical committee in favour of, *Lilley* - - - - - 34,151
- Payment, &c., *Lamacraft* - - - - - 9904-12

**MEDICAL SERVICE SUB-COMMITTEE:**

- Cases awaiting, nature of, *Lilley* - - - - - 34,055-61
- Circular issued to doctors, December 1913, *Lilley* - - - - - 34,100-4
- Medical tickets, penalties for improper use of, but no complaints of, *Lilley* - - - - - 34,126-7

**MEDICAL TREATMENT:**

- Complaints of, by insured persons, but most people afraid to complain to committee, *Jones* - - - - - 41,459-74
- Dissatisfaction with, *Johnson* - - - - - 26,620-7
- National Amalgamated Approved Society, *see that title.*
- Oddfellows, National Independent Order of, *see that title.*
- Pregnancy, some difficulty *re.* and no opinion expressed by Insurance Committee, *Lilley* - - - - - 34,111-4
- Prudential Approved Societies, *see that title.*
- Royal Liver Friendly Society, *see that title.*
- Sanatorium benefit, possible effect of duration of institutional treatment granted to applicants for, on sickness claims, *Lilley* - - - - - 34,155-6
- Sick visitor, case of interference by, *Claydon* - - - - - 22,998, 24,393-453

**SICKNESS BENEFIT:**

- for "Acute abdominal trouble," refused by society at first, particulars *re* case, *Claydon* - - - - - 22,571-4
- for Nearly three months for sciatica, *Claydon* - - - - - 22,490-1
- Sickness claims, excessive, not considered due to system of paying doctors, *Lilley* - - - - - 34,105-6
- Unjustifiable:
- Details, *Claydon* - - - - - 22,491-3
- no Evidence of as result of system of medical benefit possessed by local medical committee, *Lilley* - - - - - 34,153-4
- System of medical benefit considered a cause by some members of Insurance Committee, *Lilley* - - - - - 34,153-4
- Sickness experienced in many districts of Lancashire higher than in, *Jones* - - - - - 41,314-6, 41,429
- Sons of Temperance, sickness experience, *Huntley* - - - - - 24,973-5, 24,981-2, 24,985
- Sun Mills branch of Amalgamated Union of Co-operative Employers, sickness rate, *Davies* - - - - - 36,109-11

**TRAMWAYS AND VEHICLE WORKERS:**

- Amalgamated Society of, *see that title.*
- Sickness claims, increase since Act, and increase in duration, *Jackson* - - - - - 36,692-717
- Women's diseases, hospital facilities, *Hodgson* - - - - - 26,106-8

**Manchester Unity of Oddfellows Friendly Society:****ADMISSION OF MEMBERS:**

- Acceptance of contribution often before name before lodge, *W. P. Wright* - - - - - 31,724

**Manchester Unity of Oddfellows Friendly Society—continued.****ADMISSION OF MEMBERS—continued.**

- Inquiries made *re* wages and steps taken that men should not be insured for more than certain proportion of average wages, *W. P. Wright* - - - - - 32,292-6
- Inquiries made *re* wages and other insurance in some cases, *W. P. Wright* - - - - - 32,019-21
- Method and usual safeguards suspended, *W. P. Wright* - - - - - 32,014
- by Secretaries, without medical examination since Act, *W. P. Wright* - - - - - 31,722-4
- Medical examination in some cases, *W. P. Wright* - - - - - 32,254-5
- Method under independent system formerly, *W. P. Wright* - - - - - 31,721
- ADMINISTRATION:
- by Lodge, and moral supervision by districts, *W. P. Wright* - - - - - 31,458-60, 31,636-41
- no Power to enforce uniform system except through annual moveable conference, *W. P. Wright* - - - - - 31,475-81
- Administration money, distribution and system of levies, *W. P. Wright* - - - - - 31,461-74
- Annual moveable conference and power of, *W. P. Wright* 31,439, 31,479-81; *Lingstrom*, 41,707-13.
- Appeals, system, *W. P. Wright* - - - - - 31,446
- Board of Directors, powers &c., *W. P. Wright* 31,443-7
- Branches, control over, *Jones* - - - - - 41,357-65
- CERTIFICATES:
- Acceptance without question in some lodges, *W. P. Wright* 31,657, 31,682, 31,690, 31,693, 31,695, 31,704, 31,710-6, 31,782, 31,784-6, 31,808, 31,817, 31,825, 31,827-8, 31,844, 32,127-8, 32,130-2, 32,135-6.
- always Accepted formerly, but secretaries now beginning to take more serious views, *W. P. Wright* - - - - - 31,537-40
- Accepted without question and no personal knowledge of certificates being read to lodge, *W. P. Wright* - - - - - 32,281-5
- Continuing:
- Loose system of, *W. P. Wright* - - - - - 32,121-4
- Monthly, but weekly certificates the general practice, *W. P. Wright* - - - - - 32,118-21
- Renewal every four weeks required by rule, or oftener if required under lodge rules, *W. P. Wright* - - - - - 31,519, 31,530
- for Debility for old people formerly, as old age pensions, but certificates for debility, &c., for young people only since Act, *W. P. Wright* - - - - - 31,794-801
- were Generally paid on, without further investigation, *Barber* - - - - - 28,857
- Giving of, on first day considered important, but giving of second certificate before benefit received would not be objected to, *W. P. Wright* - - - - - 31,494-512
- Scrutiny of, by officials, a new idea, *W. P. Wright* - - - - - 32,178, 32,203-4
- Standardisation impossible under present conditions, *W. P. Wright* - - - - - 32,048-9
- Stating of complaint insisted on before Act, and carried out, *W. P. Wright* - - - - - 31,795-801
- Weekly:
- Desirable and question of possibility, *W. P. Wright* - - - - - 31,520
- not Required in all lodges, *W. P. Wright* 31,518
- Committee of Management, *W. P. Wright* 31,439-42
- Constitution adapted to voluntary insurance but not to compulsory, *W. P. Wright* - - - - - 32,150-9, 32,209-10
- Disastrous effect of Act on, *W. P. Wright* 32,098-9
- DISTRICTS:
- Administration, &c., *W. P. Wright* - - - - - 31,436-9
- Amalgamation of small districts desirable but not liked by districts, *W. P. Wright* - - - - - 31,438
- Committee of management, *W. P. Wright* 31,625-8
- District expenses, levy, *W. P. Wright* 31,467-8
- Grouping for valuation purposes, *W. P. Wright* - - - - - 31,454-7, 32,199-200, 32,104-7
- Number and size, *W. P. Wright* - - - - - 31,435, 31,437
- Secretaries, whole time or part time, *W. P. Wright* - - - - - 31,468



**Manchester Unity of Oddfellows Friendly Society—***continued.***DOCTORS:**

- Attitude, question of reasons, *W. P. Wright* 32,348-56
- Changed attitude and relations with since Act, *W. P. Wright* 31,792-4, 32,055-64, 32,134-41, 32,256-61
- Funds of society safeguarded by, formerly, but not now, *W. P. Wright* - - - 32,059-60
- no Improvement in attitude with few exceptions, *W. P. Wright* - - - 32,343-7
- Information to, *re* increased temptation owing to increase of benefits, question of, *W. P. Wright* 32,299-302
- Laziness not due to inexperience, *W. P. Wright* 32,363-4
- Refusal to communicate with officials, *W. P. Wright* 32,061, 32,264
- Refusal to enter into contracts with juvenile branches, and consequent disbandment in many cases, *W. P. Wright* - - - 32,262, 32,340-2
- Satisfactory relations chiefly in cases of those who were formerly in close contact with societies, *W. P. Wright* - - - 32,347
- Society in favour of restoring old system of employment of, but not considered desirable personally, *W. P. Wright* - - - 32,402-3
- Supported by society during last 20 years with very few exceptions, *W. P. Wright* - - 32,351

**FRIENDLY SOCIETY SIDE:**

- Demoralising effect of advent of State insurance, *W. P. Wright* - - - 32,033-6
- no Interest taken by State insured persons and independent persons tired of troubling about State members and funds, *W. P. Wright* 31,931-3, 32,050-2

**FRIENDLY SOCIETY SPIRIT:**

- still Active, but number of members taking interest smaller in proportion to membership, *W. P. Wright* - - - 31,642-9
- State insured members, no interest taken in affairs of lodge, although efforts made to induce, *W. P. Wright* - - - 31,650-3

- Head office expenses for Insurance Act purposes, levy for, *W. P. Wright* - - - 31,434-5

**INCAPACITY:**

- Interpretation, *W. P. Wright* 31,580-97, 32,129-33
- Practice before Act, *W. P. Wright* - 31,567-79
- Wording before Act of "unable to follow usual occupation," *W. P. Wright* - - - 32,045

**LODGES:**

- Administration and functions, *W. P. Wright* 31,436, 31,446-7, 32,100-3
- Deficit, procedure, *W. P. Wright* 31,447, 32,186-92
- Grouping, *W. P. Wright* - - - 31,454
- no Interference with regard to members of another lodge, *W. P. Wright* - - - 32,046-7
- Male, female, and mixed, *W. P. Wright* 31,450-1
- Meetings, *W. P. Wright* - - - 32,037-8
- Number of, *W. P. Wright* - - - 31,435
- Powers of districts over, in certain cases, *W. P. Wright* - - - 32,247-50
- Refusal in some, to take State members, *W. P. Wright* - - - 32,110
- Secessions, particulars *re*, reasons, procedure, &c., *W. P. Wright* 31,756-72, 32,053-6, 32,265-70
- Secretaries, whole time and part time, and payment, *W. P. Wright* - - - 31,471-3
- no systematic Supervision of working of Act by, but question of setting up, *W. P. Wright* 32,184-202, 32,205

Malpas, doctor's evidence in, *see under* Malpas.

Manchester and Salford Districts, *see that title*

Medical arrangements before Act, *W. P. Wright* 31,567, 31,658-60, 31,678, 31,681

**MEMBERS:**

- Average age, question whether higher than in other societies, *W. P. Wright* - - - 31,601-6
- Initiation not insisted on in all cases, *W. P. Wright* 32,251-5
- Medical examination before Act, *W. P. Wright* 32,018
- Number insured, for both State and independent benefits, *W. P. Wright* - - - 32,012

**Manchester Unity of Oddfellows Friendly Society—***continued.***MEMBERS—continued.****Private side:**

- Increase in 1912 but great decrease since, and question of reasons, *W. P. Wright* 31,725-56, 32,147-9
- Total number and number in England, *W. P. Wright* - - - 31,448-9
- Lack of interest, *W. P. Wright* - 32,164-72, 32,286-8

**State side:**

- Lack of interest, *W. P. Wright* 31,650-3, 32,116-7
- Method of obtaining, *W. P. Wright* 32,014-8
- Number of men and women, *W. P. Wright* 31,452
- Proportion, *W. P. Wright* - - - 31,489-91
- Women, number before Act, and benefits, *W. P. Wright* - - - 31,551-3
- Misconduct, illnesses caused by, no cases reported, *W. P. Wright* - - - 31,905-12
- Misunderstanding of principles of insurance, *W. P. Wright* - - - 32,291
- Mixed lodges, objection to, and grouping of women members into separate lodges desirable, *W. P. Wright* - - - 31,895

North London District, *see that title.*

Notice of sickness, period for sending in, but difficulty *re*, with new members, *W. P. Wright* 31,483-4, 31,487-8, 31,492-3

Officials, many, less interested in State insurance funds, *W. P. Wright* - - - 31,564

Plymouth District, *see that title.*

**PREGNANCY:**

- Practice *re*, and variations, *W. P. Wright* 31,876-83
- Sickness benefit for, alone, majority of secretaries opposed to, *W. P. Wright* - 31,876, 31,904
- Prosperity due first to voluntary workers, secondly to doctors, and thirdly to secretaries, *W. P. Wright* 32,258
- Prosperity largely due to voluntary workers, but bad effect of Act on voluntary work, *W. P. Wright* 32,258, 32,275-7
- Reduction of contributions, small proportion, but compulsory scheme would not be accepted, *W. P. Wright* - - - 32,214-8, 32,223, 32,271-4
- Reorganisation of lodges and grouping of State-insured members, so as to pay officials adequately, Act would be worked efficiently, *W. P. Wright* 32,216

**SECRETARIES:**

- London and district, good tenure of office, *W. P. Wright* - - - 31,629
- Many competent for work on voluntary side, but not on State, but difficulty of changing, *W. P. Wright* - - - 32,209, 32,210
- Reluctance to take action against members, example, *W. P. Wright* - - - 31,808-14
- Separation of National Independent Order of Oddfellows from, *Johnson* - - - 26,213-5

**SICK VISITING:**

- Efficient formerly, but not now, but difficulty of making change, *W. P. Wright* - 32,205, 32,209
- Efforts made to get lodges to combine for whole-time visitors, but failure, *W. P. Wright* 32,089, 32,092
- Extract from manual of instructions *re*, *W. P. Wright* - - - 31,530-2
- Inefficient and ineffective, *W. P. Wright* 32,079-86
- no Report made generally, unless person found breaking rules, *W. P. Wright* 31,542-3, 31,554-60
- State members not considered as Oddfellows and not reported on, *W. P. Wright* 32,039, 32,108-10
- System formerly, *W. P. Wright* - - - 32,039
- Whole time in some parts an advantage, *W. P. Wright* - - - 31,558-60

**SICKNESS BENEFIT:**

- Administration by districts instead of lodges desirable, *W. P. Wright* 31,613-41, 31,772-7, 31,916
- no Appeals heard of, *W. P. Wright* - - 32,243
- Average amount paid per member nine month ended October 1913, in different counties, *W. P. Wright* - - - 31,598, *note*
- Declaring-off, time of, generally decided by patient, *W. P. Wright* - - - 32,123



# Manchester Unity of Oddfellows Friendly Society— continued.

## SICKNESS BENEFIT—continued.

- Declaring-on note, form of, *W. P. Wright* - 32,307  
 Declaring-on, indication *re* wages on, not advocated, *W. P. Wright* - 32,308-10  
 Drawing of, by persons not really eligible for insurance, cases of, *W. P. Wright* - 31,829-43  
 Men:  
   within Estimate, *W. P. Wright* - 31,598  
   Experience should be lower, and reasons why not, *W. P. Wright* - 31,607-12  
 Practice *re* day of paying, *W. P. Wright* 31,513-7  
 Private side, increase, *W. P. Wright* - 31,654, 32,029-32  
 Rules, breach:  
   Passing over of, by secretaries as regards State-insured persons, because of anticipated difficulty of dealing with, by fines, &c., *W. P. Wright* - 31,563-4  
   Procedure, *W. P. Wright* - 31,543-50, 31,557  
 Limitation of, where persons already insured to amount approaching total of wages, would be strongly opposed, *W. P. Wright* - 32,219-23  
 Statistics and comparison with estimate, *W. P. Wright* - 31,598 *note*  
 Women's benefit should be administered by women, *W. P. Wright* - 31,888-903  
 Women doing housework during receipt of, practice *re*, variation, and strong deterrent rule considered necessary, with power to sick visitor to give leave in special cases, *W. P. Wright* 32,224-32  
 Women, outside estimate, *W. P. Wright* - 31,599  
 SICKNESS CLAIMS:  
 Efficiency in checking, *Webb* - 28,033  
 Increase:  
   Due to members getting certificates they would not have got formerly and claiming when they would not before, *W. P. Wright* - 32,207  
   possible Factors, *W. P. Wright* - 32,303-6  
   Increase of benefits a cause, *W. P. Wright* 32,278-80, 32,297-8  
 little Interest taken by general body of members, no challenge of claims on State side heard of, *W. P. Wright* - 32,042-4  
 Procedure, *W. P. Wright* - 31,482  
 Procedure on receipt of certificate by lodge, *W. P. Wright* - 31,530-42  
 Scrutiny of, not sufficient, *W. P. Wright* 31,915, 32,081  
 Unjustifiable, many made and allowed since Act, *W. P. Wright* - 32,022-4  
 SICKNESS EXPERIENCE:  
 no Evidence of experience being heavier in districts with free choice of doctor, *W. P. Wright* 32,333-9  
 not Loaded sufficiently, *Johnson* - 26,642-8  
 Men, below estimate owing to large number of members having had friendly society training, but number diminishing, *W. P. Wright* 31,927-30  
 Standard of, incorrectness as guide to compulsory national insurance, *Webb* - 27,444-69, 27,474, 27,487  
 Women:  
   Improvement, not much hoped for, *W. P. Wright* 32,241-2  
   Question of reason for experience not being worse, *W. P. Wright* - 32,236-40  
 Social side, decrease during last 20 years, *W. P. Wright* - 32,648-9  
 State side of insurance, question as to attitude of directors, &c. *re*, *W. P. Wright* - 32,179-83  
 Surplus capital, use of, &c., *W. P. Wright* - 31,447  
 Surplus over actuarial estimate, *W. P. Wright* 32,025-8  
 Women, interviewing of, only by women, question of adoption of, *Lingstrom* - 41,697-704, 41,709-10  
 WOMEN'S LODGES:  
 Occupations, *W. P. Wright* - 31,873-6  
 Secretaries, class, &c., and male secretaries in some cases, *W. P. Wright* - 31,884-7  
 Sickness benefit:  
   Statistics, *W. P. Wright* - 31,855-61  
   Women claiming, majority domestics and charwomen, *W. P. Wright* - 31,862

# Manchester and Salford District of the Manchester Unity of Oddfellows Friendly Society:

- Administration, *Jones* - 41,093-121  
 Admission by medical certificate before Act, present system of answering questions on form unsatisfactory, *Jones* - 41,425-8  
 CERTIFICATES:  
   Ante-dating, case of, *Jones* - 41,266-72  
   "Chancre," case of, *Jones* - 41,157-9  
   Continuation, doctors willing to sign, when not willing to give new certificate, *Jones* 41,221-33, 41,447-50  
   Given too easily, and difficulty of dealing with doctors, *Jones* - 41,236-58  
   Nature of diseases on, *Jones* - 41,133-65  
   Payment on, without question for a time, but power of society to decide now realised, and all secretaries are believed to be scrutinising certificates now, *Jones* - 41,155-6, 41,379-88  
   Post-dating, practice of, and particulars of case, *Jones* - 41,260-4, 41,453  
   Refusal by secretary, *Jones* - 41,235-41  
   Scrutiny of, by lodge, question of power *re* ensuring, *Jones* - 41,400-15  
   System before and after Act, *Jones* - 41,284-6, 41,297-9  
   Women, nature of diseases, *Jones* - 41,174-98  
 Differentiation as regards influence of members on State and voluntary sides discouraged, *Jones* 41,521-3  
 DOCTORS:  
   Difficulty of proving carelessness, &c. by, *Jones* 41,280-3  
   People kept longer on funds owing to method of payment, *Jones* - 41,273-83, 41,346-52  
 Fraud, case of, *Jones* - 41,213-7  
 GROSVENOR LODGE (WOMEN):  
   Committee of management, all women with exception of secretary, *Jones* - 41,199, 41,366-8  
   Members, source of, *Jones* - 41,528  
 Pregnancy:  
   Benefit paid in some cases in ignorance, *Jones* 41,534-5, 41,543  
   Non-payment of benefit, *Jones* - 41,534-46  
 Sickness experience, and difference between that of single and married women, *Jones* 41,531-3  
 Sick-visiting, *Jones* - 41,200-7, 41,369-76, 41,513  
 LODGES:  
   Control over, *Jones* - 41,098-111, 41,396-415  
   Monthly returns from, of benefit paid, *Jones* 41,390-5  
   Number and membership, *Jones* - 41,088-92  
 MEDICAL BENEFIT:  
   Continuance after being declared off sickness benefit, *Jones* - 41,331-6  
   Proportion of members receiving, and comparison with proportion receiving sickness benefit, *Jones* 41,337-52  
 MEDICAL REFEREE:  
   no Knowledge that payment could be made out of benefit funds or more cases would have been sent to, *Jones* - 41,558-62  
   System, *Jones* - 41,755-84  
 Members, women, average age, occupations, &c., *Jones* - 41,169-73  
 Secretary, payment, *Jones* - 41,095-7  
 Sick-visiting, increase needed, *Jones* - 41,219  
 SICKNESS BENEFIT:  
   Cost lower than actuarial estimate but higher than anticipated, *Jones* - 41,416-24, 41,441-3  
   Drawing of, for 26 weeks:  
   Cases, *Jones* - 41,318-30, 41,435-7, 41,454-5, 41,547-74  
   no Steps taken to ascertain if patients recovered on declaring off, returning to work considered sufficient, *Jones* - 41,564-74  
   Estimate, *Jones* - 41,308-13  
   Payment from date of certificate, if no work done on that day, *Jones* - 41,293-5  
 Women:  
   Longer on funds than men, *Jones* - 41,307  
   Statistics, *Jones* - 41,166-8, 41,177  
   Young women of anæmic nature, &c. receiving, who previously remained at work, *Jones* 41,353-6



**Manchester and Salford District of the Manchester Unity of Oddfellows Friendly Society—*continued.***

**SICKNESS CLAIMS:**

Excessive, partly caused by bad lives but mainly to ease of obtaining certificates, *Jones* - 41,317  
 Married women, heavy, *Jones* - - - 41,177  
 Procedure, and procedure in case of excessive claims, *Jones* - - - - 41,113-21  
 Unjustifiable, and chiefly among women, and particulars, *Jones* - - - - 41,210-35  
 Women, anæmia, &c., *Jones* - - - 41,174-6  
 by Women, when out of work, *Jones* 41,218, 41,550  
 Sickness experience, statistics of, before Act, for men and women, *Jones* - - - 41,301-7

**THOMAS COLLINS LODGE:**

Initiation, *Jones* - - - - 41,500-9  
 Members:  
 Age, *Jones* - - - - 41,526-30  
 Class, *Jones* - - - - 41,131-2  
 Extent of interest taken by, in business of lodge and attendance at meetings, *Jones* 41,497-510, 41,515  
 Source of, *Jones* - - - - 41,528  
 Over-insurance, no evidence of, *Jones* 41,377-8  
 Representation at district meeting, *Jones* 41,515-23  
 Sickness claims, unemployment as cause, *Jones* 41,430-43  
 Sickness and maternity experience, *Jones* 41,122-30, 41,524-7  
 Sick-visiting, *Jones* - - 41,456-8, 41,510-4  
 Women's diseases, women to discuss question with members desirable, *Jones* - - 41,208-9  
 Working of Act, no difficulty experienced, and Order considered to have benefited, *Jones* - 41,488-92

MANDER, F. A., Accountant and Organiser of the State Insurance Section of the Sheffield Equalised Independent Druids (joint evidence) 21,555-22,232  
 Mansfield, Sheffield Independent Order of Druids, see *that title.*

**Market Overton District, Rutland:**

Agricultural labourers, wages and rent, *Parsons* 31,359 31,365-8

**CERTIFICATES:**

Acceptance by societies without question, *Parsons* 31,297-302  
 always Asked for, but not always given, *Parsons* 31,235-8  
 Demanded for trifling ailments, *Parsons* 31,277-8  
 Demand for, as return for contributions, *Parsons* 31,239-42  
 Refusal, *Parsons* - - - - 31,353  
 Stating of disease, and no difficulty experienced, *Parsons* - - - - 31,392-5  
 System before and since Act, *Parsons* 31,319-26  
 some Unnecessarily involved, *Parsons* - 31,319  
 Club practice, no friction with society as result of sending member off funds, *Parsons* - 31,327-30  
 Compensation cases, *Parsons* - - 31,389-91  
 Diseases, nature of, *Parsons* - - - 31,233

**DOCTOR:**

Area of practice, *Parsons* - - - - 31,209  
 Arrangement between doctors not to take patients from each other, not advocated, *Parsons* 31,286  
 Club practice before Act, and relations with societies, *Parsons* - - - - 31,287-300  
 Domestic servants, patients, *Parsons* - 31,225-7  
 Friendly society experience before Act, and bulk of patients now on panel list, *Parsons* 31,220-3  
 Hours, &c., *Parsons* - - - - 31,211-8  
 Number of patients, proportion of women and occupations, *Parsons* - - - 31,203-6  
 Number of patients seen in one month, and number receiving benefit in 1913, *Parsons* 31,362-4  
 Relations with societies, *Parsons* - 31,260-9  
 Surgery work not increased by Act, but more visiting, *Parsons* - - - - 31,215-6  
 few Transfers, *Parsons* - - - - 31,371  
 more Work since Act, *Parsons* - - 31,228-32

**Market Overton District, Rutland—*continued.***

**DOMESTIC SERVANTS:**

Demands for certificates and difficulty with, *Parsons* - - - - 31,241-7, 31,334-8  
 Tendency to go on funds when going from situation to situation not noticed, *Parsons* 31,373-4  
 Incapacity, no difficulty experienced, *Parsons* 31,398-402  
 Institutional treatment, facilities, *Parsons* - 31,384  
 Local nursing association, *Parsons* - - 31,385  
 Midwifery by doctors almost entirely, *Parsons* 31,382-3  
 Misunderstanding of principles of insurance, *Parsons* 31,331-3  
 New members require more attendance than old friendly society people, *Parsons* - - 31,355-8

**SICKNESS BENEFIT:**

Declaring off, no definite day known of, *Parsons* 31,351-2  
 Three waiting days, system, *Parsons* 31,324-6  
 Sickness less prevalent in summer, *Parsons* 31,368-70  
 some Suspicious cases and referee would be welcomed for, *Parsons* - - - - 31,377-9  
 Unwillingness to return to work, and steps taken, *Parsons* - - - - 31,279-85  
 Marriage, suspension of women for certain period on, suggested, *Wigglesworth* - - - 18,017-9  
 Married women, as members, one of weaknesses of societies, *Clayton* - - - - 3110  
 MARSH, DR. C. A., nominated by the British Medical Association (Bath) - - - 32,404-32,982

**Maternity benefit:**

**ADMINISTRATION:**

by Insurance committees not advocated, *Bondfield* 40,633-5  
 by Local Health Authorities advocated, *Routh* 35,856  
 Partly in kind, question of, *Webb* - - 27,946  
 compulsory Attendance of doctor and midwife suggested, *Oldham* - - - - 37,614-5  
 Benefit to mother, question of extent, *Webb* 27,941  
 Better nursing and attendance as result of, heard of, *Cox* - - - - 30,830  
 Condition of; abstaining from remunerative work instead of incapacity, *Webb* - 27,129, 27,335, 27,407-17  
 Difficulty of getting expert medical treatment, *Webb* 27,942  
 Fixed amount, certain proportion to be drawn before pregnancy, suggestion, *Webb* - - 27,947-52  
**PROPOSAL:**  
 Grant-in-aid from Treasury necessary, *Webb* 27,962  
 Single women, no distinction should be made, *Webb* 27,958-61  
 Woman should abstain from remunerative work, *Webb* - - - - 27,949  
 should be Taken out of Insurance Act and local health authority be made responsible for treatment, and scheme *re* suspension during pregnancy, *Webb* - 27,159, 27,943-5, 27,953-4, 28,178-83  
 should be Taken out of ordinary insurance and administered separately, *Roberts*, 29,930; *Oldham*, 37,622.  
 Value of, *Routh* - - - - 35,923-4

**Maternity cases:**

Doctor more frequently sent for, by more highly efficient midwives, *Cox* - - - 30,831-5  
 Inadequate training of medical students, but improvement anticipated, *Bondfield* - - 40,615  
 Maternity claims, excess, in men's societies having excessive sickness claims, *Webb* - - - 27,058

**Medical Benefit:**

*see also* Doctors.

Ambulatory cases, large proportion of, and extension of visiting by doctors would be useful, *Bond* 18,758-66

**ADMINISTRATION:**

Closer contact between those administering sickness benefit and, desirable, *W. P. Wright* - 31,917



**Medical Benefit—continued.****ADMINISTRATION—continued.**

by Different authority to that administering sickness benefit:

Approved, and one authority not desired, *Duncan* - - - - 17,577-8

no Inconvenience heard of, *Morland* 34,925-30

Present system not entirely satisfactory, *Jefferson* 7935

by Same authority as sickness benefit:

Commissioners advocated as authority, *W. P. Wright* - - - 32,000-1, 32,065-9

Desirable, and local insurance committee would be preferred, *Bennett* - - - 16,641-7

Difficulties, *Scarlett* - - - 23,249-52

Doctor's opinion as regards patient would remain the same, *Divine* - - - 33,181-2

Essential, *W. P. Wright* 31,998, 32,396-401

might be Helpful, but approved society as authority would be objected to, *Bond* 18,822-8

would be Improvement, *Dawes* 33,852-4, 33,876

Local centralised administration for time being under control of Commissioners, suggestion, *W. P. Wright* - - 32,005-7, 32,415-6

by Local insurance committees, question of, *Barber* - - - - 28,918-9

by Societies, practically impossible, *Webb* 28,042

by Societies:

Benefit as regards deposit contributors could be administered by body administering sickness benefit, *Hyner* - - - 19,187-91

Desirable, *Barber* - - - - 28,915-6

Desired, would lead to better relations with doctors and be cheaper, *Hyner* 19,179-202, 19,308, 19,837-45

Objection to, *Burgess* - - - 21,166-74

not considered Possible by Norfolk Insurance Committee, *Scarlett* - 23,111-5, 23,121-3

Preferred, *Appleton* - - - 11,898-9

Suspensions among doctors of desire for, by societies and unanimous objection to, *Cox* 30,109-12, 30,469, 30,881

would be Unacceptable to profession, *Bennett* 16,885

Arrangement with unqualified persons, cases of, and objection to, *Cox* - - - 30,497-500

Belief of not being entitled to, without going on fund, *Davies* - - - - 36,147-613

Clearing-house system, suggestion, *Hyner* 19,417-9

Chancellor of the Exchequer, speech, October 1912, *Webb* - - - - 27,695-732

Comparison of time on, with time on sickness benefit, *Claydon* - - - - 23,013

**CONSULTATIONS:**

Failure to provide for, and a cause of excessive sickness, *Webb* - - - - 27,101

Lack of provision for, and need for, *Macarthur*, 11,503, 14,218-29; *Webb*, 27,101, 28,210-23.

Provided for by Commissioners in provisional regulations, *Webb* - - - - 27,101

Provision should be made for, *Webb* - 27,159, 27,583-8, 27,609-10, 27,665-6

Contract practice (old), objection to, *J. F. Smith* 34,617-9

Control of, should be more closely related to payment of sickness benefit, *Pearce* - - - 6212

**DIAGNOSIS:**

Absence of provision for bacteriological, &c., aids, and inquiry into question suggested, *Macarthur* 11,497, 14,332-5

Bacteriological laboratories, &c., local health authorities should provide, *Webb* - - 27,159

Case of wrong, or insufficient, *Macarthur* - 11,537

Difficulty of, even in hospital practice, *Rogers* 15,816-24

Difficulty *re* giving, *Macarthur* - 11,466, 14,215

Difficulties in working in past, but improvement anticipated, *Bennett* - - - 16,873-4

Expert, insufficiency of means of, and provision necessary, *Webb* 27,070-101, 27,159, 27,589-601, 27,609-10, 27,736-41, 27,751-3, 27,763-77, 27,859-63

Second opinion must be provided for, *Webb* 27,159, 27,997

**Medical Benefit—continued.****DIAGNOSIS—continued.**

increase of Sickness claims possible in certain places owing to lack of facilities, *Hogarth* 28,503-5

Stipulation of Chancellor of the Exchequer that doctors should carry out modern methods, no signs of being adhered to, *Webb* - - 27,070-101

X-rays or pathological or bacteriological examinations excluded from benefit by Commissioners, *Webb* - - - - 27,098-101, 27,738

Exclusion of certain ailments, &c. from treatment by Commissioners in spite of Act, *Webb* 27,058-9, 27,101, 27,612, 27,778- , 27,921-6, 28,198-9

Extension of present system desirable instead of waiting for State medical service, *Scarlett* 23,308-9

Free choice of doctors, *see under* Doctors.

under Friendly Societies formerly, transfer from institute doctor to private doctor rare, *Poulton* 10,771-5

Impression among insured and some doctors that medical benefit could not be obtained independent of sickness benefit, *Barber* - - - 28,763-4

Inadequacy of service, and Act made it obligatory that adequate service should be provided, *Webb* 27,058-714, 27,525-791

Increased amount since Act, *Claydon* - - 22,732

Insufficient means of diagnosis, and specialists' services excluded by regulations from scope of medical attendance, and examples, *Gordon* 2460-501a, 2520-7, 2536-49, 2562-88, 2600-89, 2733-5, 2762-76, 3019-31

Membership surgeries or conjoint dispensaries, with nurse in attendance, suggestion, *Bond* 18,767-80, 18,721-2, 18,795

Merging of, in State medical service, or supplementing by additional services and medical consultations, suggestion, *Gordon* - 2727-35, 2878-80

Operations, practice *re*, in town and country, *Farman* 33,731-7

Panel system, *see under* Doctors.

if Panel system retained, circulation of list to societies, giving usual duration of various diseases, further certificates from medical referee to be obtained when period exceeded, suggestion, *Lamacraft* - - - 10,146-8, 10,362-3

Proportions of persons going for, receiving sickness benefit, *Claydon* - - - 23,013-25, 24,697

Provision of medical attendance and treatment without any qualifications or restrictions required by Act, but not carried out, *Webb* - - 27,058

Return to old system, *see under* Doctors.

**SECOND OPINION:**

Payment for, out of medical benefit would be approved, *J. Duncan* - - - 4048-9

Suggestion *re*, *Gordon* - - - 2883-9

Societies might be given certain powers in dealing with under certain restrictions, *F. J. Smith* 34,637-48, 34,742

**SPECIALIST OPINIONS:**

probably Difficult to obtain in some places, *Layton* 29,735

Payment from same source as medical benefit suggested, *Gordon* - - - - 2873

Specialist treatment, consultations, &c., inadequacy of provision, *Webb* - - - - 27,058-63

State Medical Service, *see that title*.

Time required for examination in different cases, *Bennett* - - - - 16,532-46, 16,737-41

**TREATMENT:**

Believed to be inadequate and matter should be inquired into, *Macarthur* - - - 11,497

Complaints, cases before Bristol Medical Insurance Sub-Committee, *Paget* - - - 24,043-50

Doctors in better position to give adequate attention to patients than to private patients and before Act, *Divine* - - - 33,149-70

Dissatisfaction with, *Johnson* - - - 26,620-7

Earlier, of, fewer cases of severe illness as result, *Harrison* - - - 38,274-9, 28,283-6

no Improvement in, over old contract practice, *F. J. Smith* 34,654-7, 34,667-8, 34,677-95, 34,712-5



**Medical Benefit—continued.****TREATMENT—continued.**

- Inadequate examination and treatment, *Gordon*, 2947-59, 2990-3002; *Clayton*, 3071, 3535-6; *Willson*, 5750-5, 5766-80, 5832-8, 5891-5, 5901-8, 6075-84; *Shaw*, 6797-9, 6932-5, 6970-3, 7138-41; *Hollins*, 9141-3; *Lamacraft*, 10,360, *Macarthur*, 14,556-61, 14,571-5; *Rogers*, 15,419-27, 15,548, 15,689-90, 15,979-84; *Wigglesworth*, 17,873-89, 18,312-8; *Parrott*, 20,844-6; *Johnson*, 26,441-6; *Webb*, 27,058; *Barber*, 28,725-6, 28,806-11; *Pimble*, 37,265.
- Institutional, insufficiency of means for, *Macarthur* 11,497-502, 14,275-81
- Less good than before Act, *Wigglesworth* 17,880-2
- Provision for special services important, *Bond* 18,902-6
- Refusal of, particulars of cases, *Parrott* 20,838-43, 24,057-9
- Special, cases of failure to obtain, *Webb* - 27,066
- Superior under panel system to that under old club practice system, *Hogarth*, 28,414-5; *Layton*, 29,507-8, 29,577; *Marsh*, 32,731; *Belding*, 34,278-9; *Flather*, 36,983-6.
- Treatment of insured persons like paupers, *Paget* 24,066
- Want of accommodation and facilities in surgeries, and consequent inadequate examination, *Bond* 18,571
- Wives and children less well treated than insured man, *Layton* - - - - - 29,163
- Work done better than formerly, *W. Duncan* 17,144-5
- Medical Benefit Sub-Committees, good results anticipated, *Hogarth* - - - - - 28,437, 28,439-90
- Medical fund, wiser redistribution would be beneficial, *Webb* - - - - - 28,035

**Medical inspection :**

- Inspection by Commissioners, suggestion, *W. Duncan* 17,739-45
- Suggestion, *W. Duncan* - - - - - 17,258-61

**Medical referees :**

- should be Acceptable to profession, and consultation would be advisable, *Bennett* - - - 16,849-51

**ACCESS TO :**

- Employers should have power to refer cases to *Harrison* - - - - - 38,047
- by Insured person :
- Advocated, through Insurance Committee, *Devis* 40,165-9
- would be Approved if doctors notified, *Burgess* 21,127-9
- Independent access, not advocated, *Paget* 24,194-7
- no Objection to, except expense, *Hyner* 19,274-5
- all three Parties should have, *W. Duncan*, 17,423-4; *Richmond*, 38,479, 38,579-83; *Clarke*, 39,285-7.
- would be Advantageous in establishing standard of incapacity in area, *Bond* - - - - - 18,652-3
- Advantages, *Bunch*, 11,268-70; *Rogers*, 15,597; *Bennett*, 16,560-3, 16,664; *W. Duncan*, 17,587, 17,592, 17,716-20; *Hyner*, 19,261-71, 19,429-31, 19,872-9; *Scarlett*, 23,092-3, 23,237-9; *Belding*, 24,219, 24,269-73, 34,433; *Claydon*, 24,294-9, 24,613-8, 24,656-62; *Hodgson*, 26,036, 26,055-7, 26,110-2, 26,152-5; *Hogarth*, 28,433-7; *Barber*, 28,871-1a, 28,885, 29,059-68; *Roberts*, 29,835-9, 29,924; *Cox*, 30,847-50, 30,514; *Farman*, 33,538-43; *Dawes*, 33,807; *Belding*, 34,433, 34,392-6; *Morland*, 34,818-22, 34,994-5; *Richmond*, 38,594-8; *Clarke*, 39,391-405; *Devis*, 40,040-3, 40,068-70, 40,076, 40,155-9.
- Advantages and disadvantages, *Barker* - - - 8459

**AGE :**

- about 40, advocated, *Cox*, 30,324; *J. E. Phillips*, 35,563-4.
- should be over 40 and have not less than 10 years' experience of hospital out-patient work, *F. J. Smith* - - - - - 34,635

**APPOINTMENT :**

- by Central authority, not Insurance Committees, advocated, *Clare* 36,377-9, 36,435, 36,445, 36,453-7

**Medical referees—continued.****APPOINTMENT—continued.**

- Approved society and doctors would apply to Committee for service and Committee would decide on merits of case, *Scarlett* - 23,323-7
- by Approved societies, Commission authorising carrying of additional sum to administration account, as temporary measure, worth consideration, *J. Duncan* - - - - - 3727-8
- Attitude of doctors, *Claydon* - - - 22,833-5
- by Body outside society desired and man with private practice not objected to, if practice not too large, *Bunch* - - - - - 11,015-6, 11,205
- by Commissioners :
- Advocated, *Peters*, 2034, 2101-6; *Thomas*, 4517; *Barrand*, 4889-98, 5138; *J. P. Pearce*, 6187-92; *Jefferson*, 7925; *Lamacraft*, 10,075-8; *R. Smith*, 12,870-6, 12,887, 13,284; *Daniels*, 13,942-52, 13,954-9, 15,022; *Bennett*, 16,263-70; *W. Duncan*, 17,431-6, 17,527-30; *Wigglesworth*, 18,006-12; *I. Wright*, 21,987-90; *Claydon*, 22,835-7, 22,874; *Scarlett*, 23,099-101; *Johnson*, 26,427-9; *Marsh*, 32,550-9; *Dawes*, 33,804-6; *Morland*, 34,882-3, 34,985-93; *J. E. Phillips*, 35,556; *Pimble*, 37,142-3; *Buckle*, 39,633-4, 39,661, 39,724, 39,749-50.
- in Experimental area for experimental period suggested, *Bond* - - - - - 18,726
- Objection to, *Hodgson* - - - - - 25,797-8
- would be Preferable, but local opinion should be considered, *Rogers* - - - - - 15,660-4, 16,038
- Question of, *W. Duncan* - - - - - 17,730-4
- Question of attitude of societies, *Scarlett* 23,108-10
- by Commissioners or Committee :
- Advocated, *Divine* - - - - - 33,086
- Question of, *Hyner* 19,278-81, 19,286-8, 19,442
- by Committee with equal numbers of medical men and laymen, or preponderance of medical men advocated, *Hogarth* - - - - - 28,463-8
- Desirable, *Oldham*, 3720; *Willson*, 5959; *Pearce*, 6186; *Shaw*, 7042-3; *Barber*, 28,735.
- by Government advocated, *Barber* - - - 28,735-7
- by Group of societies, suggestion, *W. Duncan* 17,414-22
- Independently of societies, preferable, *Gordon*, 2453; *Hyner*, 19,272-3, 19,276-7.
- of Inexperienced men and objection to, *Claydon* 22,871-5
- by Insurance Committees :
- Advocated, *J. Duncan*, 3718-26, 3906-9; *Willson*, 5798-802, 5960-1, 6,049-50; *Shaw*, 7030-3, 7114-9; *Farman*, 33,544-9.
- Objection to, *R. Smith*, 12,874-6, 13,284; *Daniels*, 13,942-52; *Wigglesworth*, 18,007.
- Question of, *Sanderson* - - - - - 470-4
- should be Sent up locally and confirmed from headquarters, *Hodgson* - - - - - 25,795-802
- by Societies :
- would be Approved, *Harrison* - - - 38,048-55
- not Desirable, *Bennett* - 16,263, 16,269, 16,443-7
- Objection to, *Marsh*, 32,558, 32,824-6; *Divine*, 33,086.
- Suggestion re, *W. Duncan* - - - 17,252-3
- by Societies alone, not approved, and medical men should have voice in, *Rogers* 15,554-6, 15,574-82
- by State, and independence of private practice advocated, *Hollins* - 9228-36, 9321-3, 9406-7
- would be regarded as Temporary to get over temporary difficulty, *Bond* - 18,616-8, 18,701-2
- Appointment and payment by State necessary, *Webb* 27,159
- Attitude of doctors, *Cox* - - - 14,677, 30,814-5
- Board of all men in area, suggestion, *Harrison* 38,118-9, 38,172
- should be Called in automatically when insured person changes doctor, *Hodgson* - - - 26,036
- should be Capable of being called in by doctor, society, or insurance committee, without insured person knowing which, *Cox* - - - - - 30,515
- Case of man with cardiac disease being pronounced fit to work by, on evidence of agent, without examination, and dying a few days later, *Claydon* 42,866, 24,313-25



## Medical referees—continued.

- Check not efficient, *Wright* - - - 32,385-94
- CONSULTANTS AS:
- Advantages, *Bond* 18,559-63, 18,659-64, 18,869-73
- Advocated, *F. J. Smith* - - - 34,707-8
- not Desired, *Layton* - - - 29,444-7
- Employment of consultant for part-time in populous centres would not be objected to, *W. Duncan* 17,722-3
- AS CONSULTANTS:
- would be Advantageous, *Rogers* - - - 15,790-800, 15,808-9, 15,835-4
- Advocated, but must be men of high standing and qualifications, *Richmond* - 38,474-8, 38,507-18, 38,566-73, 38,585-9, 38,591, 38,738-45
- Advocated, not detectives, *Webb* - - - 27,159, 27,895-900
- Cases would be sent to, according to nature, *Richmond* - - - 38,751-7
- Desirable, *M. Phillips* - 38,831-2, 38,838-42
- Question of, *Marsh*, 32,602-10, 32,645-6, 32,829-31; *Clarke*, 39,411-22.
- Suggestion, *Clare* - 36,379-83, 36,418-23, 36,436, 36,446-7, 36,453-7
- Consultants or men connected with general hospital preferred, and question of well-qualified younger men, *Hogarth* - 28,458-62, 28,472-82, 28,521-3
- Consulting physicians at one guinea per case suggested, *Clarke* - - - 39,307-10
- CONSULTATION WITH DOCTORS:
- Advocated, and advantages, *Belding* - 34,214-8, 34,312, 34,438-46, 34,525a-7
- Communication with doctor essential, *Richmond*, 38,587-8; *Clarke*, 39,311-2.
- Confidential communication with doctors, suggestion, *Hogarth* - 28,392, 28,518-9, 28,567
- Important, *Cox* - - - 30,849
- Question of practicability, *F. J. Smith* 34,724-5
- would be Useful, *Bond* - 18,782-8, 18,869-73
- Consultation of, as general practice would tend to undermine personal responsibility of doctors, *Johnson* - - - 26,428
- CONTROL:
- by Insurance Commission, advocated, *Gordon* 2874-7
- by Societies, objection to, *Buckle* - 39,759-60
- Societies should have some control over, *Bell* 40,781-3, 40,788-93
- by State would be approved, *Appleton* - 12,152
- Court of Appeal, on lines of unemployment part of Act proposed, *Holder* - - - 23,465
- to Cover two or three towns might be possible, *Bond* 18,570
- might Decide which cases suitable for institutional and specialist treatment, *Webb* - - 27,901-2
- Different system might be necessary in country and towns, *Bond* - - - 18,713
- no Difficulty will be experienced in obtaining, with proper salary and pension, 750*l.*-1,000*l.*, *Divine* 33,095-100
- Disablement benefit will eventually increase work of, and should be considered in fixing salaries, &c., *Rogers* - - - 15,588
- Doctors should have option of attending, *Cox*, 31,188-90; *Marsh*, 32,608-11, 32,966-79; *F. J. Smith*, 34,726-35.
- Doctors should be asked for further information, before cases sent to, *Richmond* - - 38,480-2
- Effect on doctors, question of, *Shaw* 7106, 7109-13
- Effect on sickness claims, question of, and societies will probably be disappointed, *Marsh* 32,857-65
- Essential, *F. J. Smith* - - - 34,628
- Fixity of tenure with liability to dismissal for misconduct, gross neglect, &c., advocated, *Rogers* 15,583-7, 15,876-7, 16,066-77
- FUNCTIONS:
- should Deal with question of incapacity only, *Bond*, 18,703-7; *Clarke*, 39,289-90, 39,345-65, 39,369-76.
- Error in diagnosis if discovered should be reported to doctor, *Clarke* - - 39,334-43, 39,349-52
- and should be Final arbiter subject to certain appeals, *Bond* - - - 18,829-30
- would be Partly to take responsibility off doctors, *Bennett* - - - 16,284-9, 16,429-36

## Medical referees—continued.

## FUNCTIONS—continued.

- Primary duty should be to decide whether person incapable or not, but could give medical advice to doctors at same time, *Oldham* - 37,721-5
- Second opinions should be given, *Cox* - 30,328, 30,516, 30,923
- would be Useful in standardising interpretation of "incapacity," *Bond*, 18,789, 18,952-6; *Paget*, 24,141, 24,171, 24,202-3; *Daves*, 33,944-5.
- General system desirable if paid for by Commission, *R. Smith* - - - 12,864-93, 13,284
- GRADED SERVICE:
- Advocated, *J. E. Phillips* - - - 35,570-3
- Question of, *Cox* - - - 30,334-6
- must be in Impartial position, *Hyner* - 19,859-60
- must be Independent, and appointment by Commissioners after consultation with local committees, *Poulton* - - - 10,619-26
- should be Independent both of societies and doctors, *Clarke* - - - 39,279-84
- INDEPENDENT:
- Employment would be welcomed by profession, *Cox* - - - 30,309-10
- Important, *W. Duncan*, 17,414-7; *Wigglesworth*, 18,002; *Paget*, 24,178.
- Objection to, *Layton* - - - 29,545
- Inevitableness of, question of, *Marsh* - 32,818-23
- some Inferior men as, at present, *Richmond* 38,517-8
- Insured person should have right of appeal from, *Buckle* - - - 39,781-2
- LOCAL MAN:
- Consultant, possible objections to, *Divine* 33,265-84
- if of Consultant standing would be approved, *Claydon* - - - 24,602-5
- Might be appointed in some areas, *Clare* 36,385
- would not be Objected to, *Hyner* - 19,278-82
- not Local men, objection to, *Layton* - 29,309-12
- should be Maintained by State, not societies, *Appleton* - - - 11,982-3
- Man from a distance preferable, not necessarily whole-time men, *Harrison* - 38,113, 38,118
- must be Men outside district, *Hogarth* 28,392-400
- Moral effect of system of, valuable, *Jefferson* - 7451
- Name objected to, *Belding* - - - 34,199
- should not be Necessary if doctors efficient, *W. P. Wright* - - - 32,095, 32,316
- Necessary in interests of societies, to prevent excessive and improper claims, *Hogarth* - 28,429-32
- Need for in future, after standard of incapacity fixed, question of, *Bond* - 18,790-4, 18,938-9
- Non-appearance of patients before, malingering not necessarily the cause, possibly severity of illness or dislike of strange doctor, and examples, *Claydon* 22,862-70
- should be Non-panel and should be whole-time, *Shaw* 7120-4
- Notice to doctor when cases referred to, desirable, *Hogarth*, 28,524-9; *Daves*, 33,943.
- Number necessary, question of, *Bennett*, 16,856-8; *Cox*, 30,816.
- Number of patients that could be seen per week, *W. Duncan* - - - 17,459-69
- Objections, *Blundell* - - - 1481-7a
- Objections to act as, in some parts, *Barrand* 4858-68
- would not be Objected to, if doctor had chance of attending, *Burgess* - - 20,197-208, 20,261
- should be Official of Commissioners and have power to go through doctors' books and select cases, *Belding* - - - 34,313-9
- One only in various towns advocated, except in places like London, *Rogers* - 15,570-2, 16,037-41
- One, or more, if necessary should be appointed for certain area, and societies should not employ their own, *Paget* - - - 24,231-3
- Panel doctors and first referee with general system of umpires, would be approved, *Daniels* 13,932-41, 15,014-5
- PANEL DOCTOR AS:
- Advantages and disadvantages, *Barrand* 4869-73
- not Advocated, *Bond*, 18,710-2; *Divine*, 33,087.
- not Likely to take it ill if referee sent cases back to work, *F. J. Smith* - - - 34,700-6



## Medical referees—continued.

not on Panel, preferred, and question of competition in private practice would not affect independence.  
*Jefferson* - - - - - 8187-98  
 Practising doctors would be approved only as temporary expedient, *Cox* - - - 30,319-21

## PART-TIME:

Best on the whole, *Clarke* - - - 39,337  
 as Consultants, possibility of fitting men to take work, *Richmond* - - - - - 38,590  
 would be Necessary in scattered districts, *Hyner* 19,284-5  
 Objections to, *Cox*, 30,812; *Belding*, 34,209-11; *Buckle*, 39,778-81.  
 Services could be dispensed with when no longer required, *Divine* - - - - - 33,287  
 Patients should not be able to appeal to, *re* treatment, as referee but as consultant, *W. Duncan* 17,426-30  
 Patients would benefit, *Barber* - - - 28,872-84

## PAYMENT:

from Administration money suggested, *Marsh* 32,570-5  
 Amount of salary, opinion *re*, *Marsh* - 32,851  
 from Central fund advocated by friendly societies, *Daniels* - - - - - 13,953  
 by Commissioners (public funds), advocated, *Mander* and *I. Wright* - - - 22,205-32  
 Definite salary, from administrative fund would be preferred, *Hodgson* - - - - - 26,072  
 5s. fee inadequate, 10s. 6d. considered the lowest possible, *W. Duncan* 17,237-8, 17,250, 17,470-4, 17,478-89  
 would have to be Good in order to get good man, *J. E. Phillips* - - - - - 35,560  
 Levy on societies out of sickness benefit fund, would be approved, *J. Duncan* - 3909, 4040-7  
 from Management funds, not advocated, *Hyner* 19,431-6

## from Medical fund:

not Advocated, *Hyner*, 19,305-7; *Scarlett*, 23,097; *Hodgson*, 25,764-78.  
 Objection to, *Claydon*, 22,849-60, 24,656-63; *Hodgson*, 26,058-68; *Marsh*, 32,573-80.  
 Partly, approved, *Paget* - 24,110-23, 24,223  
 Question of, *Rogers*, 16,011-8; *Bennett*, 16,289-92; *Cox*, 30,517-20.  
 1,000l. a year advocated, *Richmond* - 38,516  
 about 1,000l. a year suggested, *Clarke* 39,301-7  
 Partly by societies and partly by Commissioners suggested, *Morland* - - - - 34,884-5  
 Question of, *Barrand*, 3317-21; *Cox*, 30,329-33.  
 by Recoverable amount per case from doctors or society, would not work, *Hodgson* - 26,069-71  
 by Salary, advocated, *Rogers* - 15,572-3  
 about 700l. suggested, *W. Duncan*, 17,256-7, 17,471-4, 17,735-8; *Bond*, 18,945-8.  
 from Sickness benefit fund suggested, *Hodgson* 25,765

## by Societies:

Approved if chargeable to sick account, *Daniels* 13,953, 14,851-8  
 Charge *pro rata* according to membership of societies, would be unfair in some cases, *Scarlett* - - - - - 23,206  
 Objection to, *Appleton* - - - - 12,152  
 Partly, advantages, and suggestion *re*, *Paget* 24,186-90, 24,221-3  
 Reasons for advocating, *W. Duncan* 17,579-89  
 700l. advocated, *Devis* - - - - 40,028-30  
 Societies should then have right to appoint, *Hyner* - - - - - 19,438-40  
 by pool of Societies would be preferred, *Huntley* 25,461-2  
 would be Willing to pay some fee, *Pimble* 37,145-7  
 by Societies or Commissioners advocated, not by doctors, *Devis* - - - - - 40,198-237  
 by State advocated, *Hyner* - 19,289-307, 19,436, 19,861-79  
 State should be responsible for cost, *Barrand* 4394  
 should be Sufficient to render men more or less independent of private practice, *F. J. Smith* 34,632

## Medical referees—continued.

## PAYMENT—continued.

by Whole-time salary and small fee from societies, advocated, *Paget* - - - - - 24,190  
 Permanent appointment would be approved, *Daniels* 13,941-2  
 Permanency of appointment or compensation would be necessary, *Bennett* - - - - 16,664  
 Permanent Government official to whom claims or doubts, &c. could be referred, desirable, *Wigglesworth* - - - - - 17,926-7, 17,935-6  
 should be in Practice, but possibility of difficulty with panel doctors, *Rogers* - - 15,563-70  
 Practitioners doing same class of work, but in different area, suggested, *Hodgson* - 25,758, 25,780-94  
 a Problem with considerable difficulties, *Bond* 18,570-1  
 Provision extremely important, *Cox* - - 30,337  
 Qualities required, *Bennett*, 16,665; *Devis*, 40,024-5

## QUALIFICATIONS:

Consultant work in hospital advocated, *Richmond* 38,746-50  
 Desirable, and age question, *Bond* - 18,940-4  
 considerable Experience and standing desirable, *Clarke* - - - - - 39,290  
 Experience of working Act necessary, highly qualified specialist would not be satisfactory, but consultant who is general practitioner not objected to, *Harrison* - 38,111-2, 38,167-71  
 Fellows of College of Physicians and hospital physician, *F. J. Smith* - 34,629-31, 34,637  
 in General practice, *Bennett*, 16,852-5; *Claydon*, 22,838-47; *Clarke*, 39,293-300.  
 General practitioners not approved, *F. J. Smith* 34,633-5  
 should be in Good medical position and not on panel, *Rogers* - - - - - 15,556-7, 15,833  
 should have been on Panel, *Bennett* - 16,665-16,666, 16,853-4  
 should have been in Panel practice, but must not be after appointment, *Oldham* - - 37,727  
 Reason for doctors desiring, *Cox* - - - 30,926  
 Recommendation by local medical committee and panel committee desirable, *Bennett* - 16,666  
 as Referee only, men would become out of touch with private professional work, *Richmond* - 38,566-7  
 should have Report from doctor and society, *Devis* 40,071-3  
 Report to society, professional confidence question would not arise, *Cox* - - - - - 30,785-6  
 Representatives of societies and profession in area should be consulted beforehand, *J. E. Phillips* 35,556, 35,566-79

## REVIEW OF CERTIFICATES BY:

Advantages, *Marsh* - - - - - 32,843-50  
 Better done by medical man than layman, and advantages to be derived from system, *Cox* 30,789-809  
 would be Helpful, and advantages anticipated, *Cox* 30,789-809  
 Method, question of, and handing of certificate direct from patient to referee's office desirable, *Marsh* - - - - - 32,872-88  
 Practicability doubted, *Darves* - - - 33,946-9  
 Question of, *Hodgson* - - - - - 26,049-54  
 Service would be approved, and central appointment desirable, *Claydon* - - - - - 24,670-4  
 Suggestion, *Rogers* 15,532-44, 15,600, 15,628-34, 15,694-5, 15,746-7, 15,903-9, 16,034-41  
 would be Useful, *Pimble* - - - - - 37,449-52

## ROTA OF PANEL DOCTORS:

would not be Generally preferred by profession, *Cox* - - - - - 30,311  
 Objection, *Belding* - - - - - 34,518-25  
 Walsall scheme, *Layton* - 29,306-21, 29,340-1, 29,448-56, 29,494-7, 29,522, 29,635-40, 29,643-9, 29,720-30  
 Separate for each society not advocated, *Webb* 27,159  
 Specialists would be useful, *Shaw* - 7034-9  
 State-appointed and State-paid, resolution passed unanimously by Liverpool Insurance Committee in favour of, *Bennett* - - - - - 16,663



## Medical referees—continued.

- Status of Government servant desirable, *Cox* 30,321  
 Supervisors or panel consultants advocated, and scheme, *Belding* - 34,199-218, 34,305-19, 34,438-49

## SYSTEMS:

- Bristol Cotton Works Health Insurance Society  
*Clayton* - - - - 3105-8, 3126-34  
 Card Blowing and Ring Room Operatives, *Sanderson*  
 138-77, 178-9, 183-7, 194-7, 217-20, 247, 252,  
 281, 406a-12, 443-58, 475-6, 633-44, 728-30,  
 731-8, 754-61  
 Catholic Friendly Societies Association, *Rigby*  
 26,849-63  
 Co-operative Wholesale Society, *R. Smith* 12-855-  
 63, 13,245-7, 13,586-90  
 Domestic Servants Insurance Society, *Gordon*  
 2379-88, 2446-56, 2782-7, 2967-76, 2978  
 Great Western Railway Staff Friendly Society  
*Fletcher* - - - - 21,443-54  
 Ideal Benefit Society, *Daniels* 13,863-70, 13,928-9  
 Liverpool Victoria Approved Society, *Peters*  
 1752-69, 2057-62, 2324-33  
 London, *Daves* - - - - 33,795, 33,801-3  
 Manchester Unity, Manchester and Salford  
 district, *Jones* - - - - 41,755-84  
 National Amalgamated Approved Society,  
*Jefferson* 7411-64, 7469-75, 7659-60, 8199-207  
 Newbold Friendly Society, *Frith* - 8815-30,  
 8878-9  
 Prudential Approved Societies, *Barrand* 4752-7  
 4875-88, 5147-8, 5318  
 Rational Association Friendly Society, *J. Duncan*  
 3715-7, 3726  
 Royal Liver Friendly Society, *Lamacraft* 9904-12,  
 9982-4, 9987-92, 9995-10,000, 10,068-71,  
 10,169-70, 10,455-62  
 Royal Oak Benefit Society, *Dyer* - 23,666-72,  
 23,676, 23,679-82, 23,739-41  
 Tramways and Vehicle Workers, Amalgamated  
 Society of, *Jackson* - - - - 36,501-8  
 Women Workers, National Federation of  
*Macarthur* - - - - 11,534-7, 14,251-2  
 would Tend to improve standard of treatment,  
 and measure of incapacity, *Scarlett*, 23,284-8;  
*Marsh*, 32,828; *F. J. Smith*, 34,720-1.  
 Time taken over cases would probably be longer than  
 time taken by panel doctors, *Bond* 18,714-20  
 Universal system of, responsible to Commission not  
 desirable, *W. P. Wright* - - - - 32,003-4  
 Want of, only discovered with effective system of  
 sick visitation, in opinion of Bristol secretary,  
 Manchester Unity, *W. P. Wright* - - 31,778

## WHOLE-TIME:

- would be Advisable in certain districts, *Rogers*  
 15,702  
 Advocated, *Barber*, 28,738-54; *Cox*, 30,810-3;  
*J. E. Phillips*, 35,556; *Oldham*, 37,726; *Rich-*  
*mond*, 38,574-8, 38,584.  
 Advocated as last resource by corresponding  
 secretary of Sheffield district, Manchester  
 Unity, *W. P. Wright* - - - - 31,686  
 Appointed centrally preferable, *Bond* 18,558-9,  
 18,564-70  
 Appointment of, by Commissioners would be  
 approved, *Rogers* - - - - 15,578-82  
 Disadvantage, *Clarke* - - - - 39,291-300, 39,366  
 Finding of, would be possible, *J. E. Phillips* 35,565  
 General feeling of profession in favour of, and  
 advantages, *Cox* - - - - 30,311-3, 30,322-8  
 Improvement of general standard as result hoped  
 for, *Cox* - - - - 30,339-43  
 Number required, *Cox*, 30,314-8; *Marsh*, 32,852-5;  
*Divine*, 33,091-4, *Belding*, 34,206-7; *J. E.*  
*Phillips*, 35,558-62.  
 Objection to, *Hodgson* - 25,789-94, 26,061-2  
 wherever Possible desired, *Divine* - 33,264-86  
 not Possible in some parts, *Divine* 33,088, 33,101  
 Preferable, *W. Duncan*, 17,251, 17,476; *Marsh*,  
 32,553-7, 32,603-4; *Farman*, 33,681; *Belding*,  
 34,202-5; *Buckle*, 39,637-9.  
 Preferred if adequate salary can be given,  
*Richmond* - - - - 38,758-9

## Medical referees—continued.

## WHOLE-TIME—continued.

- with no private practice Preferable, *Divine*  
 33,088-90  
 Preferred first, then local consultant, then local  
 panel man, *Bond* - - - - 18,559, 18,658  
 Preferred and where not possible should be man  
 not in general practice, but difficulty of latter,  
*Bennett* - - - - 16,271-82, 16,462-5  
 Whole or part-time, dependent on size of district,  
 &c., *Rogers* - - - - - 15,558  
 Whole-time man and go-between between panel  
 doctor and institutional treatment would be  
 advantageous, *Richmond* - - - - 38,569-73

## WOMAN, FOR WOMEN PATIENTS:

- Advocated, *Willson* - - - - 5793-7, 5962  
 Desired by women doctors, *Claydon* - 22,833  
 would not be Objected to, *Clarke* - - 39,368  
 less Reluctance would be felt in going to, *M. Phillips*  
 38,893  
 many Women too nervous to go to, and therefore  
 return to work although unfit, *M. Phillips* 38,831-2  
 must Work smoothly with doctors, *Claydon*  
 24,605-12  
 would be Useful, *I. Wright* - - - - 21,985-6  
 would be Useful to decide on difficult questions of  
 incapacity if doctors notified, and meeting should  
 be at patient's house, *Burgess* 21,002-9, 21,052-4,  
 21,082-91, 21,117-9  
 would be Useful in some cases, but senior physician  
 or surgeon of hospital in locality would be  
 preferred, *Holder* - - - - 23,452-6

## Medical Service Sub-Committees:

- Arbitration by, of little value, and independent  
 arbitrators advocated, *Wigglesworth* 17,928-36  
 Complaints re doctors, reference of, to, and no satis-  
 faction obtained, *Appleton* - 11,725-9, 11,751-3,  
 12,099-102  
 Proportion of laymen on, should be increased,  
*Appleton* - - - - 12,158-65

## Medicines, see Drugs and Medicine.

- Merthyr Tydvil, number of population to one doctor,  
*Webb* - - - - - 27,652

## Middlesbrough:

## CERTIFICATES:

- Granting of, when person actually in workhouse,  
*Rigby* - - - - - 26,992-4  
 for Lumbago to woman with venereal disease, case  
 of, *Rigby* - - - - - 26,912-1  
 Medical arrangements before Act, *J. E. Phillips*  
 35,770-1

## Midland Railway Friendly Society:

- Benefits, additional, *Woodcock* - - 15,046-52

## CERTIFICATES:

- Ante-dating, *Woodcock* - - - - 15,231  
 Case of issue of, by doctor without having treated  
 patient, *Parrott* - - - - 20,903-13  
 Easily obtained and particulars of cases, *Woodcock*  
 15,081, 15,134, 15,140-58, 15,229-30  
 Granting of, on statement of insured person  
 without careful examination, *Woodcock* 15,232  
 Granting of, without seeing patient, and par-  
 ticulars re case, *Woodcock* - 15,077-8, 15,135-9,  
 15,153, 15,299-314  
 Sending of, to railway company, *Woodcock*  
 15,096-8  
 Signing of, in pencil and with stamp, *Woodcock*  
 15,159, 15,302, 15,306  
 Trouble re, decreasing, *Woodcock* - - 15,134

## COMMITTEE OF MANAGEMENT:

- Books submitted only to auditors, *Woodcock*  
 15,202-3  
 Meetings and attendance, *Woodcock* - 15,200-1  
 Method of election, and class of men, *Woodcock*  
 15,192-9  
 Power to remove Committeemen, *Woodcock*  
 15,244-6, 15,294-8  
 Compensation cases, no difficulty and no hesitation  
 in applying for compensation, *Woodcock* 15,240-3



**Midland Railway Friendly Society—continued.**

Contributions, 3d. paid by members and 1d. by company, <i>Woodcock</i> - - - -	15,038-40
Doctors' refusal sometimes to give sick visitors names of patients, <i>Woodcock</i> - - - -	15,086
Examination of men by doctors in different district in some cases, <i>Woodcock</i> - 15,142, 15,235-6, 15,254	
Idea among workmen that fund is guaranteed, <i>Woodcock</i> - - - - -	15,115
Inspectors, system, <i>Woodcock</i> - - - -	15,258-60
Medical men, method of appointment, &c., formerly, <i>Woodcock</i> - - - - -	15,255-7

**MEMBERS:**

Grades of service represented, <i>Woodcock</i> - 15,172-4	
Number not eligible to be insured, <i>Woodcock</i> - 15,031-2	
Picked men, as have previously passed medical examination, &c., <i>Woodcock</i> - 15,213-4, 15,220 on State side:	
Leaving service of company must transfer within three months, <i>Woodcock</i> - - - -	15,176-7
no Pressure on men to become, <i>Woodcock</i> - 15,179-81	
Superannuated, number, <i>Woodcock</i> - - - -	15,030
Total number and number insured under Act, <i>Woodcock</i> - - - 15,026-9, 15,162-4, 15,175	
Membership formerly compulsory for certain grades, <i>Woodcock</i> - - - - -	15,178, 15,271-2
Misconduct, illness as result of, practice re, <i>Woodcock</i> - - - - -	15,204-5, 15,289-93
Misunderstanding as to meaning of national insurance, <i>Woodcock</i> - - - - -	15,221-2
Over-insurance and effect, <i>Woodcock</i> - - - -	15,225-8
<b>PRIVATE SIDE:</b>	
Benefits, and no contributions to now, <i>Woodcock</i> - 15,035-7, 15,041-5	
Position of, <i>Woodcock</i> - - - - -	15,271-82
Position of company as regards, <i>Woodcock</i> - 15,182-6	

**SICK-VISITING:**

Difficulty, <i>Woodcock</i> - - - - -	15,155
Form for report, <i>Woodcock</i> - - - - -	15,123
Improvement possible although system fairly efficient, <i>Woodcock</i> - - - - -	15,234
Payment, system, <i>Woodcock</i> - - - - -	15,124-30
System, <i>Woodcock</i> 15,083-94, 15,111-5, 15,117-33	

**SICKNESS BENEFIT:**

Comparison of, before and after Act, <i>Woodcock</i> - 15,247-51	
Cost, <i>Woodcock</i> - - - - -	15,033-4, 15,168-71
Men in receipt of, not allowed to work, <i>Woodcock</i> - 15,253	
Men receiving, system of entering names, &c. in books at depôts, and success, <i>Woodcock</i> 15,086, 15,111-6, 15,118, 15,215-8, 15,237-9	
Payment for incapacity to follow usual employment, <i>Woodcock</i> - - - - -	15,211-2
Payment for injury as result of sport, <i>Woodcock</i> - 15,206-10, 15,289-93	
Payment at stations or depôts with wages and by post in a few cases, <i>Woodcock</i> - - - -	15,099-110
Practically same as before Act, <i>Woodcock</i> - 15,053-7	

**SICKNESS CLAIMS:**

not more Numerous, <i>Woodcock</i> - - - -	15,161
Unjustifiable, existence of, and examples, <i>Woodcock</i> - - - - -	15,075-82
Sickness experience, in 1912 and 1913, comparison (and no increase of claims, but decrease), <i>Woodcock</i> - - - - -	15,058-74

**STATE SIDE:**

Membership not compulsory, <i>Woodcock</i> - 15,283-4	
Position of company as regards, <i>Woodcock</i> - 15,186-203, 15,285-8	
kept as Separate as possible from private side, <i>Woodcock</i> - - - - -	15,166-7
Unwillingness to return to work, <i>Woodcock</i> - 15,233	
Midlands, Boiler Makers and Iron and Steel Ship-builders United Society, see that title.	

**Midwives:**

Better education, and encouragement of, to advise future mothers more than at present, suggested, <i>Puxley</i> - - - - -	36,825
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**Midwives—continued.**

no General district nurses in London act as, <i>Puxley</i> - - - - -	36,825
Higher training of, urged, <i>Bondfield</i> - - - -	40,562-2a
Trained nurses as, advantages, <i>Hughes</i> - - - -	40,302-4

**Midwives Act:**

Refusal of doctors to come when called by midwives under, complaints heard, but not considered an important matter, <i>Webb</i> - - - - -	28,169-70
Works fairly well, but doctor not always sent for when necessary, <i>Bennett</i> - - - - -	16,890

**Miners:**

see also under Durham.	
Bad effect of employment on health, <i>Huntley</i> - 25,038-42	
Claims to some extent excessive, <i>Webb</i> - - - -	27,381
High sickness rate, <i>Webb</i> - - - - -	27,826-36

**Minor ailments:**

Certificates for, see that title.	
Large number of people making much of, <i>Webb</i> - 27,058	
Question of extent, but little effect on total claims, <i>Webb</i> - - - - -	27,437

**Miscarriages, see under Pregnancy.****Misconduct, illness due to:**

see also Venereal disease.	
Certificate for "abscess," inquiry by society as to whether misconduct the cause, <i>Claydon</i> - 22,651-4	
Difficulty re, <i>Macarthur</i> - - - - -	11,538-46
Doctors should refuse certificate or clearly specify disease, <i>Claydon</i> - - - - -	22,589-97, 24,681-4
Indication should be given when possible, <i>Hollins</i> , 9312-7; <i>R. Smith</i> , 12,269-79, 12,328, 12,355, 12,498-506, 12,568-606, 12,931-57, 13,113, 13,121-9; <i>Huntley</i> , 25,549-57.	
Sick pay might be paid to dependants instead of person himself, <i>Claydon</i> - - - - -	24,537
Question, <i>Macarthur</i> - - - - -	14,253-63
Refusal of benefit, <i>Jefferson</i> , 7563-5; <i>R. Smith</i> , 12,552-3, 13,013-20, 13,570-4; <i>Daniels</i> , 13,886-96; <i>Dyer</i> , 23,665.	
Refusal of benefits to man on grounds of illness being due to misconduct and subsequent apology, <i>Cox</i> - - - - -	30,820
Refusal to state whether illness due to misconduct or not, particulars of case referred to Birmingham Medical Sub-Committee, <i>Parrott</i> - - - -	20,914-50
Stating of, as cause not advocated, but exact disease should be given, <i>Daniels</i> - - - - -	13,893, 14,773-5, 14,813-9
Unjustifiable inquiries by societies, <i>Cox</i> - - - -	30,820-3
Variations in practice of societies re, <i>Webb</i> - 27,130-7	

**Morecambe, Lancs., Doctor:**

Number of patients on list, and occupations, <i>Oldham</i> - 37,586-9	
Panel practice, <i>Oldham</i> - - - - -	37,704-10

<b>MORLAND, JOHN COLBY, J.P., Chairman of the Somerset Insurance Committee</b> - 34,761-35,132	
Nantwich and Crewe district, Manchester Unity, increase in independent sick pay in Crewe, decrease in agricultural district, <i>W. P. Wright</i> - - - -	31,851-5

**National Amalgamated Approved Society:****ADMINISTRATION:**

Difficulties in, might be partly due to lack of previous experience, <i>Jefferson</i> - - - - -	7674-85
on True principles of insurance attempted, <i>Jefferson</i> - 7901-3	

**ADMISSION OF MEMBERS:**

Agents' report submitted with applications and nature of, <i>Jefferson</i> - - - - -	7497-502, 7513-5
Declaration by agents, <i>Jefferson</i> - - - - -	7828-30
Misstatements on application forms and expulsion for, <i>Jefferson</i> 7180-1, 7328, 7605-16, 8097-107, 8276-81	
without Medical examination, and reasons, <i>Jefferson</i> - 7489	
Nature of questions asked, and question of value of replies, <i>Jefferson</i> - - - - -	7490-6, 7763-7
Non-disclosures, procedure, <i>Jefferson</i> - - - -	8282-3
Policy re, <i>Jefferson</i> - - - - -	7503-16
greater Strictness after the first, <i>Jefferson</i> - 7489	



National Amalgamated Approved Society—*continued.*

## AGENTS:

- Assistance in suppressing malingering, &c., *Jefferson* 7374-6, 7386-402
- Canvassing for members by, and payment of fee to, *Jefferson* - 7772-3, 7823-7, 7831-8
- Detection of malingering by, difficulty owing to visits being at regular stated intervals, *Jefferson* 7766
- Disagreement between sick visitor and, no case known of, *Jefferson* - 8090-6, 8102-7
- previous Experience of friendly society work, *Jefferson* - 7675-7
- Forms filled up by, in some cases, *Jefferson* 7614-6
- Loss of business owing to vigilance on behalf of approved society, would not be required to replace, *Jefferson* - 7896-900
- Payment of benefit by, system, *Jefferson* 7889-95
- Position of, and method of payment, and no conflict of duties heard of, *Jefferson* 7377-80, 7879-83, 8001-9, 8268-70, 8285-94
- Refusal of claims by, through ignorance of Act, question of, *Jefferson* - 8114-7
- very few Women, *Jefferson* - 7383-6

## ARBITRATION:

- no Appeal to Commissioners known of, *Jefferson* 7320, 7818
- Number of cases, procedure, &c., *Jefferson* 7315-9, 7815-21, 8134-6

Association of Britannic Assurance with, question of increase of premium income as result, *Jefferson* 7885-6

Bolton, membership, *Jefferson* - 8015

## CERTIFICATES:

- Case of refusal of doctor to issue, *Parrott* 20,870-3
- Dating of, on day of seeing patient, advocated and question of giving some idea of what may happen in next few days, *Jefferson* - 8225-32
- Declaring-off signatures, collecting of, by sick visitors, and no case of alleged signing under misapprehension known of, *Jefferson* 7590-6
- "Declaring-on" note, form of, and question whether reason for carelessness, *Jefferson* - 7687-708
- no Difficulty in agents obtaining, *Jefferson* 7729-31
- Doctors do not realise responsibility in granting, *Jefferson* - 7226, 7250-7
- Forgery, and results of prosecutions unsatisfactory, *Jefferson* - 7322-6
- Form in which disease entered, little to complain of, *Jefferson* - 7664-5
- Forms, *Jefferson* - 7727
- Initial, from unqualified persons, none heard of, *Jefferson* - 7672
- for Minor ailments, large proportion of, and question of incapacity not considered, and procedure, *Jefferson* - 7226-7, 7617-22, 7663, 8216
- Mistakes, cases of, *Jefferson* - 7208-13
- Post-dating, particulars of certain case, *Parrott* 20,894-902
- Refusal to state nature of disease when applied for, *Jefferson* - 7228, 7708-10
- Reluctance to state nature of illness, great difficulties at first, but improvement, *Jefferson* 7228

in the case of women, collected by men, *Jefferson* 7711-2

Claims department, *Jefferson* 7298-300, 7601-2, 8102-13

Committee, constitution, no women members, and question has not arisen, *Jefferson* - 7781-94

## COMPENSATION CASES:

- Procedure, &c., *Jefferson* - 8142-55
- Sickness benefit paid by way of advance, *Jefferson* 8153

Complaints, question of extent to which complaints would reach head office, *Jefferson* - 7992-8000

## CONFINEMENT, PAYMENT OF SICKNESS BENEFIT AFTER:

- Doctor's certificate after certain period, and no cost considered to be involved, *Jefferson* 8077-82
- no Fixed period, but payment as long as incapable of work, *Jefferson* - 7641-4, 8021
- on Midwife's certificate, *Jefferson* - 8075-7

National Amalgamated Approved Society—*continued.*

Districts, none set up in accordance with Rule 23, para. 5, *Jefferson* - 7860-1

## DOCTORS:

- Attitude one of carelessness and indifference in many cases, *Jefferson* - 7203-6, 8199-215
- Complaints against, bad cases reported to insurance committee but little satisfaction obtained, *Jefferson* - 7214-25
- Free choice, objection to, *Jefferson* - 8242-6
- Manchester:
- Free choice, *Jefferson* - 7966-73
- Insured apparently free to change, at any time in contravention of regulations, *Jefferson* 8234-8
- Payment per visit, duration of illness increased, *Jefferson* 7228-49, 7754-8, 7955-77, 8015-30, 8233
- Relation to insured members, *Jefferson* 7714-5
- Some had had no previous experience of friendly society work, *Jefferson* - 7681-3
- Tendency to be lenient from possibility of losing patients, *Jefferson* - 7936-8, 7978
- Education of members by sick visitors, agents, &c., *Jefferson* - 7904-5, 8118-21
- Formation, *Jefferson* - 7168-72
- Fraud, cases of, and procedure, *Jefferson* 7198-9, 7311-34
- Head office expenses, paid out of National Amalgamated Society's accounts, *Jefferson* - 7263a-4

## INCAPACITY:

- Difficulty *re*, and policy, *Jefferson* 7717-22, 7807-14
- Question of, and each case considered on merits, *Jefferson* - 8156-75
- Legal department, *Jefferson* - 8142-53
- Local committees, women representatives on, *Jefferson* - 7791

## MALINGERING:

- among Men, no evidence of, to any great extent, *Jefferson* - 7944-7
- believed to Take place, *Jefferson* - 7536
- among Women chiefly, *Jefferson* - 7943-51

## MATERNITY CLAIMS:

- Large number of, and effect on sickness experience, *Jefferson* - 7528-36, 7759-63, 8066-74
- Payment in cash in most cases, but payment through hospital in some cases, *Jefferson* 7639-40

## MEDICAL REFEREE:

- Appeal from, *Jefferson* - 7723-4, 7919-23
- Appointment would tend to check excessive claims, *Jefferson* - 7924
- Cases submitted to, number and results, *Jefferson*, 7446-51, 7455-60, 7469-75, 7928-33, 8199-207
- Employment would be justified if resulting in saving of funds, *Jefferson* - 8176-85
- Nature of illnesses sent to, *Jefferson* - 7541-6
- Panel doctor always given opportunity of attending, *Jefferson* - 7461-4
- Payment, *Jefferson* - 7659-60
- Payment, question of, from administration or sickness benefit fund, *Jefferson* - 8058-65
- Reluctance to go to, not considered due to doctor being a man, *Jefferson* - 7585-9
- Reports of, on certain cases, *Jefferson* 7544-6
- Success of employing, and complete system to be set up, *Jefferson* - 7438-46, 7467-8, 8187
- System, *Jefferson* - 7411-37, 7452-4, 7456, 7472
- Medical treatment of persons not on funds, question of possibility of getting evidence of, *Jefferson* 8239-41

## MEMBERS:

- Extent in share of control by, *Jefferson* 7793-7, 7915-8
- few Insured with other societies, *Jefferson* 7677-9
- Large percentage have got policies with one or other of companies, *Jefferson* - 7965-7
- Number of men and women and number in England, *Jefferson* - 7173-5
- Number of men and women in Oldham, *Claydon* 23,028



National Amalgamated Approved Society—*continued.*MEMBERS—*continued.*

- Opportunities of getting to know one another, and taking part in management, &c., *Jefferson* 7906-14
- Right of, to appeal, &c., question as to extent to which members realise, *Jefferson* - 8121-4
- Some, also insured elsewhere in a few cases, *Jefferson* - - - - 7191-2
- Membership fairly typical of industrial population, *Jefferson* - - - - 7176-8
- Misconduct, illness caused by, no payment, *Jefferson* 7563-5
- Officers, no knowledge *re* method of appointment, *Jefferson* - - - - 7852-9
- Officials of companies and societies, working by, *Jefferson* - - - - 7258-63
- Policy holders relinquishing policies would not be required to leave State section, and no disability attaching to, *Jefferson* - - - 7779-80

## PREGNANCY, SICKNESS BENEFIT DURING:

- each Case investigated and payment made in cases of real incapacity to work, *Jefferson* - 7476, 7568-71
- for Long period and difficulty of question, *Jefferson* 7953
- Non-payment where no real incapacity, *Wilson* 41,066-76
- Single women, no distinction made, *Jefferson* 7566-7; *Wilson*, 41,062-5.
- Rules, based on model rules, but no knowledge of what body was responsible for drafting and adopting, *Jefferson* - - - - 7839-51

## SICK VISITORS:

- Development dependent on experience and results, *Jefferson* - - - - 7382
- Doors locked against, sometimes, *Jefferson* 7404-6
- Duties, *Jefferson* - - - - 7407-10
- Flying squadron of, under consideration, *Jefferson* 7382
- Instructions *re* discovering pregnancy and details of cases, *Wilson* - - - - 41,057-61
- Number, class, method of appointment, &c., *Jefferson* - - - - 7336-48
- Nurses, and question of position, *Jefferson* 8083-9
- Objection by some doctors to employment of visitors, *Jefferson* - - - - 7255
- Payment, *Jefferson* - - - - 7361
- Part-time, abolition under consideration as whole-time more satisfactory, *Jefferson* - 7597-600
- Persons declared off by, sex, *Jefferson* - 7473
- Power *re* declaring people off funds, *Wilson* 41,039-46
- System, *Jefferson* - - - 7362-73, 7489, 7987
- Visits not generally resented by people, *Wilson* 41,045-6
- Women, majority nurses, *Jefferson* - - 7467
- Women, reason for devoting attention to, *Jefferson* - - - - 7403
- Sickness, definite period for giving notice of, desired, *Jefferson* - - - - 7538-40

## SICKNESS BENEFIT:

- Cost for males and females, *Jefferson* - 8032-4, 8036-9
- Cost and duration in Manchester and Salford and Bolton, *Jefferson* - 7229-49, 7754, 8015-25
- Declarations off, distribution over week, *Jefferson* 7197
- Duration, average for men and women, *Jefferson* 7751
- need for being Incapable of all work not understood, *Jefferson* - - - - 7180
- Number of men and women, *Jefferson* - 7466
- after Operations, and case, *Jefferson* - 7646-9
- Payment by agents, *Jefferson* - - - - 7289
- Rules *re* conduct while receiving, procedure in case of breach of, *Jefferson* - - - - 7335
- Suspension, by superintendent in some cases, *Jefferson* - - - - 7304-5
- Tendency to remain on funds to end of week, and question of steps taken to prevent, *Jefferson* 7197, 7732-9, 7798-806, 7822, 8223

National Amalgamated Approved Society—*continued.*SICKNESS BENEFIT—*continued.*

## for 26 weeks:

- Fair number went on funds at once, and run through, and no reason to consider existence of fraud, *Jefferson* - - - - 8040-8
- Number of men and women having received, *Jefferson* - - - - 7667, 7749-51
- not Returning to work after, no cases recalled, *Jefferson* - - - - 7954
- Women:
- Cost, *Jefferson* - - - - 7555-62
- Found doing housework, procedure, *Jefferson* 7572-84
- Remain on funds longer than men, *Jefferson* 7536

- Sickness benefit insurance undertaken by companies formerly, *Jefferson* - - - - 7184-90

## SICKNESS CLAIMS:

- Bank holiday weeks, great increase, and amounts paid, *Jefferson* - 7477-85, 7628-37, 7670-1, 7740-8, 7768, 8010-4, 8219-21
- Doubtful cases, procedure, *Jefferson* - 7280-310
- Excessive:
- chiefly Before, not after confinement, *Jefferson* 7644
- Greatest in and around industrial centres, *Jefferson* - - - - 7536
- Higher in case of women than men, *Jefferson* 7536
- no Unemployment to cause, *Jefferson* - 7536
- Heavier in respect of women than men, *Jefferson* 7182
- Higher where wages low, *Jefferson* 7195, 7196-7, 7528
- of Married women, believed to be of longer duration than claims of single women, *Jefferson* 8026-30
- Number dealt with per week and number held over for further inquiry, *Jefferson* - 7485-9, 7661-2, 7766-7
- Procedure, *Jefferson* - - - - 7265-305
- Unjustifiable:
- Doctors do not assist in suppression of, for fear of losing patients, *Jefferson* - - - 7206
- Misunderstanding of principles of insurance, *Jefferson* - - - - 7180-90, 7195
- among Women chiefly, *Jefferson* - 7199-202
- Voluntary contributors, aliens, &c., submission direct to registered office, *Jefferson* - 7280-2
- Women, excess greater than anticipated and reasons, *Jefferson* - - - - 7517-36
- Sickness inspectors and supervisors, number, salaries, &c., *Jefferson* - - - - 7345-59
- Stepney, doctor's evidence in, *see* Stepney.
- Sunday being allowed as waiting day, charges on funds increased by, *Jefferson* - - - 7537-8

## SUPERINTENDENTS:

- Advance of certain sum to, by society, *Jefferson* 7295-7
- Position of, &c., *Jefferson* - - - 7860-78

## TRANSFERS:

- Notice of, as result of stopping benefit not known of, *Jefferson* - - - - 7623-7
- Small number comparatively, *Jefferson* 7625-7
- Trusses provided in many cases, *Jefferson* 7548-54, 8271-5
- Unwillingness to return to work, *Jefferson* - 7197
- Women members, heavy membership in all industrial centres, *Jefferson* - - - - 7776
- National Amalgamated Society of Male and Female Pottery Workers, *see* Pottery Workers, National Amalgamated Society of Male and Female.

## National Amalgamated Union of Labour:

- Accident benefit only, paid before Act, *Bell* 40,816-8
- Administration, *Bell* - - - - 40,751-3
- Advantages of a union that officials know general character of men, *Bell* - - - - 40,845
- Branch officials, insurance administration by, question of aptitude, *Bell* - - 40,847-51, 40,865-8
- Branches, division into, *Bell* - - - 40,736-7



**National Amalgamated Union of Labour—continued.****CERTIFICATES:**

- Given too easily, and difficulty of dealing with doctors, *Bell* - 40,763-8, 40,774-81, 40,783-4, 40,825-9
- Reluctance to refuse, for fear of losing patients, *Bell* - - - - - 40,776-7
- Insurance purposes, separate staff appointed for overlooking, *Bell* - - - - - 40,844-3
- if Medical referee appointed, society should have control, *Bell* - - - - - 40,781-3, 40,788-93
- Medical treatment, some complaints heard from members, but none from secretaries, *Bell* 40,815

**MEMBERS:**

- Competition for, on union side, but not on State side, *Bell* - - - - - 40,842-3
- Distribution, *Bell* - - - - - 40,821-7
- Number, *Bell* - - - - - 40,716
- Occupations and wages, *Bell* - - - 40,717-27
- Old men, above the average number, *Bell* 40,809-11
- Some not also members of union, *Bell* 40,836-7
- Transfer to another approved society and policy re, *Bell* - - - - - 40,832-6
- more than One-third of trade union members not members of approved society, *Bell* - 40,830-1

**SICKNESS BENEFIT:**

- Increase of benefits, and desire to know cost of, *Bell* - - - - - 40,733, 40,807-8
- Men's cost, 1913, and increase, and reasons, *Bell* 40,728-34
- Payment by branch officials, improper payment could only be for one week, and officials not likely to be slack for fear of offending members, *Bell* - - - - - 40,794-800

**SICKNESS CLAIMS:**

- Excessive:
- Causes, *Bell* - - - - - 40,804-6
- not Considered due to lax administration, *Bell* 40,819-20
- no Definite knowledge as to existence of, but reasons for believing, *Bell* - - - 40,812-3
- among Shipyard men, ship-preparing men and colliery surface men, and cement works, *Bell* 40,738-50
- Procedure re, *Bell* - - - - - 40,754-62
- Sickness inspectors on Tyne and Wear, system, and success, *Bell* - 40,769-74, 40,785-8, 40,801-4, 40,813-4
- Tendency to be too easy towards brother trade unionist, *Bell* - - - - - 40,780-1, 40,787-93

**National Deposit Friendly Society:****ADMISSION:**

- Forms considered sufficient, and doctors consulted re, occasionally, *Tuckfield* - - - 1061-4
- Medical examination optional, and large number of applicants asked to submit to, and acceptance of some declined after, *Tuckfield* 1083-7, 1172
- Procedure, *Tuckfield* - - - - - 948-68
- Proposals, number, and number of persons not accepted, *Tuckfield* - - - - - 964
- Proposal form, question as to value of answers on, *Tuckfield* - - - - - 955-63
- Benefit pay day, *Tuckfield* - - - - - 1000-2
- Branch month meetings, *Tuckfield* - 1249-55

**CERTIFICATES:**

- Case of doctor acting wrongly in giving, procedure, *Tuckfield* - - - - - 1358-67
- Dating earlier than day on which signed, in some districts, no personal knowledge of, *Tuckfield* 984-5
- "Debility" and "anæmia," used too frequently, and inquiries made of doctors, *Tuckfield* 820-8
- on First day of declaring on, insisted on, *Tuckfield* 979-83
- Improvement, *Tuckfield* - - - - - 817-9
- of Inability to work, without stating disease, difficulty re, *Tuckfield* - - - - - 1071-3
- One form for all purposes, *Tuckfield* - 1230-1
- Original, preferred to certificates prepared by Commission, but certain delay caused and either form taken, *Tuckfield* - - - - - 832-5, 996-9
- Post and ante-dating, cases of, but not numerous, and procedure, *Tuckfield* 836-8, 1155-7, 1340-3

**National Deposit Friendly Society—continued.****CERTIFICATES—continued.**

- Reluctance to state nature of illness, and small extent, and procedure in case of, *Tuckfield* 829-31
- practically Relied on, *Tuckfield* - - - 1289-91
- Signatures in lead pencil or by rubber stamp not approved, *Tuckfield* - - - - - 839-41
- Statement of specific illness insisted on, and procedure where not made, *Tuckfield* 1261-3
- Weekly, *Tuckfield* - - - - - 1228
- Committees, women members on some, *Tuckfield* 1126-7
- Compensation cases, *Tuckfield* - - - 847-51
- District committee, constitution, method of election, and functions, *Tuckfield* - - - - - 862
- District secretary, appointment, &c., method, *Tuckfield* - - - - - 1265-7
- Districts, number, *Tuckfield* - - - - 1264

**DIVISIONAL SECRETARIES:**

- Functions, *Tuckfield* - - - - - 1006-22
- Social standing superior to that of ordinary friendly society branch secretary, *Tuckfield* - 1207-14

**DOCTORS:**

- some Difficulties with, but not many at present, *Tuckfield* - - - - - 940-2
- Free choice of, *Tuckfield* - - - - - 1215-6, 1368-74
- Hostile at first but improving, *Tuckfield* - 814-9
- Payment, system different to others and not appropriate to proceedings under Act, *Tuckfield* 842-5
- Satisfactory relations with, *Tuckfield* - 1038-41, 1128-30, 1207-14
- Experience under Act satisfactory, but instruction of insured persons in principles of insurance desirable, *Tuckfield* - - - - - 990-5
- Expulsions, reason, *Tuckfield* - - - - 1067-70
- Fines imposed in some cases, *Tuckfield* - - 1125
- Fraud, very few cases, and details, *Tuckfield* 781, 1142, 1273-5
- Management, details re, and system of branches, divisions and central authority, *Tuckfield* 1244-51
- Maternity benefit, number of claims, *Tuckfield* 846
- Medical referee unnecessary, *Tuckfield* - - - 946-7

**MEMBERS:**

- Admission without medical examination approved, *Tuckfield* - - - - - 1046
- Expelled, number and causes, *Tuckfield* - 782-7
- Ignorance of principles of insurance, as practised by friendly societies, *Tuckfield* 788-800, 814, 1143-8, 1237-9
- Many State members also insured on private side, and benefits, *Tuckfield* - - - - - 802-8
- Number before and after Act, *Tuckfield* 789-91
- Number, and number of women, *Tuckfield* 913-6
- Proportion previously members of voluntary side, *Tuckfield* - - - - - 1200-3
- more Provident section of working classes, *Tuckfield* - - - - - 1049-51, 1078, 1283-4
- Rights of appeal and of going to arbitration, *Tuckfield* - - - - - 1218-21
- from South of England mainly, *Tuckfield* 1096-9
- Misconduct, refusal to pay benefit in case of, *Tuckfield* - - - - - 969-78

**PREGNANCY:**

- Married women, benefit paid, *Tuckfield* - 920-3, 1115-6
- Single women, benefit not paid, *Tuckfield* - 920-1, 970-1, 1117-21, 1339

**PRIVATE SIDE:**

- no Effect from introduction of Act, *Tuckfield* 1029-31
- Conduct of members during sickness, no precise rules, *Tuckfield* - - - - - 1292-3
- Medical benefit, system, *Tuckfield* - - - 1185-99
- Member must go off on both State side and, at same time, *Tuckfield* - - - - - 1033-7
- Number of members on, not State insured, *Tuckfield* - - - - - 1311-2
- Payment of doctors according to scale of fees, *Tuckfield* - - - - - 1195-7, 1205-6, 1217



**National Deposit Friendly Society—continued.****PRIVATE SIDE—continued.****Sickness benefit:**

Increase of claims and question of reason, *Tuckfield* - - - - 1307-21

Paid if person incapable of following his employment, *Tuckfield* - - - - 1055

Sickness rate low, and due to member having to find proportion of sick pay from individual account, and particulars *re* system, *Tuckfield* 1047-8, 1185-99

Second opinion in some cases, *Tuckfield* - 1052-4

Sec. 72, arrangements made, but no actual scheme, *Tuckfield* - - - - 809

**SICK VISITING:**

no Alteration considered necessary, *Tuckfield* 943-7

Details, but practically a dead letter and not necessary, *Tuckfield* - 862, 878-901, 1167-71, 1232-6

Men never visited by women, *Tuckfield* - 885-6

Special visits, system, but visits rare, *Tuckfield* 893-9

**SICKNESS:**

Incidence, London satisfactory compared with other places, *Tuckfield* - - - - 1100

Practice *re* return of balance of contributions to members under society's method, *Tuckfield* 809-12

**SICKNESS BENEFIT:**

some Appeals to executive and complaints to Commission, *Tuckfield* - - - - 1122-4

Cases on, for long period, procedure, *Tuckfield* 926-42

Confinements, doctor's certificate required, *Tuckfield* - - - - 1322-36

Disallowances, *Tuckfield* - - 847-58, 1101-10

Medical certificates insisted on in every case, *Tuckfield* - - - - 1259, 1322

to Members in hospital, practice *re*, *Tuckfield* 1101-5, 1269-72

should not be Paid if person incapacitated only for special work, but doctor's opinion prevails, *Tuckfield* - - - - 1055a-60

Payment made personally in most cases, *Tuckfield* 1260

Payment to man doing work other than his own would depend on circumstances, but doctor's opinion prevails, *Tuckfield* 1222-7, 1294-306, 1375-90, 1385a-6

Persons remaining on fund longer than necessary, not a large proportion, *Tuckfield* - 1152-4

Satisfactory position of society, *Tuckfield* 1074-6

Small number of members drawing State benefit without voluntary benefit, *Tuckfield* - 1204

Statistics, *Tuckfield* - - - - 846-61

Suspension if woman found doing housework would depend on circumstances, *Tuckfield* 1077

**SICKNESS CLAIMS:**

no Excessive claims to any appreciable extent, *Tuckfield* - - - - 944-5

any Inquiry made locally, *Tuckfield* - 924-5

Method of application for, *Tuckfield* - 1065-6

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**Unjustifiable:**

by Comparatively few members, *Tuckfield* 778-80, 1135-41, 1283-8

Dealing with, by district secretary, *Tuckfield* 900-12

Over-insurance, little effect, *Tuckfield* - 801

on Voluntary side, question of increase, *Tuckfield* 1029, 1149-51, 1236

State side, admission of good lives only intended, *Tuckfield* - - - - 966-8

**SUSPENSIONS:**

Cases, *Tuckfield* - - - - 852-3, 859-61, 1158-9

District secretary might in some cases act on own responsibility, *Tuckfield* - - 1161-6, 1256-8

Reasons for which possible, *Tuckfield* - 852

Unskilled women workers in small percentage, *Tuckfield* - - - - 1091-3

**National Deposit Friendly Society—continued.**

Voluntary contributors, *Tuckfield* - - 857

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National Federation of Women Workers, *see* Women Workers, National Federation of.

National Hospital for the Paralysed and Epileptics, panel patients only taken in, if willing to pay, *Webb* - - - - 27,061

National Independent Order of Oddfellows, *see* Oddfellows, National Independent Order of.

**National Insurance:****ADMINISTRATION:**

Removal from societies, question of, *Bell* 40,852-3

**by State:**

Advocated, *Poulton*, 10,802; *Macarthur*, 14,415-30; *W. P. Wright*, 32,075, 32,111-4, 32,289-90.

not Advocated, *Jones* - - - - 41,493-4

Desired, and advantages to be derived, *Davies*, 36,237-41, 36,273-7, 36,310-42

Objection to, if State insurance intended to be supplementary to work of friendly societies, *Barnes* - - - - 41,951

would be Preferable, if benefits limited to present amount, leaving friendly societies to continue

voluntary work, *Hyner* 19,624-43, 19,648-56, 19,907-68

Attitude of firms *re*, *Eastman* - - 40,655-8

Commissioners should take means of instructing people, *Bunch* - - - - 11,190-1

Failure of societies accustomed to voluntary system to grasp idea of compulsory State insurance, *W. P. Wright* - - - - 31,941

Fund, an unlimited fund by Act of 1913, *Webb* 27,060-1, 28,139-46

Instruction desirable, and suggestions, *Bond*, 18,447-63, 18,588-95, 18,679-81, 18,688-96, 18,726;

*Johnson*, 26,553-5; *Huntley*, 25,357.

Members and doctors must have further information and question of method, *Marsh* - - 32,588-96

Misunderstanding as to principles of, *Sanderson* 22-34, 327; *Tuckfield*, 788-800, 814, 1143-8, 1237-9;

*Blundell*, 1404-7, 1529-33; *Peters*, 1774-9, 1906-8, 1915, 2001-3; *Gordon*, 2398-9, 2534-5, 2816-7;

*Clayton*, 3047-50, 3057-8, 3206-7; *J. Duncan*, 3681-3; *Thomas*, 4212-5, 4453-6; *Gray*, 5410-2, 5489; *Willson*, 5686, 5813-4, 5944-5; *J. P. Pearce*, 6213-7;

*Shaw*, 6502; *Jefferson*, 7180-90, 71-5; *Barker*, 8307-8, 8581-3; *Frith*, 8680, 8706-7; *Hollins*, 9394-5, 9451, 9456; *Saunders*, 9567-72; *Lomacraft*, 9856-8, 10,104-5; *Bunch*, 10,858-62, 11,045-9,

11,186-91; *Appleton*, 11,633-40, 11,767, 11,878-85; *R. Smith*, 12,451-7, 12,523-6, 13,350-2; *Woodcock*, 15,221-2; *Rogers*, 15,340-1, 15,380, 15,639-49;

*Bond*, 18,679-80; *Burgess*, 20,160-8, 20,251-5; *I. Wright*, 21,646-55, 21,975-8; *Hartop*, 22,380-90;

*Holder*, 23,383-4; *Huntley*, 24,979, 25,054-7, 25,074, 28,897-902, 25,354-5; *Hodgson*, 25,652-4, 25,897-902; *Johnson*, 26,274, 26,482-3, 26,553;

*Rigby*, 26,888-9, 26,972-6; *Barber*, 28,931-5, 28,940-1; *Layton*, 29,171-8; *Cox*, 30,022-3,

30,447-9; *Parsons*, 31,331-3; *W. P. Wright*, 32,291; *Marsh*, 32,558, 32,683-5; *Belding*, 34,358-61;

*Morland*, 34,872-5; *J. E. Phillips*, 35,692-6; *Davies*, 36,242-5; *Jackson*, 36,628-32, 36,671-2; *Pimble*, 37,235-40; *Harrison*, 38,086-92; *Devis*, 40,056-60;

*Barnes*, 41,930.

Misunderstanding as to principles of, but decrease and steps should be taken to better inform insured persons, and suggestion, *W. Duncan* 17,490-504

Proper knowledge should be extended throughout country, *I. Wright* - - - - 21,981-2

Self-government, no importance attached to, *W. P. Wright* - - - - 31,940

Separate from voluntary insurance, advantage, *W. P. Wright* - - - - 32,160-76

Taking of steps by Commissioners to make it more widely known that benefits are not State assured would be useful, *Woodcock* - - 15,223-4

Tendency towards destruction of old friendly society movement, *Barnes* - - - - 41,952



**National Insurance—continued.**

- Voluntary insurance being killed, and hope of voluntary thrift movement considered to lie in strict administration of compulsory insurance by State officials, *W. P. Wright* - - - 31,943-4
- Voluntary spirit of work destroyed by Act, *Belding* 34,346
- Voluntary thrift not decreased, rather increased by position of slate clubs, *Eastman* - 40,678-82
- Nursing associations, decrease of contributions to, as result of Act, *Bennett* - - - 16,889
- National Insurance Association for the Eastern Counties, see Eastern Counties, National Insurance Association for.
- National Union of Boot and Shoe Operatives, see Boot and Shoe Operatives, National Union of.
- National United Order of Free Gardeners, see Free Gardeners, National United Order of.

**Nelson, Lancs.:**

- Branch of Amalgamated Union of Co-operative Employees, sickness rate, *Davies* - - - 36,113

**CERTIFICATES:**

- for Endometritis to single women, and making of inquiries by society, particulars *re case Claydon* 22,580-8
- Refusal to state nature of disease on continuing certificates, *Jackson* - - - 36,544
- for "Septic hand," refusal of benefit while inquiring as to cause of, *Claydon* - 22,624-5
- Nervous diseases, prejudicial to patients to state nature of, in some cases, and should be left to doctor's judgment, possible communication might be made to society, *Devis* - - - 39,953-64

**Neuralgia:**

- Certificate for, only, and refusal to state underlying cause deprecated, *Bond* - - - 18,512-4

**CERTIFICATES:**

- Refusal by society on grounds of neuralgia being caused by fracture of skull nine years before, and information not having been given on application form, particulars of case, *Claydon* 22,609-11, 22,638-49
- frequently Sufficient cause of incapacity, *Layton* 29,628

**Newbold Friendly Society:**

- Admission of bad lives, *Frith* - - - 8918
- Arbitration case, *Frith* - - - 8715-6, 8806
- Casual workers, *Frith* - - - 9015-7

**CERTIFICATES:**

- Ante-dating, and procedure, *Frith* 8742-4, 8956-7
- Continuing:
- Signing of, without seeing patient, *Frith* 8924-31
- Signing of, on specific day not required, *Frith* 8929-30
- Granting of, by doctors, at same time advising society confidentially not to pay, *Frith* 8954-5
- Refusal for certain ailments, *Frith* 8725-9, 8910

**COLLECTORS:**

- Number, payment, work, &c., *Frith* - 8749-61
- no Personal interest in collection of premiums on ordinary side and therefore no conflict of duties, but cases often reported by, *Frith* 9044

**COMMITTEE OF MANAGEMENT:**

- Appeals to, *Frith* - - - 8841-6
- Constitution, *Frith* - - - 8840, 8850-1
- Committee, no women on, but would be advantageous, *Frith* - - - 8880-2
- Compensation cases, sickness benefit not being paid during, *Frith* - - - 8868-9, 9042

**CONFINEMENT, SICKNESS BENEFIT AFTER:**

- Average period considerably over a month, *Frith* 9039
- One month paid without doctor's certificate, and payment continued after on certificates, *Frith* 8883-7, 9039-41
- Dropped off valuation 20 or 30 years ago, *Frith* 8736-9

**Newbold Friendly Society—continued.****DOCTORS:**

- Difficulties with, at first, but improvement since conference with, *Frith* - - - 8717-8
- Refusal of one, to attend insured person unless possessed of medical ticket for at least 24 hours, *Frith* - - - 8721-2
- 8719-21
- Fraud, case of, *Frith* - - - 8713-4

**INCAPACITY:**

- Case of man returning to work two days after receiving certificate of, *Frith* - - - 8958
- Payment on private side if incapable of ordinary work, but not on State, *Frith* 8932-9, 8960-3, 8967
- Cases decided on merits, and practice *re, Frith* 8890-4, 8965-82, 9023-6
- Difficulty *re, Frith* - - - 8723
- Malingering, and among women chiefly, *Frith* 8712, 8839, 8920, 9002
- Married women do not drop out, *Frith* - 9004-7
- Maternity and confinement claims, *Frith* - 9003
- no Medical benefit before act, *Frith* - 8870-1

**MEDICAL REFEREE:**

- Attitude of panel doctors, and should be told when patients going to referee, *Frith* 8828-30
- Cases sent to, particulars and results, *Frith* 8806-9
- One antagonistic to Act, and will not take State cases, *Frith* - - - 8816-7
- System, &c., *Frith* - - - 8815-30
- Visits members without previous notice being given, *Frith* - - - 8878-9

**MEMBERS:**

- Known to each other and frequently report one another, *Frith* - - - 8857-63
- Majority resident in or around Rochdale, and occupations, *Frith* - - - 8685-7
- Married women, number, *Frith* - 8701, 8888
- on State side and number probably not insured elsewhere, *Frith* - - - 8988-90
- on State side and proportion of members on and not on private side, *Frith* - - - 8672-7, 8993
- State, amount of benefit that can be drawn by a week, *Frith* - - - 8708-10
- on Voluntary side, number insured for sickness benefit, *Frith* - - - 8984-7
- Misconduct, illness due to, difficulty of finding out, *Frith* - - - 8914-5
- Organisation and working, *Frith* - - - 8748
- Position of, *Frith* - - - 8664-7

**PREGNANCY:**

- no Distinction for single women, *Frith* 9037-8
- no Sickness benefit paid for, alone, *Frith* 8810-5

**PRIVATE SIDE:**

- Benefits and contributions, *Frith* - 8668-9
- Certificates accepted from any doctor, and payment was made even if certificate unsatisfactory, *Frith* - - - 8731-5
- Number insured for sickness benefit, *Frith* 8670-1
- no Payment for pregnancy until a month after birth, *Frith* - - - 8941
- no Payment to women for less than a week, *Frith* 8942-5
- Persons insured for sickness mostly women, *Frith* 8983
- Three weeks' sick benefit paid without medical certificate, *Frith* - - - 8997-8

**SICK VISITING:**

- by Collectors and committee men, *Frith* - 8754, 8760-1, 8847-56
- one Man and two nurses, payment, work, system, &c., *Frith* - - - 8761-70
- where Nurses' opinion disagree with doctors', procedure, *Frith* - - - 9027-31
- fairly Satisfactory, *Frith* - - - 8855-6
- Supervision excessive and resented by members, *Frith* - - - 8760, 9018-22
- no Uniform worn and do not do actual nursing, but give advice, *Frith* - - - 9032-6



**Newbold Friendly Society—continued.****SICKNESS BENEFIT:**

Breach of rules <i>re</i> conduct during, procedure, <i>Frith</i> - - - - -	8781
Case of woman on funds for 22 weeks 4 days for anæmia, <i>Frith</i> - - - - -	8795-805
Circumstances entitling to, <i>Frith</i> - - - - -	8681
Cost of, for men and women, total, and in each quarter, and cost per member per week, <i>Frith</i> - - - - -	8697-702
Declarations off, large numbers just before holidays, <i>Frith</i> - - - - -	8702-5, 9000-1
during Holidays, rule <i>re</i> , <i>Frith</i> - - - - -	8704-5
Payment by collectors, <i>Frith</i> - - - - -	8754-8, 8777-80
Procedure in case of woman doing household work, <i>Frith</i> - - - - -	8783-93
Rules <i>re</i> conduct during receipt of, strictly enforced, <i>Frith</i> - - - - -	8864-5

**SICKNESS CLAIMS :**

Cost of, on private side since 1908, and increase since Act, <i>Frith</i> - - - - -	8682-4, 8690-6, 8874, 8999
Effect of unemployment, <i>Frith</i> - - - - -	8866
Excessive :	
Industrial conditions of Lancashire as cause, <i>Frith</i> - - - - -	8899-903
Largely due to non-distinction between illnesses incapacitating for all work and for some work, but many cases not really incapacity need benefit, <i>Frith</i> - - - - -	8889-94
Many cases treated that would not formerly see doctor, <i>Frith</i> - - - - -	8895-8, 8993-6
Heavy, consequent on married women labour, <i>Frith</i> - - - - -	8906
Increase and question of reason, <i>Frith</i> - - - - -	8922-3, 8991-2
Procedure, <i>Frith</i> - - - - -	8771-7
Rate for women and no prospect of decreasing, <i>Frith</i> - - - - -	8904-9
Tendency to pay in some cases instead of fighting, <i>Frith</i> - - - - -	8715
Unjustifiable :	
Existence of, generally believed in, <i>Frith</i> - - - - -	8678-9
Misunderstanding as to circumstances entitling to sickness benefit, &c., <i>Frith</i> - - - - -	8680, 8706-7

**VOLUNTARY CONTRIBUTOR CLASS :**

Case of married women transferring to, and attempting to get sick pay after confinement, <i>Frith</i> - - - - -	9008-13
few Transfers, to, <i>Frith</i> - - - - -	9005, 9008

**Newcastle :**

Branch of National Amalgamated Union of Labour, excessive sickness said to be due to housing conditions, <i>Bell</i> - - - - -	40,804-5
Druids. Order of, <i>see that title</i> .	
Sons of Temperance, sickness experience, <i>Huntley</i> - - - - -	24,981-2, 24,990

**Norfolk :**

*see also* East Dereham.

Admission of members without medical certificates, <i>Scarlett</i> - - - - -	23,226-30
Border-line cases, difficulty <i>re</i> , and attitude of doctors, <i>Belding</i> - - - - -	34,243-5, 34,475-84, 34,505-10

**CERTIFICATES :**

Failure to indicate specific disease at first, but no trouble now, <i>Scarlett</i> - - - - -	23,088
Form Med. 26, objections to, <i>Scarlett</i> - - - - -	23,085-7
Trouble <i>re</i> , at first, but improvement, <i>Scarlett</i> - - - - -	23,231
Wholesale granting of, at first, but majority of doctors now working honestly, <i>Scarlett</i> - - - - -	23,194-5, 23,289
Dental treatment, facilities, <i>Scarlett</i> - - - - -	23,130-1
Dispensing by chemists instead of doctors would be preferred, but difficulty, <i>Scarlett</i> - - - - -	23,116-20

**DOCTORS :**

Allocation of patients not having chosen doctor, <i>Scarlett</i> - - - - -	23,063, 23,149-52
Better treatment in towns where competition, tendency to, <i>Belding</i> - - - - -	34,494-6

**Norfolk—continued.****DOCTORS—continued.**

Case of sending medicine without seeing messenger, another doctor being called in, and man dying, <i>Scarlett</i> - - - - -	23,083
Change of feeling in East Norfolk on part of, since Act, <i>Hyner</i> - - - - -	19,753-67
Changes, <i>Scarlett</i> , 23,079, 23,278-9; <i>Belding</i> , 34,388.	
Club practice, objections to, and officials got better attention than other members, <i>Belding</i> - - - - -	34,468-74
Hostility to Act formerly and some at present, but relations with societies generally satisfactory, <i>Scarlett</i> - - - - -	23,066-70
Interests of societies not considered, <i>Belding</i> - - - - -	34,280-1
no Knowledge of societies and weakness of, <i>Scarlett</i> - - - - -	23,242-7
Leniency, reasons for, <i>Belding</i> - - - - -	34,493
Majority on panel, <i>Scarlett</i> - - - - -	23,061-2
Number, distribution and number of patients to, <i>Scarlett</i> - - - - -	23,059-60
Opposed to Act, but work honestly and relations with societies friendly, <i>Belding</i> - - - - -	34,246-8, 34,378
Panel patients treated by bulk of, exactly as private patients, <i>Belding</i> - - - - -	34,282-6
Patients better attended and looked after than under former club system, <i>Belding</i> - - - - -	34,278-9
Position of insured persons before and after Act, and no change, <i>Hyner</i> - - - - -	19,736-49
Return to control by societies would be objected to, <i>Belding</i> - - - - -	34,389-91
Shortage in West Norfolk, <i>Hyner</i> - - - - -	19,719-35
Some almost entirely dependent on insurance patients and families, <i>Belding</i> - - - - -	34,223-5
Eye diseases, facilities for treatment, <i>Scarlett</i> - - - - -	23,130-1
Hospital facilities, <i>Scarlett</i> , 23,128-9; <i>Belding</i> , 34,450-3.	

**INSURANCE COMMITTEE :**

Presence of doctors on, success of, <i>Scarlett</i> - - - - -	23,280
Satisfactory working of, and free access to, <i>Scarlett</i> - - - - -	23,071-8, 23,274-7

**INSURED PERSONS :**

Attendance of families and dependants by same doctor, <i>Belding</i> - - - - -	34,223-7, 34,379-80
Medical institutes, <i>Scarlett</i> - - - - -	23,064
Number and class, <i>Scarlett</i> - - - - -	23,054-7

**MEDICAL BENEFIT :**

some Applications to make own arrangements, but not granted, <i>Scarlett</i> - - - - -	23,065
Control by societies would not be possible, <i>Scarlett</i> - - - - -	23,111-5, 23,121-3
Special mileage grant, working satisfactorily, <i>Scarlett</i> - - - - -	23,060

**MEDICAL REFEREE :**

Control by Commissioners preferred, and if not, by Committee, <i>Scarlett</i> - - - - -	23,098-110
Co-operation with doctors desired, <i>Scarlett</i> - - - - -	23,159-66
Desire for, by doctors and some societies, and reasons, <i>Scarlett</i> - - - - -	23,091-5
Norwich man would not be desired as, <i>Scarlett</i> - - - - -	23,107
Payment question, <i>Scarlett</i> - - - - -	23,096-7
basis of Scheme be submitted to Insurance Committee, <i>Scarlett</i> - - - - -	23,090
Rota of private doctors :	
Objection, <i>Belding</i> - - - - -	34,518-25
Probable, <i>Scarlett</i> - - - - -	23,102-5
Temporary scheme, <i>Belding</i> - - - - -	34,199-204, 34,212, 34,274, 34,320-2
Medical Service Sub-Committee, complaints to, details, <i>Scarlett</i> - - - - -	23,080-4
Misconduct, illness due to, complaint would be clearly stated on certificate, <i>Belding</i> - - - - -	34,374-7
Nursing arrangements, <i>Belding</i> - - - - -	34,397-400
Officials of societies and change in attitude since Act, and many officials have now given up any other employment, <i>Belding</i> - - - - -	34,290-4



**Norfolk—continued.**

- Panel consultant to visit district at intervals and call on doctors, suggestion, *Belding* - 34,199, 34,309-12, 34,348-9
- Pregnancy, difficulty, *Belding* - 34,368, 34,372
- little Sick visiting, *Belding* 34,301-4, 34,331, 34,401
- Sickness:
- large Arrears and decrease in amount of sickness probable in future, *Belding* - 34,238-42, 34,275, 34,325-7
  - no Excessive sickness since Act, but many arrears, *Belding* - 34,422-4

**SICKNESS BENEFIT:**

- Administration, no complaints by doctors, and complaints generally due to technical fault of members, *Scarlett* - 23,089
- Cases of persons drawing, for 26 weeks for anæmia, St. Vitus' dance, &c., *Belding* 34,242-5
- Declaring off at end of week, an old practice, *Belding* - 34,489-90
- Difficulty of doctors *re* deciding when to take people off, *Belding* - 34,252-8
- Half pay, scheme, and many employers and societies willing, *Belding* 34,186-7, 34,228-36, 34,259-68, 34,350-7, 34,412-3, 34,457-61, 34,466-7
- Reluctance to put people off fund for fear of losing patients, *Belding* - 34,219-22, 34,286-9, 34,393-6, 34,431-5

**SOCIETIES:**

- Danger to, of attaching odium to themselves by calling in referee, *Belding* - 34,199, 34,347-9
- Interests of members generally well looked after, *Scarlett* - 23,274-6
- Specialist facilities, question, *Scarlett* - 23,127, 23,140-6
- Voluntary insurance before Act, medical benefit system, &c., *Scarlett* - 23,214-23
- Women's diseases, no special facilities for dealing with, and consequent longer duration of sickness payments, *Scarlett* - 23,132-3

**Northampton:**

- Secretaries, requests by, to have dates on certificates on which patients not seen, *Cox* - 30,386
- Unqualified persons, insured persons allowed by committee to make arrangements with, *Cox* 30,498

**North London District of the Manchester Unity of Oddfellows Friendly Society:**

- Act, working smoothly now, *Lingstrom* - 41,673-5

**DUKE OF BEDFORD LODGE:**

- Certificates of any duly qualified medical man, accepted, and question of number not signed by official doctor, *J. P. Pearce* - 6382-7, 6393, 6406-7, 6410-5, 6420-30, 6458-61
- Independent sick pay, cost of, and question of reason for increase, *J. P. Pearce* - 6444-51
- Medical benefit arrangements before Act and little difference noticed since change of system, and no complaints heard, *J. P. Pearce* 6350-430
- Meetings and attendance, and question of extent to which members know one another, *J. P. Pearce* 6308-26, 6452
- Members:
- Class, *J. P. Pearce* - 6306-7, 6323
  - Number, and number insured under Act, *J. P. Pearce* - 6288-93
- Rules:
- Breach of, penalties and procedure, *J. P. Pearce* 6341-9
  - Mutual detection of infringement, *J. P. Pearce* 6327-39
- Sickness experience:
- under Act, below expectation, *J. P. Pearce* 6294-7
  - Heaviest in January to April quarter, *J. P. Pearce* 6298-305
- Sick visiting, *J. P. Pearce* - 6328-39
- Unjustifiable claims, knowledge of members of one another would act as deterrent, *J. P. Pearce* 6452-4

**North London District of the Manchester Unity of Oddfellows Friendly Society—continued.**

- Forms used by, question of universal use, *Lingstrom* 40,704-13, 41,690-5

**HOLBORN LODGE:**

- Members:
- Men only, and number, *Lingstrom* - 41,587
  - Occupations, *Lingstrom* - 41,606-9
  - Sickness and maternity experience, *Lingstrom* 41,598-603
  - Whole-time sick visitor, *Lingstrom* - 41,667-8
- Holborn and Kingsway Lodges, method of obtaining members and admission, *Lingstrom* - 41,588

**KINGSWAY LODGE:**

- Members, occupations, *Lingstrom* - 41,605
- Sickness experience, *Lingstrom* - 41,598

**LODGES:**

- Lack of uniformity of administration, and steps taken, *Lingstrom* - 41,689
- Question of extent of control by district, and order, *Lingstrom* - 41,679-88

**MABYS LODGE:**

- All domestic servants, *Lingstrom* - 41,604-5
- Need of rest and fresh air owing to overwork, &c., *E. Pearce* - 41,760-6
- Sickness and maternity experience, *Lingstrom* and *Meadmore* - 41,595-7a

**MABYS AND KINGSWAY LODGES:**

- Feeling of being entitled to benefit as result of paying in, *Lingstrom* - 41,634-6
- Members, women only, and number, *Lingstrom* 41,587
- Opinion of people *re* doctors and medical benefit as ascertained by sick visitor, *E. Pearce* 41,755-9
- Sick visiting, particulars *re*, *Lingstrom*, 41,593-4; *E. Pearce*, 41,715-55, 41,750-2.
- Sick visitor, visits sometimes resented by better-class people, *E. Pearce* - 41,738-44
- Women always seen by women callers desire to see secretary, *Lingstrom* - 41,594, 41,696-703

**MABYS, KINGSWAY, AND HOLBORN LODGES:**

- Administration, *Lingstrom* - 41,589-94
- Certificates, questioning of, in certain cases, and further information from doctors, but no replies received, and some cases sent to committee, *Lingstrom* - 41,619-28
- Declaration form, *Lingstrom* - 41,613-4

**Members:**

- all Furnished with rules, *Lingstrom* 41,615-8
  - Method of obtaining application for membership, *Lingstrom* - 41,631-2
  - Small interest in business of lodges, *Lingstrom* 41,590
  - Sickness benefit experience lighter than anticipated and question of reason, bad trade would cause increase, *Lingstrom* - 41,610, 41,629, 41,632-3
  - Sickness claims, investigation of, *Lingstrom* 41,610-2
  - Medical attendance before Act, conditions of, *Pearce* 6432-7
  - Members, on State and independent sides, *Lingstrom* 41,645-7
- SICKNESS BENEFIT:**
- Administration by lodges, no control over, but investigation into experience, *Lingstrom* 41,671-2
  - Payment by sick visitor, by post, or by secretary, *Lingstrom* - 41,662-6, 41,670
  - Sickness experience, 1907-1913, *Lingstrom* 41,638-45

**STATE INSURANCE:**

- Attitude of members *re*, and no difference made between voluntary side and, *Lingstrom* 41,648-59
- no Detrimental effect on society, *Lingstrom* 41,642-3
- State members only, small attendance at meetings, *Lingstrom* - 41,660-1
- Taking over of administration by State, no suggestion made by lodges and not even considered, *Lingstrom* - 41,676-8



### North London District of the Manchester Unity of Oddfellows Friendly Society—*continued.*

#### STATE INSURANCE—*continued.*

Women, married, difficulty of getting well as nourishment, &c., given to children, *E. Pearce* 41,767-72

North Shields Branch of National Amalgamated Union of Labour, increase in sickness claims, *Bell* 40,803

Northumberland, Sons of Temperance sickness experience, *Huntley* - - - - 24,981-2

Northumberland, Minimum Wage Act, working of, *Cann* - - - - - 35,286-92

Northumberland and Durham Permanent Relief Society, numbers of members of Durham Miners Association in, *Whiteley* - - - - 35,323-4

### Norwich:

Branch of Amalgamated Union of Co-operative Employees, sickness rate, *Davies* - - - 36,113

Institute, particulars and branches on borders of city would be useful, *Scarlett* - 23,064, 23,153-8

System of giving out work on special days of the week, effect on sickness claims, *Cox* - 30,545-6

Tendency of employers to send girls home in times of bad or slack trade, *Cox* - - - 30,533

Women Workers, National Federation of, *see that title.*

### Norwich Court of the Ancient Order of Foresters:

Administration, *Crisp* - - - - 38,927-34

Admission, medical examination in all cases on voluntary side and some cases on State side, *Crisp* 39,119-23

no Appeals or arbitrations, *Crisp* - - 39,066-9

#### CERTIFICATES:

Analysis of illnesses, *Crisp* - - - 38,947-50

Carefully scrutinised owing to result of valuation, *Crisp* - - - - 39,117-8

for Debility, would be paid on, for three or four weeks, and then case would be investigated, *Crisp* - - - - 39,134-46

#### DECLARING-OFF:

Difficulty in obtaining, and case, *Crisp* 39,049-50 must be Given by doctor having seen patient, *Crisp* - - - - 39,051-2

Desire to know nature of disease, *Crisp* 39,002, 39,124-6

Difficulties with doctors *re*, *Crisp* - 39,001-22

Payment on, but case of questioning, *Crisp* 39,127-31

should be Issued every week, and name of disease be stated, *Crisp* - - 39,046-8, 39,070-80

Required on first day of illness, but second certificate required before payment of benefit, *Crisp* 39,056-65

Dental treatment, no difficulty *re*, *Crisp* 39,197-9

Hospital treatment, no difficulty *re*, *Crisp* 39,197-9

Maternity and sickness, expenditure per head, *Crisp* 38,951-7

Medical arrangements before Act, *Crisp* 38,993-9,001

Meetings, attendance, *Crisp* - - - 39,167-76

#### MEMBERS:

Class H, six, and not much benefit drawn by, *Crisp* - - - - 39,150-1

Married, number, and number having drawn benefit, *Crisp* - - - - 39,147-9

Occupations and wages, *Crisp* - - 38,942-6

#### State:

Meetings not attended by, *Crisp* - 39,174-6

Number, *Crisp* - - - - 38,901

Voluntary, number, and number also on State side, *Crisp* - - - - 38,900-3

Women only, *Crisp* - - - - 38,899

Over insurance; and tendency to stay too long on funds, *Crisp* - 39,016, 39,040-5, 39,105-11

Pregnancy, four cases only, of payment, *Crisp* 38,958-61

Secretary, work of, &c., *Crisp* 38,904-5, 38,917-26

Self-governed, *Crisp* - - - - 39,177-82

### Norwich Court of the Ancient Order of Foresters—*continued.*

#### SICK VISITING:

Doctors' orders not interfered with, and removal of dressings left to visitor's discretion, *Crisp* 39,081-99

Persons not declared off without seeing doctor, *Crisp* - - - - 39,100-4

System, and need for payment, *Crisp* 38,904-15, 38,909-11, 38,935-41, 38,962-71, 39,023-39, 39,056-65, 39,132-3

#### SICKNESS BENEFIT:

Claimed from both sides at once, but separate certificates required, *Crisp* - - - 39,152-6

Girls kept on, by doctors longer than before Act, *Crisp* - - - - 39,013-5

no Housework allowed during receipt of, and precaution *re*, *Crisp* - - - - 38,972-92

More, drawn by members insured on both sides, *Crisp* - - - - 39,164-6

Number on, 1913 and at present, *Crisp* 39,183-6

Tendency to declare off at end of week and no steps taken, *Crisp* - - - - 39,190-2

Valuation, 1910 result, *Crisp* - - - 39,112-8

Voluntary side, reduction of contributions and benefits under section 72, *Crisp* - 39,157-63

Wages, sickness no more prevalent among higher or lower paid members, *Crisp* - - - 39,187-9

### Nurses:

Decrease in number and question of reasons, *Hughes* 40,406-11

Fully qualified and trained, to act in co-operation with doctors, would be approved, *Claydon* 24,484

Inadequate number in some districts, *Hughes* 40,291

Midwives, *see that title.*

Private and district nurses, standard the same, but comparison as regards work, *Puxley* - 36,867-74

Remuneration, and need for increase, *Puxley* 36,856-8

in Rural districts, not as a rule fully trained, *Puxley* 36,805

Shortage of, reasons and question of remedy, *Puxley* - - - - 36,852, 36,856

Slight cases not seen by, *Puxley* - - 36,877-86

Standard for all accredited associations the same, *Puxley* - - - - 36,846-7

Standard of qualification should be laid down and three years' hospital training the only one possible, *Puxley* - - - - 36,848-51

State registration advantages, *Puxley* - 36,860-6

might be Useful, *Rogers* - - - - 15,916-9

### Nursing:

Absence of provision for, and consequent excessive sickness, *Macarthur* - - - - 11,503

should be Apart from sick-visiting, *Puxley* - 36,822, 36,832-7

Arrangement should be made through Insurance Committee, and nurse be subject to direction of doctor, *Puxley* - - 36,807-22, 36,832-7

Arrangements should be made with existing organisations, *Puxley* - - - 36,809, 36,831

Control by one authority, not by different societies, desired, *Cox* - - - - 30,968-9

Deficiency in some places, and duration of illnesses could be shortened by, *Claydon* - 24,685-6, 24,687-90

Dressing often left to patient in absence of nurse, *Puxley* - - - - 36,788-90

Establishment of service, using existing associations and administered by committees would be preferred by doctors, *Bond* - - 18,614-5, 18,843-6

Grants-in-aid, system should be thought out and question of basis, *Puxley* - - 36,812, 36,842

Importance of, as preventing illness, and for educational value, *Puxley* - - - 36,823-30

Increase in period of sickness owing to lack of, and need for adequate service, *Puxley* - 36,773-7, 36,784-91, 36,796-806, 36,853

Municipal scheme suggested, *Webb* - 28,172-5

Provision of, would improve service, *Cox* 30,965-7

Provision of adequate nursing would probably reduce duration of claims, *Webb* - - - 28,171-2



**Nursing—continued.**

- State system would be preferred eventually, *Bond* 18,846-7  
 Value to be derived, *Bond* - 18,464, 18,576-7  
 18,599-600  
 Variety of organisations and overlapping in some districts, and organisation needed, *Purley* 36,843-5  
 Oddfellows, Independent Order of Manchester Unity, *see* Manchester Unity.

**Oddfellows, National Independent Order of:****ADMINISTRATION:**

- Details, and functions of central office and reasons for grouping of small branches, *Johnson* 26,350-78, 26,388-99, 26,494-8  
 Little part taken by women, impossibility of getting women to meetings, *Johnson* 26,578-82  
 Administration money, distribution, *Johnson* 26,411-7

**ADMISSION OF MEMBERS:**

- False declaration, procedure, *Johnson* 26,583-6  
 Medical certificate required in some branches, not in others, *Johnson* - 26,590  
 Branch secretaries, capacity, position, &c., *Johnson* 26,360-5  
 Branch without funds, procedure, *Johnson* - 26,570  
 Branches, number and geographical distribution, *Johnson* - 26,208-9

**CERTIFICATES:**

- Ante-dating, *Johnson* - 26,342, 26,347  
 Declaring-on, and continuing, giving of, without seeing patient, cases, *Johnson* 26,327-34, 26,342-7, 26,486-7  
 for Minor ailments, but doctor considered the best judge, *Johnson* - 26,263-73  
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- Difficulty in respect of, and common defence fund to be established, or rule amended to provide that society shall take up cases *Johnson* 26,547-8  
 Number, *Johnson* - 26,546  
 Compulsory consolidation of insurance business of society in districts under consideration, *Johnson* 26,419  
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- Berwick-on-Tweed, complaint of, *Johnson* 26,342  
 Case of sending account to patient, *Johnson* 26,337-8  
 Large number of persons have no intention of going to, *Johnson* - 26,304-14  
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 Lodge doctors have gone on panel, *Johnson* 26,315  
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 Double insurance, and probable effect, *Johnson* 26,529-30  
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**Oddfellows, National Independent Order of—continued.****MEDICAL REFEREE:**

- if Appointed appointment by Commissioners would be preferred, *Johnson* - 26,427-9  
 Consulting of, desirable but on exceptional occasions only, *Johnson* - 26,425-6  
 Number of cases submitted to, and fees, *Johnson* 26,422-4

**MEDICAL TREATMENT:**

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 Dissatisfaction with, and case of man paying, as private patient, *Johnson* - 26,620-7

**MEMBERS:**

- Class of, and distribution, *Johnson* - 26,210-21  
 in Manchester and round, *Johnson* - 26,217-20  
 State side:  
 Majority also on private side, and probably in some trade union for sickness benefit, *Johnson* 26,222-5  
 in England, Scotland, and Wales, *Johnson*, App. 26,206-7  
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 Old branches in Manchester have ceased to exist, owing to provision of permanent sickness benefit, *Johnson* - 26,259-60  
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**PREGNANCY:**

- Payment of benefit, *Johnson* 26,323-4, 26,433-9, 26,555-40  
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- Effect of Insurance Act on, *Johnson* 26,608-11  
 Incapacity, practice *re*, formerly, and rules to be brought into conformity with those on State side, *Johnson* - 26,549-52  
 Reduction of contributions, and re-insurance in many cases, *Johnson* - 26,227-8, 26,526-8, 26,550-1  
 Reduction of contributions, provisional scheme, failure of branches to understand, and suspicion felt, *Johnson* - 26,543-4  
 Sickness benefit, statistics, first half of 1912 and 1913 in England and Scotland and increase, *Johnson* - 26,247-52, App. E.  
 Sickness benefits, *Johnson* - 26,226  
 Sickness experience, 1901-5, *Johnson* - 26,254-60, 26,379-87, App. E.  
 Relief expected from Act, but expectations will not be realised, *Johnson* - 26,520-5  
 Secessions, movement throughout society in favour of, with view of dividing up funds, *Johnson* 26,541-3  
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**SICK VISITING:**

- Attitude of members, *Johnson* - 26,607  
 Expenditure on, *Johnson* - 26,411-8  
 Payment, *Johnson* - 26,597-9  
 System, *Johnson* - 26,403-7, 26,600-7  
 Value of, in the past, but insufficiency under new conditions, and reasons, *Johnson* - 26,504-12

**SICKNESS BENEFIT:**

- Complaint from Bradford of members being kept too long on funds, *Johnson* - 26,339-42  
 Cost, comparison with Commissioners' estimate, *Johnson* - 26,241-6  
 Exceeding of estimate by branches, inquiry made and report asked for, *Johnson* - 26,396-9  
 Limitation of total amount to be drawn, *Johnson* 26,258, 26,384  
 some Members believed to have obtained work for short time only and stamped cards for 26 weeks, now drawing 26 weeks' benefit, and will then continue on disablement benefit, *Johnson* 26,556-7



Oddfellows, National Independent Order of—*continued.*SICKNESS BENEFIT—*continued.*

Statistics, first half, 1913, in England and Scotland,  
and reasons for difference, *Johnson* 26,229-40,  
26,440-1

## SICKNESS CLAIMS :

## Excessive :

Causes, *Johnson* - - - 26,274-81, 26,506-7  
in Certain lodges, and question of reasons,  
*Johnson* - - - 26,368-9, 26,378, 26,400-2,  
26,420-1, 26,515-9

Insurance on both sides has not resulted in any  
amount of, *Johnson* - - - - 26,287  
Small amount in some branches, *Johnson*

Irregular, not made or allowed to any appreciable  
extent, *Johnson* - - - - - 26,263

Many persons joined society formerly without any  
intention of drawing benefits, *Johnson* 26,277-86  
from Persons who would formerly have gone on  
working, *Johnson* - - - - 26,251, 26,289

Sickness experience, not considered excessive under  
circumstances, *Johnson* - - - - 26,592

Solvency improving, *Johnson* - - - - 26,257

Women's lodges, administration, *Johnson* 26,581-2

## Oldham :

## CERTIFICATES :

Confidential information to society to detriment of  
patient, objection to proposal, *Claydon* 22,773-5  
Forgery of doctor's name, *Claydon* 22,459, 22,466-7  
for "Internal trouble," particulars of case, *Claydon*  
22,545

Refusal of, and loss of patients as result, *Claydon*  
22,517-35, 24,289-93, 24,380-5

Characteristics of people, and probable attitude as  
regards full-time medical service, *Claydon*  
23,029-31

## FREE CONSULTATIONS :

Facilities, *Claydon* - - - 22,883-4, 24,501-5  
where Women able to pay, case of, *Claydon*  
22,884-9

Dental treatment, facilities, *Claydon* 22,893-900,  
22,905

## DOCTORS :

Changes by consent, *Claydon* 22,448, 24,303-4  
Good relations with societies as a whole, and  
due largely to personnel of Insurance Committee,  
*Claydon* - - - - - 23,010-2

Insured persons on list, proportion obtaining sick-  
ness benefit, *Claydon* - - - - 22,505

Instructions carried out, *Claydon* - 22,698-705

Middle-class practice, *Claydon* - - - 22,455  
Number and number of insured persons and dis-  
tribution, and opinion *re* suitable number of  
patients, *Claydon* 22,443-7a, 24,306-12, 24,718

People go to, with object of being cured, *Claydon*  
22,507-9

People persuaded to go back to work in some  
cases, *Claydon* - - - - - 22,511-5

Transfers to woman doctor, question of, *Claydon*  
24,458-65

Visits and attendances, *Claydon* - - - 22,506

Willing personally to give reasonable information  
to societies, *Claydon* - - - - 22,546-8

Eye treatment, facilities, *Claydon* - - - 22,901-5

Hospital facilities, *Claydon* - - - - 22,878-82

Industries and wages, *Claydon* - - - - 22,449-54

Insured persons, number of men and women in  
certain societies, *Claydon* - - - - 23,026-8

Local medical committee, conference with repre-  
sentatives of insured persons on Insurance Com-  
mittee, *Claydon* - - - - - 22,764-5

Malingering, case of, *Claydon* - - - - 22,728-9

Manchester Unity, medical arrangements before Act,  
*W. P. Wright* - - - - - 31,660

Medical referees, objections of patients to going to  
strange doctors, *Claydon* - - - - 22,867-8

Necessary facilities, *Claydon* - - - - 24,685

Patients in bed, instructions sent to, to go to Man-  
chester to be examined, *Claydon* - - - 22,865

Sick visitors, cases of interference, &c., by, *Claydon*  
22,998-3,003, 24,393-453

Oldham—*continued.*

## SICKNESS BENEFIT :

Cases of payment for gonorrhœal rheumatism,  
arthritis, gonorrhœa, and syphilis, *Claydon*  
22,468-76

Difficulty in obtaining payment of, to women after  
abdominal operation, &c., particulars of case,  
*Claydon* - - - - - 22,544-5

20 weeks for lumbago, *Claydon* - - - 22,477-88

Treatment at infirmary and workhouse facilities,  
*Claydon* - - - - - 22,892

Unjustifiable claims, small number of, *Claydon*  
22,456-8

OLDHAM, DR. H. F., member of Lancashire Insur-  
ance Committee, nominated by the British Medical  
Association (Morecambe) - - - 37,585-37,835

Onychia, case of woman being sent to referee at  
own charge after two or three weeks, and being  
declared off, *Cox* - - - - - 30,820-3

Openshaw branch of National Independent Order of  
Oddfellows, membership, and excess of sickness  
benefit above estimate, *Johnson* - 26,368-9, 26,378

Order of Druids Friendly Society, *see* Druids, Order  
of, Friendly Society.

Order of United Sisters, Suffolk Unity, *see* Suffolk  
Unity, Order of United Sisters.

Oreston, *see* Plymouth district of Manchester Unity of  
Oddfellows Friendly Society.

## Over-insurance :

Approved, as person has more expenses when ill,  
*Davies* - - - - - 36,167-74

Approved up to certain amount, *Morland* 34,868-71

not Considered by majority of doctors as particular  
cause of unjustifiable claims, but danger with low-  
paid people, *Cox* - - - - - 30,450-1

Danger of, *Huntley*, 25,393-4; *Divine*, 33,376-9.

Definition, *Huntley* - - - - - 25,315-20

Doctors generally ignorant as to, *Cox* - - - 30,452

Double insurance in one society better than through  
two, *Shaw* - - - - - 6,773

Existence of, and effect on claims, *J. Duncan*, 3997-8;  
*Shaw*, 6503-4, 6772-3; *Hollins*, 9104-6, 9120;

*Bunch*, 10,866-88, 11,050-60, 11,243-4; *W. Duncan*,  
17,044-69; *Mander* and *I. Wright*, 21,592-3,

21,628-37, 21,708-12, 21,909-10, 21,956-7; *W. P.*  
*Wright*, 31,827-8; *Marsh*, 32,596, 32,612-6, 32,666,

32,680-7; *Crisp*, 39,016, 39,040-5, 39,105-11;  
*Dixon*, 39,481, 39,514-25, 39,553-61, 39,481;

*Barnes*, 41,931-6.

little Importance attached to, *Farman* - 32,562-4

Insurance for other benefits preferable, *Bond*  
18,746-8

Limitation of amount of benefit to ordinary wages  
suggested, *Richmond* - - - 38,455-62, 38,563-4

Men when ill should receive as much or more than  
when well, but tendency to remain longer on funds  
as result, but restriction not advocated, *Jackson*  
36,553-66, 36,614-2

no Provision against, and need for, *Marsh* 32,596,  
32,616-8, 32,664, 32,678-82

Reduction of State benefit in case of, question of,  
*Jackson* - - - - - 36,741-5

Temptation of, and prevention desirable if possible,  
but difficulty, *Eastman* - - - 40,671-7, 40,702-9

PAGET, SYDNEY C., Clerk to the Bristol Insurance  
Committee - - - - - 23,946-24,287

PARROTT, J. W., Clerk to Birmingham Insurance  
Committee - - - - - 20,806-20,998, 21,207-21,356

PARSONS, DR. J. A., nominated by British Medical  
Association, (Market Overton, Rutland)  
31,202-31,430

PEARCE, J. P., Secretary of the Order of United  
Sisters, Suffolk Unity - - - - 6085-6465

PEARCE, Miss ESTHER, sick visitor of North London  
District of Manchester Unity of Oddfellows Friendly  
Society (joint evidence) - - - 41,585-41,772

"Peripheral neuritis," questioning of certificate for,  
by society as possibly due to accident, case of,  
*Claydon* - - - - - 22,650-1

PETERS, C. FURNESS, F.I.A., Actuary of the  
Liverpool Victoria Approved Society - 1682-2347



PHILLIPS, Dr. J. E. (Malpas) - 35,433-35,797  
 PHILLIPS, Miss MARION, D.Sc., general secretary  
 of the Women's Labour League, - 38,806-38,896

#### Phthisis :

in Case of early, undesirable in some cases to state  
 nature of disease, *Cox* - - - 30,152-65  
 Treatment no better than before Act, *F. J. Smith*  
 34,694-5

PIMBLE, S., Secretary of the Gloucester Conservative  
 Benefit Society - - - - 37,015-37,463

#### Plymouth district of Manchester Unity of Oddfellows Friendly Society :

Administration, differences from other districts,  
*Barnes* - - - - - 41,953-62

##### CERTIFICATES :

Acceptance of, without question, *W. P. Wright*  
 31,710  
 Charging for, *Barnes* - - - - 41,920-1  
 Continuing, refusal to sign, *Barnes* - - - 41,920  
 Dating-back, *Barnes* - - - - 41,918-28  
 for Debility in case of old men, difficulty *re*,  
*Barnes* - - - - - 41,850-3  
 Payment on, without question, but case visited  
 and reported on and doctor approached in  
 doubtful cases, *Barnes* - 41,880-907, 41,942-6  
 Dockyard clubs, *Barnes* - - - - 41,933-4

##### DOCTORS :

Hostile attitude at first, but improvement, *Barnes*  
 41,797, 41,854-5  
 Inadequate time given to patients, *W. P. Wright*  
 31,710  
 Relations with officials, comparison with before  
 Act, *Barnes* - - - - - 41,864-79  
 Same as before, *Barnes* - - - - 41,856-60  
 Inclusion of part of Cornwall, and occupations of  
 members, *Barnes* - - - - - 41,922-4  
 Ivybridge, claims much the same as before Act, and  
 relations between doctor and secretary the same,  
*Barnes* - - - - - 41,863-6

##### KINGSBRIDGE :

same Doctors and members and officials except  
 secretary, *Barnes* - - - - - 41,858-61  
 Heavy claims year prior to Act coming into opera-  
 tion, *Barnes* - - - - - 41,862  
 Men's claims excessive, women's below average,  
 and question of reasons, *Barnes* - 41,787-90,  
 41,795-7

##### LODGES :

Number and membership, *Barnes* - 41,774-6  
 Visiting of, by district officers, *Barnes* 41,835-7,  
 41,843-9  
 no Medical referees, *Barnes* - - - - - 41,908  
 Meetings, attendance, and not necessarily a sign of  
 want of interest, *Barnes* - 41,814-20, 41,939-41

##### MEMBERS :

Numbers insured on both sides and on one side  
 only, *Barnes* - - - - - 41,775-6, 41,798-812  
 Number not State-insured, *Barnes* - 41,798-806  
 Misunderstanding of principles of national insur-  
 ance, *Barnes* - - - - - 41,930  
 Over-insurance and effect of claims, *Barnes* 41,931-6

##### PRIVATE SIDE :

Reduction of contributions owing to difficulty in  
 some cases in paying double, *Barnes* 41,937-8  
 Small percentage of contributions reduced, *Barnes*  
 41,931

Secretaries, difficulty of making out instructions,  
*Barnes* - - - - - 41,834

Sick visiting, system, and no distinction between  
 State and other members, *Barnes* - 41,837-42,  
 41,847

##### SICKNESS BENEFIT :

Appeal case, *Barnes* - - - - - 41,908  
 People go on, who would formerly have continued  
 at work, *Barnes* - - - - - 41,925-7  
 Rules of conduct during, more strict than rules of  
 insurance companies, *Barnes* - - - 41,970  
 Tendency to stay on, longer than before Act,  
*Barnes* - - - - - 41,928-9

#### Plymouth district of Manchester Unity of Oddfellows Friendly Society—continued.

##### SICKNESS CLAIMS :

Desire to get return from contributions, *Barnes*  
 41,930  
 Excessive in Oreston, Stonehouse and Kingsbridge  
 lodges, and question of reasons, *Barnes*  
 41,786-97  
 Encouragement of, by people booming Act and by  
 opponents, *Barnes* - - - - - 41,797  
 Sickness experience, *Barnes* - - - - 41,779-85

##### STATE INSURANCE :

not Detrimental to society owing to attitude of old  
 friendly society members, *Barnes* - 41,829-32  
 Less interest taken in, than in private side, *Barnes*  
 41,821-8  
 Stonehouse laundry workers, conditions of work,  
 &c., *Barnes* - - - - 41,788, 41,909-17

#### Poole, Dorset, Manchester Unity :

Certificates, generally accepted, but visitor on alert  
 in case of minor ailments, *W. P. Wright* - 31,710  
 Sick visiting, but incompetency of female visitors,  
*W. P. Wright* - - - - - 31,710

#### Poor law medical service :

Reason for unpopularity, *Webb* - - - 27,879-81  
 Unpopular among poor, *Hogarth* - - - 28,492  
 Unpopular service with profession, *Cox* - 30,671  
 Portsmouth, girls in corset factories, large amount of  
 anæmia, and appearance of malingering owing to  
 difficulty of keeping girls in at night, *M. Phillips*  
 38,820-2

#### Potteries :

Druids, Order of, *see that title.*

##### FACTORIES :

Cheap mid-day meals near, desirable, *Wilson*  
 41,006  
 Conditions in, *Wilson* - - - - - 41,009-12  
 Housing conditions, *Wilson* - - - - - 41,085  
 Lead workers, mess rooms for, *Wilson* - 41,006  
 Milk, bad conditions of storage, *Wilson* - 41,014  
 Sanitary arrangements, inadequacy, *Wilson* - 41,015  
 Tunstall Benevolent Burial Society, *see that title.*

##### WOMEN :

Few cases only of being sent away from work for  
 pregnancy, *Wilson* - - - - - 41,070-2  
 Ignorance as to proper care of health and com-  
 parative value of food, *Wilson* - 41,003-14  
 Wages, *Shaw* - - - - - 6805  
 Work in some cases till few days of confinement,  
 but growing tendency to stop women from four  
 or six weeks beforehand, *Hollins* - 9219-21,  
 9252

#### Potteries and Newcastle district, Manchester Unity :

Certificates, acceptance without question, *W. P.*  
*Wright* - - - - - 31,695  
 Malingering, and remedy suggested by secretary,  
*W. P. Wright* - - - - - 31,695  
 Sickness benefit, alleged persuading of people to  
 go on fund by doctors, *W. P. Wright* 31,695-9  
 Slackness of officials, example, *W. P. Wright* 31,702-4  
 Visiting, by lady visitors when convenient, *W. P.*  
*Wright* - - - - - 31,701-2

Pottery Insurance Company, object of, *Wilson*

40,881-2

Pottery trade, hardness of work and women do same  
 work as men in some branches, *Hollins* - 9430-6

#### Pottery Workers, National Amalgamated Society of Male and Female :

##### ADMISSION OF MEMBERS :

Chronic cases, and many immediately went on  
 funds, *Hollins* - - - - - 9360-3  
 without Medical examination, *Hollins* - 9351  
 Question on form *re* health and freedom from  
 disease, *Hollins* - - - - - 9330  
 all Trade union members taken if effectively  
 employed, *Hollins* - - - - - 9331-3  
 Appeals, procedure, *Hollins* - - - - 9206-8



Pottery Workers, National Amalgamated Society of Male and Female—*continued.*

## CERTIFICATES :

- for Anaemia and debility, procedure, *Hollins* 9145-51
- Ante-dating and post-dating suspected, *Hollins* 9419
- Declaring-on form and question of improvement, *Hollins* - - - - 9324-9
- Difficulty of understanding technical terms, and doctors should be compelled to state nature of illness clearly and in English, *Hollins* 9400-5
- Granted too easily, *Hollins* - - - - 9449-50
- Hiding of exact nature of disease out of consideration for patient, *Hollins* - - - - 9251
- of Incapacity queried lately in some cases, *Hollins* 9339-40
- Industrial diseases, sufficient information not always given by doctors, and more assistance desired, *Hollins* - 9133-44, 9257, 9260-79, 9291-304, 9478-83, 9495-6
- for Minor ailments, and communication with doctor in case of, *Hollins* - - - 9125-33

## COMPENSATION :

- Cases of dismissals by employers, *Hollins* - 9508
- for Industrial diseases more difficult to obtain, and procedure, *Hollins* - 9308-11, 9488-528
- Procedure, &c., *Hollins* - - 9305-7, 9484-7
- Deaths, number and causes, since commencement of Act, *Hollins* - - - - 9351-60

## DOCTORS :

- generally Courteous to society, *Hollins* - 9125, 9248-50
- Stoke-on-Trent area, payment by attendance, large number of claims as result, *Hollins* 9258-9
- Explanation of name, *Hollins* - - 9475-7
- Fraud, no case of, *Hollins* - - - - 9121
- Influenza cases, *Hollins* - - - - 9372-3
- Lead poisoning, large number of cases, *Hollins* 9262-4
- Lodges, number, *Hollins* - - - - 9059
- Maternity benefit, cost of, up to Oct. 12, 1913, *Hollins* - - - - 9081 *note*
- Maternity claims, from single women, *Hollins* 9113-4
- Medical benefit, and examination not always thorough, *Hollins* - - - - 9141-3

## MEDICAL REFEREE :

- Desirable, but should be appointed by State and be independent of private practice, *Hollins* 9228-36, 9406-7, 9321-3
- Recommended by Stoke-on-Trent Insurance Committee, *Hollins* - - - - 9461-3

## MEMBERS :

- on Approved Side :
- not Limited to those on voluntary side, *Hollins* 9427-9
- Member and number of men and women, *Hollins* 9056-8, 9467-8
- Bad lives, large number of, *Hollins* 9363-71, 9471
- Distribution, *Hollins* - - - - 9060-2
- Private side, *Hollins* - - - - 9055
- Proportion who had not had previous experience of sickness insurance, *Hollins* - 9083-90
- Women, number, and representation on management, *Hollins* - - - - 9441-8
- Membership of Trade Union, increase, *Hollins* 9464-6
- Misconduct, illness due to, doctors should give indication, *Hollins* - - - - 9312-7
- Misunderstanding of principles of insurance, *Hollins* 9394-5, 9451, 9456
- Organisation, *Hollins* - - - - 9050-2, 9387-93

## PREGNANCY :

- Difficulty of cases and of deciding *re* incapacity for work, *Hollins* - - - - 9209-26, 9241-3
- Large numbers of claims, *Hollins* - 9349-50
- Number of claims and practice *re*, *Hollins* 9281-90
- Payment of benefit, *Hollins* - - - 9122-4
- Refusal of benefit, *Hollins* - - - - 9205
- Position, *Hollins* - - - - - 9046
- Respiratory disease, number of cases, *Hollins* 9351
- Second opinion, power to consult, but not yet done, *Hollins* - - - - - 9227

Pottery Workers, National Amalgamated Society of Male and Female—*continued.*

## SICK STEWARDS :

- System, payment, number, &c., *Hollins* 9156-67, 9457-60
- Women stewards' services dispensed with in Glasgow and Stoke-on-Trent districts, and other women appointed, for two days a week, and payment, *Hollins* 9177-82, 9200-5, 9374-5

## SICKNESS BENEFIT :

- Case of mau being struck off, after being found doing all household work, *Hollins* - 9188-92
- Cost of, up to October 12, 1913, *Hollins* 9081 *note*
- Excess over-estimated cost, *Hollins* - 9068-81
- Members always given benefit of the doubt, *Hollins* - - - - - 9244
- Number of cases, percentage and duration, *Hollins* 9065
- None paid by union, *Hollins* - - - - 9397
- Payment by sick stewards, *Hollins* - 9172-6, 9458-66
- Rules of conduct while in receipt of, fining for breach of, *Hollins* - - - - 9194-8
- Serious effect on society anticipated, *Hollins* 9472-4
- Strictness *re*, members might secede as result, but no leniency on account of possibility, *Hollins* 9237-44
- Women found doing household work, procedure, *Hollins* - - - - - 9376-82

## SICKNESS CLAIMS :

- All claims paid except in compensation cases, *Hollins* - - - - - 9185-7, 9193
- Connection with housing conditions, but some improvement in, *Hollins* - - - - 9415-8
- Doubtful, procedure, *Hollins* - - - 9183-4
- largely Due to occupation of members, but conditions improving, *Hollins* - - - 9412-4
- Excessive, reasons and measures taken *re*, *Hollins* 9199-205, 9351-71, 9409-11, 9430-40
- from Lower paid earners, tendency, *Hollins* 9096
- Procedure, *Hollins* - - - - 9152-3, 9168-76
- Question of difficulty in administration and check in scattered districts, *Hollins* - 9469-70
- Unjustifiable, no substantial amount, *Hollins* 9063-4
- State insurance scheme run as part of trade union activities, with same organisation, *Hollins* 9425-6
- Trade Union members, employers forced members to join large societies instead of approved society, but some are returning, *Hollins* 9344-8
- Unwillingness to return to work, chiefly among women, *Hollins* - - - - 9399, 9451-6
- Wages and occupations, *Hollins* - 9091-5, 9115-7

## WOMEN :

- Average earnings, *Hollins* - - - - 9396
- Benefit might be some inducement to go on funds, *Hollins* - - - - - 9398
- few Employed in dipping houses, *Hollins* 9334-7
- Married, number, *Hollins* - - - - 9106-11
- Over-insurance and claims heavier, and reluctance to go off funds, *Hollins* - - - 9104-6, 9118
- Wages and nature of work, *Hollins* - 9097-103

POULTON, E. L., General Secretary of the National Union of Boot and Shoe Operatives - 10,502-10,820

## Pregnancy :

## ABORTION :

- no more Element of criminality in use of term than in use of miscarriage, *Cox* - 31,007-10
- Procured :
- Difficulty of proving attempt, *Cox* - 30,744-7
- Doctors would certify abortion only, *Cox* 30,602-5
- Advanced stages, provision desirable for, *Huntley* 25,283-5

Advice and assistance at early stage needed, health service under public health authority advocated, *Bondfield* 40,462-70, 40,569, 40,587, 40,589, 40,638

## CERTIFICATES :

- Addition of something else to, after refusal of benefit, *Barber* - - - - - 28,966
- Details should not always be required, matter should be left to doctor's discretion, *Holder* 23,484-504
- no Difficulty in obtaining, *Davies* - 36,306-9



**Pregnancy—continued.****CERTIFICATES—continued.**

- Disease plus pregnancy would be reasonable, unless disease independent of, *Bond* 18,516-22, 18,654-6
- Incorrect certification owing to non-payment by societies, *Bondfield* - - - 40,522, 40,533
- Practice of doctors *re*, *Claydon* - - - 22,969-81
- Tendency to give other cause on certificate if possible, *Parrott* - - - - - 20,991-8
- Certifying of serious conditions due to, without mention of pregnancy, *Roberts* - - - 29,864-82
- should not be Classed in same category as other sorts of sickness, *Bondfield* - 40,450-2, 40,462, 40,570-6

**COMPLICATIONS:**

- Percentage of cases with, *Routh* - - - - 35,880
- Practice of doctors to certify, *Webb* - - - 27,116
- Question of possibility of deciding what pathologically and physiologically due to pregnancy, and what due to pregnancy plus other causes, *Routh* - - - - - 35,929-73
- Question of possibility of drawing line between normal conditions and, *Routh* - - - 35,813-38, 35,843-4, 35,893-902
- Schedule of, would not be justified, *Barrand* 5191-2
- Covering up of, by doctors, and putting down of non-existing complications, *Appleton*, 11,770; *Rigby*, 26,777-838, 26,915-7.
- Decrease in amount of illness and suffering expected as result of scheme, *Bondfield* 40,508, 50,537
- Described as debility, *Paget* - - - - - 24,076
- Educational centre to give people information and advice aimed at, *Bondfield* - 40,454, 40,588, 40,591
- Excessive sickness among married women due to effects of ignorance and lack of advice and treatment during, *Bondfield* - - - 40,421-46, 40,584
- Extension of medical benefit to dependants would be useful but not sufficient, *Bondfield* - - - 40,587
- Failure to disclose, cases of, *Flather* - - - 36,932
- Financial difficulty, and schedule of complications for which doctors may grant certificates would help, *Sanderson* - - - - - 424-9
- General practitioner competent in ordinary cases, but specialist's advice needed in some complicated cases, *Bondfield* - - - - - 40,585-7
- Ignorance of women *re* conditions of paternity and maternity, *Bondfield* - - - - - 40,455-61
- Illness during, should be treated as ordinary sickness, *Oldham* - - - - - 37,616-7, 37,620-1
- Improper claims made in connection with, where illegal practices involved, but difficulty of proof and procedure, *R. Smith* 12,476-98, 13,161-7, 13,732-4
- Incapacity due to, adequate provision for, essential, *Macarthur* - - - - - 11,496-7
- Incapacity for work even without complications possible, and question of proportion of cases, *Bond* - - - - - 18,848-58
- Isolation of cases requiring special observation in institutions advocated, *Routh* 35,882-91, 35,914-5, 35,918-22
- Lump sum during, and after confinement, *see under* Confinement.
- Medical examination in early months important, *Bondfield* - - - - - 40,555-7, 40,560-2
- Medical supervision during, and treatment if necessary, provision for, and question of, by panel doctor advocated, *Routh* 35,802-3, 35,839-42, 35,855-65, 35,909-15
- MISCARRIAGES:**
- Difficulty of question and suggestion *re* benefit, *Bondfield* - - - - - 40,601-2
- Provision in case of, needed, *Routh* - - - 35,866-9
- Single women, doctors might certify something else, or advise patient not to ask for certificate, *Cox* - - - - - 30,606-10, 30,748-50
- Normal, frequent, *Routh* - - - - - 35,839
- Notification of, and definite benefit advocated, *Routh* 35,803, 35,907-8
- Pathological condition generally, *Routh* 35,806-11
- better Provision for women during, needed, *Layton* 29,744-7

**Pregnancy—continued.****REMOVAL FROM ACT AND DEALING WITH BY L****HEALTH AUTHORITIES:**

- Advocated, *Routh* - - - - - 35,856
- would not be Objected to if benefits, not reduced
- Bondfield* - - - - - 40,541-3, 40,633-5

**SICKNESS BENEFIT:**

- Administration by insurance committees, not advocated, *Bondfield* - - - - - 40,633-5
- should Apply also to unmarried women, when possible, *Bondfield* - - - - - 46,624-9
- Commissioners should issue definite instructions that benefit due for incapacity where caused by specific disease or mental or bodily disablement, *Webb* - - - - - 27,116
- without Complications, payment for last fortnight, *Rigby* - - - - - 26,778, 26,842-7
- for Complications only, question of effect on claims, *Hodgson* - - - - - 26,173-92
- Definite opinion desired, *Hollins*, 9245-7; *Paget*, 24,073; *Morland*, 34,876-80; *Davies*, 36,227, 36,265.
- Definite benefit and withholding of sickness benefit except for illness connected with pregnancy, suggestion, *Daniels* 13,877, 14,870-83, 14,897-901, 14,959-73
- Definite payment of, for specified period, rule preventing homework not advocated, *W. P. Wright* 32,233-5
- Definite payment for last month desirable, *Oldham*, 37,618-9; *Richmond*, 38,790-4.
- Difficulties *re*, *Hollins*, 9209-26, 9341-3; *Poulton*, 10,656, 10,658; *Cox*, 30,970-4; *Oldham*, 37,616-7.
- Difficulty of question, and differences in method of dealing with, *Daniels* - - - 13,879, 14,882
- Difficulty *re*, and doctors would welcome guidance, and uniformity of practice desirable, *Cox* 30,621-5
- Difficulty *re*, and clear and definite directions needed, *Macarthur* - - - - - 11,415-8
- Each case must be judged on its merits, and decision should be left to doctor, not a question of discretion of society, *Richmond* 38,526-42, 38,766-805
- Government should take definite steps *re*, *Flather* 37,000
- 5l. in instalments to all women, and extra 2l. 10s. or more to those who are sick, at discretion of public health centre, medical opinion to decide, scheme, *Bondfield* - - - 40,488-540, 40,543-56, 40,565-8, 40,592-603, 40,606-9, 40,623-8, 40,630-2
- Incapacity due to pregnancy laid down by Commissioners as entitling to, *Webb* - 27,114-5
- for Last fortnight would be reasonable, *R. Smith* 12,428
- for last Month:
- would lead to earlier notification of pregnancy, *Routh* - - - - - 35,853-5, 35,903-6
- should be Taken out of ordinary insurance and administered separately, *Oldham* - 37,622
- for Month or six weeks desirable, and month afterwards, *Routh* - - - - - 35,845-52
- Non-payment for disablement due to, considered contrary to Act, *Roberts* - - - - 29,876-9
- should be Paid in same way as for other sicknesses, *M. Phillips* - - - - - 38,888-9
- should be Paid when doctor certifies that woman should not continue at remunerative work, and extra State grant suggested, *Macarthur* 11,592, 14,408-10, 14,499-502
- if Part of period were not to be paid for, middle three months suggested, *Hodgson* - 26,195-7
- apparently Payable according to handbook *re* Act, *Thomas* - - - - - 4653-4, 4665-70
- Payment, *Tuckfield*, 920-3, 1115-6; *J. Duncan*, 3652-9, 3918-23; *Barrand*, 5133-6, 5191-5; *Shaw*, 6853-60, 7072-6; *Wigglesworth*, 18,325-8, 18,337-44; *Johnson*, 26,323-4, 26,433-9, 26,535-40.
- Payment:
- Advocated, *Hodgson*, 26,177-90; *Dawes*, 33,873-4.
- Believed to be general practice, *Johnson* 26,438-9



**Pregnancy—continued.****SICKNESS BENEFIT—continued.****Payment—continued.**

over Certain period desirable, *Thomas* - 4608, 4626

for Complications and incapacity, *Saunders*, 9662-6; *Dyer*, 23,754-7, 23,790-2; *Wightman*, 24,831-44; *Huntley*, 25,408; *Rigby*, 26,777-82, 26,786-93, 26,802-5, 26,824.

Considered to be in accordance with Act, *Shaw* 6865-6

through Health visitors instead of societies advocated, *Bondfield* - 40,464, 40,470-87, 40,536-7

**for Pregnancy alone:**

Interpretation of statement in Commissioners' Handbook by some societies and clear statement from Commissioners desired, *Huntley* 25,240-59

should be Limited to four or six weeks before confinement, *Shaw* 6864-7, 7012-20, 7069-73, 7098-102

Non-payment believed to be according to Act, *Rogers* - - - - 15,777, 15,959

Refusal of payment for complications, *Scarlett* 23,175-82, 23,209-11

Subsidising of funds or increase of contributions will be necessary, *Davies* - - 36,265

Women not entitled to, by Act, but in some cases not capable of going on working, *Harrison* - - - 38,222-35, 38,289-93

cannot be Reconciled with solvency, *Wigglesworth* 18,434-5

Refusal of certificates for month before, claims would probably be longer, *Roberts* - - 29,972

Refusal of payment, *Peters*, 2139-40; *Clayton*, 3336-7, 3375-9, 3458-9, 3482-7; *Thomas*, 4288-94, 4658-63; *Willson*, 5704-17; *Frith*, 8810-5; *Hollins*, 9205; *Lamacraft*, 9919, 10,161-4, 10,204-11; *Poulton*, 10,656-61; *R. Smith*, 12,399-450, 13,142-4, 13,177-81; *Rogers*, 15,478-81, 15,762-77; *Parrott*, 20,994-7; *Wilson*, 41,066-76; *Jones*, 41,534-46.

Refusal of Commissioners to give opinion, *Bennett*, 16,346-7, 16,690-2

unless Specific disease, &c. present, should be paid only for last month, *Johnson* - - - 26,436

should be Taken out of Sickness benefit under Act, *Roberts* - - - - 29,936

should be Taken out of Insurance Act, and local health authority be made responsible for treatment, *Webb* - - - 27,159, 27,945, 27,953-4

for Two or three months considered desirable but many doctors, *Layton* - - - 29,655-71

Unmarried women:

no Distinction, *Sanderson*, 566-9; *Peters*, 2145; *Thomas*, 4657; *Jefferson*, 7566-7; *Frith*, 9037-8; *Lamacraft*, 10,441-4; *R. Smith*, 12,407-8; *Daniels*, 13,888-9; *Wilson*, 41,062-5.

no Distinction would probably be made, *Scarlett* 23,184

Refusal of benefit, *Tuckfield*, 920-1, 970-1, 1117-21, 1339; *J. Duncan*, 4073-8; *Shaw*, 7063-7; *Huntley*, 24,860-3; *Johnson*, 26,324, 26,435; *Rigby*, 26,808-9, 26,818-23; *W. P. Wright*, 31,880, 31,882.

Refusal of benefit, no knowledge of large number of cases, *Webb* - - - - 28,167-8

Variations in practice of societies, *Webb* 27,114-6

Vomiting during, question re, and might be called a complication, *Bond* - - - - 18,957-66

Woman with pregnancy only, would not be entitled to benefit given for disease, *Routh* - - 35,812

**TREATMENT:**

Insufficiency of, under Act, *Bondfield* - 40,603-6

Need for greatest care during, *M. Phillips* 38,832-7

**WORK DURING:**

Exclusion from sixth month from outside employment advocated, and payment of benefit if possible, *Wilson* - - - - 41,077-85

Factory work during last stage undesirable and proper provision for, would reduce sickness claims in future, *Bennett* 16,595-8, 16,609-10

**Pregnancy—continued.****WORK DURING—continued.**

Keeping of women at home during last weeks will decrease future sickness, *Cox* - - - 30,626

Objected to, *Rogers* - - - - 15,769-77

Period women should stop, largely dependent on employment, *Cox* - - - - 30,975-9

Provision to avoid, during last term would be advantageous, *Bond* - - - - 18,982-90

Relief from, during later months desirable, but not necessarily intended by Act, *Cox* 31,083-4

Tendency among doctors to keep women at home, for certain periods, for their own sake and that of future child, *Cox* - - - - 30,622-3

Test of incapacity, unsuitability of, and discriminating power should not rest with societies, *Bondfield* - - - - 40,446-52, 40,570

Woman in many cases ordered from work by employers or overseers, *Johnson* - 26,535-46

Prescot, Lancashire, Manchester Unity, drawing of benefit by married women, notwithstanding their return to work, *W. P. Wright* - - - 31,836-40

**Preston:****MANCHESTER UNITY:**

Certificates for debility, pregnancy, dyspepsia, and headache, *W. P. Wright* - - - 31,682-5

Increase of sickness experience on private side, *W. P. Wright* - - - - 31,675-8

Meetings between doctors and societies, and committee set up, *Cox* - - - - 30,466

Prudential Approved Societies, *see that title.*

Sons of Temperance sickness experience, *Huntley* 24,981-2

Professional confidence, importance of, safe-guarding *Hogarth* - - - - 28,542-8

**Prudential Approved Societies:****ADMISSION OF MEMBERS:**

Expulsion for incorrect and deficient information on form, *Barrand* - - - - 4954-8

Few bad lives taken, *Barrand* - - - - 5196

by Form without medical examination, *Barrand* 4938-9

Number of cases of form being questioned, *Barrand* - - - - 4948-50

Rejection with option of medical examination, and results, *Barrand* - - - - 5366

Signing of declaration by agent, *Barrand* 4940-8, 5031

**AGENTS:**

no Conflict of duties, question of, *Barrand* 4928-33

Considered servants of the Prudential Assurance Co., *Barrand* - - - - 5094-9

have Fairly good knowledge of Act, steps taken to educate, *Barrand* - - - - 5343-5

Ignoring of malingering by, not believed to take place, but severe steps would be taken in case of, *Barrand* - - - - 5123-9

Loss of business through strictness in dealing with persons claiming benefit, and question of penalisation in case of, *Barrand* 5090-3, 5100-5

Obtaining of members by, *Barrand* 5022-8, 5032-9

Payment of sickness benefit, by, and question in case of payment that should not have been paid, *Barrand* - - - - 5073-89

Temptation to neglect society's business for sake of company's, steps taken to guard against, *Barrand* - - - - 5348-53

Annual meeting of members, numbers expected, *Barrand* - - - - 5161-6, 5301-12

no Appeals to arbitration up to now, *Barrand* 5137

CERTIFICATES:

for Cold, anæmia or debility, large number of, and inquiries made in cases of, *Barrand* 4753-4, 4756

Continuing, examination of papers re case remaining on funds every four weeks and procedure, *Barrand* - - - - 4849-51, 4934

Declaring off, no difficulty in getting, known of, *Barrand* - - - - 5214-5

Doubtful, or vague, procedure, *Barrand* 4831-48

Forging of, *Barrand* - - - - 5346-7

Grant of, where member not really incapacitated, alleged cases of, but improvement, *Barrand* 4783-6, 4963-70



## Prudential Approved Societies—continued.

## CERTIFICATES—continued.

Refusal of doctor to issue, *Parrott* - 20,873-8  
 Refusal to state cause of incapacity in certain cases, organised resistance (largely in Lancashire), and steps taken and improvement, *Barrand* - 4770-82, 4963  
 Use of rubber stamp, *Barrand* - 5216-7  
 Compensation cases, *Barrand* - 4983-7, 5139-44  
 few Complaints received at head office, *Barrand*

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 Committee of management, *Barrand* - 5069-72  
 5167-72

Confinement, payment for four weeks after, if not working, and longer if necessary, *Barrand* 5271-6

Disqualification for misconduct (chiefly forgery), number of cases, *Barrand* - 5277-8

## DOCTORS:

Communication with, by local representative and success, *Barrand* - 5218  
 Difficulties in Manchester, Salford and Kent, but no evidence of connection with method of payment, *Barrand* - 4805-8  
 where Paid per visit, complaints made that certificates given more freely, but other factors would have to be considered, *Barrand* - 4971-82  
 for Domestic servants, membership, *Barrand* - 4738  
 Domestic servants, sickness cost, *Barrand* - 5252  
 Duty of separately organising districts, no occasion up to present, *Barrand* - 5360-5

## EXPULSIONS:

Member can be heard by Committee, *Barrand*  
 4956-7  
 Number, *Barrand* - 5011-2  
 Fraud, 15 cases, *Barrand* - 4763-4  
 Industrial disease, practically no compensation claims, *Barrand* - 5325-31

## LAUNDRESSES:

no Reason known for heavy sickness among, but large number would be married women, *Barrand*  
 5336-40  
 Reason for separate society, and all laundresses would be put into, *Barrand* 5034-7, 5238-45  
 Sickness cost, *Barrand* - 5251-2  
 Management committees, *Barrand* 5283-5, 5354-9  
 Medical benefit, generally satisfactory administration of, now, *Barrand* - 4765-73, 4960-2

## INDEPENDENT MEDICAL EXAMINATION:

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 4852-7, 4875-9, 5147-8  
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 good many People did not go up for, and question of reason, *Barrand* - 5228-33, 5322  
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## MEDICAL REFEREE:

Charged to balance of administration account, *Barrand* - 5318  
 at Chesterfield, objection to, from point of view of professional etiquette, *W. Duncan* 17,237-48,  
 17,442-58  
 Objections to act as, for 5s. fee, in Lancashire and certain other parts, *Barrand* - 4858-68  
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 Medical umpire, provision for submission of cases to, *Barrand* - 5153-60  
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## MEMBERS:

in Hospital:  
 Payment of benefit to dependants, but persons consulted wherever possible, *Barrand* 5106-8  
 Practices re, *Barrand* - 5280-2  
 Insurance in other societies, no large amount, *Barrand* - 5119-20  
 Large number were previously insured, *Barrand*  
 4943-5, 5021, 5028-30  
 Number of men, women, domestics and laundresses in Oldham, *Claydon* - 23,028  
 Question of knowing one another, *Barrand* 5112  
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## Prudential Approved Societies—continued.

## MEMBERSHIP:

Distribution, *Barrand* - 4739-42  
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## FOR MINERS:

Membership, *Barrand* - 4738  
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## PREGNANCY:

Claims referred to chief office, and payment made if incapacity confirmed by independent examination, *Barrand* - 5133-6, 5191-5  
 Submission of cases to second opinion, *Barrand*  
 5268-70

Principles of insurance generally understood, *Barrand*  
 5115-8

Rules, charge for, but extract given gratis when receiving benefits, *Barrand* - 5013-8

for Rural workers, membership, *Barrand* - 4738

Separate societies, reasons for, and one society would have been preferred, *Barrand* - 5247-9

## SICK VISITING:

Appointment of woman visitor in Bradford, reduction in sickness benefit as result, *Flather*  
 36,989

Duties, *Barrand* - 4919-27

## Nurses:

Pay, *Barrand* - 5299-300  
 Uniform not worn, *Barrand* - 5298  
 Panel system, *Barrand* - 4900-12, 4988  
 Place taken to certain extent by supervision exercised by agents, superintendents, &c., and extent of, *Barrand* - 5286-97  
 Position of visitors, *Barrand* - 5313-6  
 Results, but extension should be slow and gradual, *Barrand* - 4988-9, 5113  
 System, *Barrand* - 4990-3, 5114  
 Visit to every person every week, doubt as to whether system would pay financially, *Barrand*  
 4921-3  
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## SICKNESS BENEFIT:

Cost for miners and non-miners, *Barrand* 5179-83  
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 Lower rate in Burslem than in Trowbridge, though wages higher, *Barrand* - 4757-8  
 Payment by agent direct to person, *Barrand*  
 4809-11, 4824-7  
 Payment for incapacity to follow ordinary occupation temporarily, *Barrand* - 4787-9, 5257-60  
 Payment method, *Barrand* - 5004-5  
 Reduction where rate exceeds two-thirds of usual rate of remuneration, rule not yet applied, *Barrand* - 5006  
 Refusal by secretary, *Barrand* - 5009-10  
 Section 28 of rule 11 re not following occupation, cases should be dealt with on merits, *Barrand*  
 5007-8

Tendency to have week's sickness and declare off at end of week, and impossibility of preventing, *Barrand* - 4759-62, 5208-13  
 for 26 weeks:

Persons having drawn, many will probably get on funds again through local effort, *Barrand*  
 5202-6

Possibility of returning on funds after, *Barrand*  
 5220-7

Women, cost, *Barrand* - 5184

## SICKNESS CLAIMS:

Doubtful, procedure, *Barrand* - 5145-9  
 Examination of, at head office, *Barrand* 4841-7

## Excessive:

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 not Subject to, owing to over insurance, *Barrand*  
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Heavy in one district where working short time, but other causes might account for, *Barrand*  
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**Prudential Approved Societies—continued.****SICKNESS CLAIMS—continued**

Procedure, <i>Barrand</i>	- - -	4812-29, 5149
Unjustifiable, no evidence of, to any great extent, <i>Barrand</i>	- - -	4751-2, 4756
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**SICKNESS EXPERIENCE :**

Decrease in third quarter, but tendency to increase since, <i>Barrand</i>	- - -	5253-6
Favourable except as regards miners, <i>Barrand</i>	- - -	5176-8
caused by Misconduct, number of cases, <i>Barrand</i>	- - -	5279
Rate heavier among miners and laundresses than in other cases, but no evidence of malingering, <i>Barrand</i>	- - -	5150-2
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**SICKNESS OR DISABLEMENT BENEFIT :**

Members not allowed to follow any occupation while in receipt of, <i>Barrand</i>	- - -	4790-5
Refusal where sickness or disablement caused by indulgence in intoxicating liquors, <i>Barrand</i>	- - -	5000-3
Superintendents, number, <i>Barrand</i>	- - -	4772

**TRANSFERS :**

not Discouraged, but may be in case of one society, <i>Barrand</i>	- - -	5173
Greater gain than loss, <i>Barrand</i>	- - -	5173-4

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Membership, <i>Barrand</i>	- - -	4738
Reasons for, <i>Barrand</i>	- - -	5249
Women outworkers, no particular variation in sickness rate, <i>Barrand</i>	- - -	5263-4

<b>PUXLEY, Miss Z. L., general secretary of the Ranyard Nurses</b>	- - -	36,765-36,886
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Affiliated associations, explanation, <i>Hughes</i>	- - -	40,366-70
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- Arrangement between doctors and societies that certificates should not be refused, but doubtful cases reported to Secretary of Friendly Societies' Council, *Rigby* - 26,988-91



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Occupations, <i>Dyer</i>	23,598-607

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Number also on State side, <i>Dyer</i>	23,892-3
Numbers and number of men and women, <i>Dyer</i>	23,554-5
Railway men, decrease, <i>Dyer</i>	23,601-3, 23,896-7
State side, number of men and women, <i>Dyer</i>	23,556

Women, mainly unmarried, and class of, <i>Dyer</i>	23,747-51
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Organisation, number and size of districts, &c., <i>Dyer</i>	23,560-5, 23,811-5
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Position, <i>Dyer</i>	23,553
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Pregnancy, inquiry always made, and benefit paid in case of incapacity, <i>Dyer</i>	23,754-6, 23,790-2
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Principles of insurance, steps taken to explain to members, <i>Dyer</i>	23,609-12
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**PRIVATE SIDE:**

Benefits, and contributions, <i>Dyer</i>	23,557-9
Medical arrangements before Act, <i>Dyer</i>	23,646-9,
	23,925-30

Reduction of benefits and contributions under section 72, and over-insurance discouraged, and attitude of members <i>re</i> , <i>Dyer</i>	23,613-26,
	23,730-6, 23,765-74, 23,800-4, 23,886-9

Sickness experience no worse than before Act, and statistics, <i>Dyer</i>	23,581-5
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**Royal Oak Benefit Society—continued.**

SICK VISITING: - 23,695-9, 23,817-24, 23,934-9  
 Payment, *Dyer* - - - 23,686, 23,821-4  
 System, *Dyer* - - - 23,684-94, 23,779-83

**SICKNESS BENEFIT:**

Cost of, as regards men and women in three quarters and comparison with estimate, *Dyer* 23,589-94

First three days paid from private side, *Dyer*, 23,620

Men doing work during receipt of, question of, *Dyer* - - - 23,909-11

Payment by district secretary, *Dyer* - - 23,689

Payment to old members for debility, without medical certificate, *Dyer* - - - 23,843-4

**Rules re conduct during:**

more Precise rules would be advisable, *Dyer* 23,940-5

Rigorously observed as far as possible, *Dyer* 23,793

of Women, arrangements, *Dyer* - - 23,702-5

Women doing household work, practice *re*, and no difficulty experienced, *Dyer* 23,872, 23,899-913

**SICKNESS CLAIMS:**

Doubtful cases, procedure, *Dyer* 23,831-5, 23,846

Percentage on State side no more than on private, *Dyer* - - - 23,581

Procedure, *Dyer* - - - 23,566-73, 23,737-8

Unjustifiable, no large amount, *Dyer* - 23,580, 23,608

Sickness experience, in excess of expectation for some years and getting worse, but improvement hoped for, *Dyer* - - - 23,586-7

Transfer of engagements of other societies to, *Dyer* 23,890-1

**Rutland:****DOCTORS:**

Competition for patients, none near Market

Overton, and would be unlikely in towns,

*Parsons* - - - 31,256-8, 31,315-8

Free choice, extent of, *Parsons* - - 31,311-5

Friendly and smooth relations with societies,

*Parsons* - - - 31,270-6

Number, distribution and competition, *Parsons* 31,248-58

Transfers, *Parsons* - - - 31,371

Sickness benefit, approximates or exceeds wages in certain societies and inducement to obtain or prolong benefit, *Parsons* - 31,339-45, 31,359-68

few Sick visitors, but would be an advantage, *Parsons* 31,346-50

**Rutland Approved Society:**

Membership, and benefits, *Parsons* - - 31,339

no Sick visitors, *Parsons* - - - 31,348

St. Albans, Suffolk Unity, Order of United Sisters, see that title.

**Salford:**

see also Manchester and Salford.

Arrears of sickness, fair amount at first, but decrease

*Hodgson* - - - 25,876, 26,105

Bad lives in societies and ease of admission by fraud,

*Hodgson* - - - 25,696-700

**CASUAL LABOURERS:**

Difficulties with, *Hodgson* - - - 25,894-6

Particulars *re*, and inclination to make the most of minor ailments but diffident as to asking for certificate, *Hodgson* - - - 25,645-51

**CERTIFICATES:**

Case of girl not claiming, until last week, and being told by agent to ask for certificates for back five or six weeks, *Hodgson* - - - 25,974-86

Covering up of pregnancy or misconduct, no cases heard, *Hodgson* - - - 25,808-12

Dating of, by agent before presentation to doctor, *Hodgson* - - - 25,836

Dating of a day or two ahead, owing to requirement of societies, *Hodgson* - - 25,836-9

Debility, cause of, should be given, *Hodgson* 25,755-7

no Difficulty experienced *re* putting specific complaint on, *Hodgson* - - - 25,803-4

**Salford—continued.****CERTIFICATES—continued.**

Easily obtained from some doctors, *Hodgson* 25,679-90

Giving of, on first day on which patient seen, *Hodgson* - - - 25,813-30

**Refusal:**

Feeling among doctors that men might go to someone else, but few changes of doctors in fact, *Hodgson* - - - 25,996-8

Private code between doctors, *Hodgson* 25,691-3

**CONFINEMENT:**

Certificates required from doctors by some societies and practice *re*, *Hodgson* - - - 25,840-3

Continuance on fund for more than four weeks sometimes necessary and practice *re* certifying, *Hodgson* - - - 25,844-50

Corporation, certificates required before men return to work, system, *Jackson* - 36,721-46

Declaring off, tendency of patients to make, coincide with end of working week, and question of prevention by doctors, *Hodgson* - 26,073-80, 26,103-4

Diagnosis, difficult in some cases, and provisional diagnosis given, *Hodgson* - 25,743-6, 25,752-4

**DOCTORS:**

Act properly worked by, from beginning, *Hodgson* 25,711-3, 25,720

All went on panel except two, *Hodgson* - 26,109

Cases of sick visitors asking doctors to give, when not considered necessary, &c., *Hodgson* - 25,906

Changes and practice of doctors in case of, *Hodgson* 25,859-63

few Changes, *Hodgson* - - - 25,689-90

Communications from society officials, attitude of doctors, *Hodgson* - - - 25,891-3

Difficulty *re* communications with society officials, and sick visitor should put himself in touch with doctor, medical committee, or panel committee, *Hodgson* - - - 25,955-8

Examination of yearly cards by staff of clerks, *Hodgson* - - - 25,852-8

Families do not always pay bills, *Hodgson* 25,870-1

a Few have gone off panel, *Hodgson* - 25,713-4

entirely Hostile to Act at first but entirely friendly now, *Hodgson* - - - 25,708-16

Instructions generally carried out, *Hodgson* 25,658-60

Income from panel patients, *Hodgson* 25,872-4

Large panels, and largely due to men going to club doctors, *Hodgson* - - - 25,719

Less closely in touch with societies than formerly, *Hodgson* - - - 25,663-6, 25,674-5

no Newcomers, with exception of one in congested area and partner, but facilities far greater for newcomers than under capitation system, *Hodgson* - - - 25,987-95

Number, and sufficiency of, *Hodgson* - 25,717-8

Payment by attendance, objected to, safeguards against excessive number of visits, *Sanderson*, 88, 95; *Hodgson*, 26,099-27,100.

Practice, patients' hours, time taken, &c., *Hodgson* 25,608-21

Proportion of patients receiving certificates, *Hodgson* - - - 25,621

Relations with societies' officials in the past and attitude as regards fund, *Hodgson* - 25,885-90

Wives and children not always attended by same doctor as man, *Hodgson* - - - 25,865-9

Drinking by patients, *Hodgson* - - - 25,661-6

Experience the same as in Manchester, *Lilley* 34,121-5

Fraud, deliberate, practically no cases met with, *Hodgson* - - - 25,694-5

Highly paid artisans, women weavers, and well-paid women, no trouble with, *Hodgson* - 25,655-7

**INCAPACITY:**

Interpretation by doctors as incapacity for usual work, and question of practice in case of permanent incapacity, *Hodgson* - 25,726-36,

25,910-3, 25,920-9, 25,999-6, 017

View taken by societies' officials, dependent on status, *Hodgson* - - - 25,730



**Salford—continued.****INSURANCE COMMITTEE:**

- Complaint to, *re* doctors, *Appleton* - 11,788-93,  
12,080-92, 12,104  
Doctors on good terms with, *Hodgson* - 25,722  
Satisfactory relations with societies, *Hodgson*  
25,723-5

Insured persons, occupations, *Hodgson* - 25,624-7

**JEWS:**

- no Knowledge of sickness being greater among,  
*Hodgson* - 25,939  
Often belong to several societies and may go to  
doctor for each, *Hodgson* - 25,938  
Malingering, steps taken by doctors to prevent,  
*Hodgson* - 25,746-51  
Married women, more difficulty experienced with,  
than with single, *Hodgson* - 25,877-80

**MEDICAL REFEREE:**

- Advantages, *Hodgson* - 26,110-2, 26,152-5  
Appointment of person outside panel doctors  
would not be satisfactory, *Hodgson* - 25,780  
Nomination by local doctors, and appointment by  
Insurance Committee with approval of Commis-  
sioners, objection to proposal, *Hodgson* 26,063-8  
26,156-9  
Reason for doctors desiring, *Hodgson* 25,940-4  
Scheme put before Insurance Committee, but  
opposed by friendly societies' representatives,  
*Hodgson* - 25,758-79, 25,676-9  
Second opinion needed, and practitioner doing  
same class of work, but not in same area,  
suggested, *Hodgson* - 25,758, 25,780-8  
Miners, probable interpretation of incapacity in case  
of, *Hodgson* - 25,737-42  
Misunderstanding of principles of insurance, *Hodgson*  
25,652-4, 25,897-902  
National Amalgamated Approved Society, *see that*  
*title*.  
Over-insurance, *Hodgson* - 25,669-73  
Patients, reluctance of very poor, to be visited in  
homes, *Hodgson* - 25,914-9  
Pregnancy, practice of doctors *re*, *Hodgson* 25,806-10,  
26,136-51, 26,170  
Prudential Approved Societies, *see that title*.

**SICK VISITING:**

- no Assistance to doctors since Act, but reverse,  
*Hodgson* - 25,945  
Sickness prolonged as inspectorship not efficient,  
*Hodgson* - 26,039

**SICKNESS BENEFIT:**

- Payment of, by person also agent for life  
insurance, and objection to, *Hodgson* 25,959-73  
Steps taken to get men back to work, *Hodgson*  
25,950-2

**SICKNESS CLAIMS:**

- Arrears of sickness, *Hodgson* - 25,701-7  
for Minor complaints, *Hodgson* - 25,873  
Unjustifiable, *Hodgson* - 25,622-55  
Women earning low wages prone to go sick and  
malingering, and difficult to get back to work,  
*Hodgson* - 25,623-5

Sons of Temperance, sickness experience, *Huntley*

24,975, 24,981-2, 25,044-9

Unskilled workmen, more sickness among, than  
among skilled, and believed to be due to drink,  
*Hodgson* - 25,931-4

Unwillingness to return to work, *Hodgson* 25,674,  
25,880-2

**VENEREAL DISEASE:**

- Practice *re* certificates, and particulars of case of  
information being given verbally to official,  
*Hodgson* - 26,113-30  
Women with, would not be told, *Hodgson* 26,113-30  
Women's diseases, hospital facilities, *Hodgson*  
26,106-8

**Sanatorium benefit:**

- possible Effect of duration of institutional treatment  
granted to applicants for, on sickness claims, *Lilley*  
34,155-6

Inadequacy of accommodation and provision of  
benefit, *Webb* - 27,159

Limitations, *Webb* - 27,160

Necessity for putting people off work, although  
perhaps capable, *Harrison* 38,080-2, 38,148-58

for Persons in sanatoria, difficulty *re* certificates,  
*Layton* - 29,600-5

SANDERSON, SAMUEL, Managing Secretary of the  
Amalgamated Association of Card Blowing and  
Ring Room Operatives: - 1-774

SAUNDERS, E., Assistant Secretary of the Tunbridge  
Wells and South-Eastern Counties Equitable Friendly  
Society: - 9529-9826

SCARLETT, S. A., Vice-Chairman of the Norfolk  
Insurance Committee, and member of Board of  
Directors of the Independent Order of Rechabites:  
23,052-23,327

Sciatica, possibility of simulating, *Claydon* - 22,491

Scotland, legal liability, question raised in, *Cox* 30,415-6

**Seaham Harbour district, Manchester Unity:****CERTIFICATES:**

Accepted as sufficient authority, *W. P. Wright*  
31,817, 31,825

for Minor ailments, *W. P. Wright* 31,817, 31,825

Over-insurance, and effect on claims, *W. P. Wright*  
31,826

Reduction of contributions, *W. P. Wright* - 31,824

heavy Sickness experience, *W. P. Wright* 31,818-23

State doctors considered by Secretary the only  
remedy, or panel doctors should put welfare of  
societies before their own, *W. P. Wright* - 31,826

SHAW, J. W., Grand-Secretary of the Order of  
Druids Friendly Society: - 6466-7166

**Sheffield:**

Health visitors, *Bondfield* - 40,475

**MANCHESTER UNITY:****Certificates:**

Acceptance without question, *W. P. Wright*  
31,690

for Minor ailments, *W. P. Wright* 31,691-2

Increase of sickness experience on private side,  
*W. P. Wright* - 31,686-92

Medical referee advocated by officials, *W. P. Wright*  
31,687, 31,691

Over-insurance, *W. P. Wright* - 31,691

Sick visiting system, *W. P. Wright* - 31,687

Sickness benefit, members remain on, too long,  
*W. P. Wright* - 31,692

Societies, accident fund on private side, *Mander*  
22,078-80

Sons of Temperance sickness experience, *Huntley*  
24,985, 24,986

**Sheffield Equalised Independent Druids:**

Accidents, payment for, statistics, *Mander* 22,095-7

Admission of bad lives, *Mander* - 22,037-9

Arbitration committee, *Mander* - 22,019

**CERTIFICATES:**

Continuing, signing for several weeks under one  
signature, *Mander* - 20,814-7

Declaring on and off, only, at first, with few ex-  
ceptions, *Mander* and *I. Wright* - 21,723-50  
for Debility and anæmia, procedure, *Mander*  
21,861-6, 21,943-5, 22,177-88

for Different complaints, *I. Wright* - 21,940

Dyspepsia, &c., procedure, *I. Wright* - 21,931-9

Ease of obtaining, *Mander* - 21,628, 22,034

Gone behind if necessary, but generally acted on  
at first, *I. Wright* - 21,928-48

Refusal by doctors in some cases, *Mander*  
22,035-6

Refusal of further information by doctors except  
for fee, *Mander* - 21,792-5

Specific nature of ailment insisted on, *Wright* and  
*Mander* - 21,971-4

for Trivial complaints, *Mander* - 21,751-61

Weekly, useful check to malingering, *Mander*  
21,638

Committee of Management, meetings, attendance,  
method of appointment of members, &c., *Mander*  
and *I. Wright* - 21,869-85, 21,888-92, 22,015-9,  
22,022

**DOCTORS:**

Arrangements formerly, *I. Wright* - 21,780-8

Complaints made to Lancashire Insurance Com-  
mittee and a few cases sent to Commissioners,  
*Mander* - 21,803-10

Difficulties with, at first, but improvement now,  
and working generally satisfactory, *Mander*  
21,792, 21,795-801, 21,811-3



Sheffield Equalised Independent Druids—*continued.*

Double insurance, <i>Mander</i> - - -	21,665-74
Equalisation system, question of effect, <i>I. Wright</i>	21,656-64
Fraud, cases of, <i>Mander</i> and <i>I. Wright</i> -	21,752-8, 21,762-4, 21,771-4
Incapacity, interpretation as incapacity for any work, <i>Mander</i> - - -	22,040-2

## LODGES:

Government, system, and position as regards central office, and greater central control leads to economy, <i>I. Wright</i> and <i>Mander</i> -	21,886-7, 21,893-908, 22,082-94
Number, officers, &c., <i>I. Wright</i> and <i>Mander</i>	21,818-26
Secretaries, payment and work, <i>Mander</i> and <i>I. Wright</i> - -	21,820-5, 21,946, 22,045-7
Malingering, cases of, <i>Mander</i>	21,627-33, 21,752-61, 22,030-3

## MEDICAL REFEREES:

Question as to reason for non-appointment, <i>I. Wright</i> - - -	22,169-75
would be Useful, <i>I. Wright</i> - - -	21,985-6

## MEMBERS:

Distribution and occupations, <i>Mander</i> and <i>I. Wright</i>	21,570-7, 21,589
Miners, proportion, and society weakened by, although increased contribution paid and particulars <i>re</i> contribution, <i>I. Wright</i> -	21,577-88, 21,590
Number in Sheffield, <i>I. Wright</i> - - -	21,991
Occupations, <i>Mander</i> - - -	22,048-52
on Private side, <i>I. Wright</i> - - -	21,562-4
Railwaymen, proportion and heavy claims from and reason, <i>I. Wright</i> - - -	21,589-93
on State side, number, number of men and women and bulk of men also on private side, <i>Mander</i>	21,565-8
Wages, <i>Mander</i> - - -	22,053-6
Women:	
Occupations, <i>Mander</i> - - -	21,594
in Sheffield, suffer largely from debility and anæmia, <i>Mander</i> - - -	21,599-603
National Insurance, misunderstanding, and steps taken, <i>I. Wright</i> - - -	21,646-55, 21,975-82
Over-insurance, result, &c., <i>Mander</i> and <i>I. Wright</i> ,	21,628-37, 21,708-12, 21,956-7, 21,592-3, 21,909-11
Position of, and organisation, <i>Mander</i> and <i>I. Wright</i> ,	21,556-61.

## PRIVATE SIDE:

Bad trade will probably injure, <i>I. Wright</i>	21,701-7
Reduction of contributions, extent, and reason for delay of scheme under sec. 72 and question of increase, <i>I. Wright</i> -	21,689-707, 21,912-27, 21,953-5, 22,118-143
Relations with State side, <i>I. Wright</i>	21,997-22,001

## SICK VISITING:

Female nurses:	
Claims not noticed to be heavier in districts without, <i>Mander</i> - - -	22,066-71
Practice <i>re</i> appointment, <i>Mander</i> - - -	22,068
Payment, and question of increase, <i>Mander</i>	21,947, 21,961-5, 22,152-64
System and question of efficiency, <i>Mander</i> and <i>I. Wright</i> -	21,827-44, 21,966-70, 22,144-67
Women, reasons for appointment, <i>I. Wright</i>	22,149-50
Sickness and accident benefit on private side, expenditure, <i>Mander</i> and <i>I. Wright</i> -	22,095-117, 21,675-80, 21,684-8

## SICKNESS:

Female, excessive, and heavier than male, <i>I. Wright</i> - - -	21,615
no Heavier or lighter in Sheffield than outside, heavier sickness in Doncaster and Mansfield districts, <i>I. Wright</i> - - -	21,991-6

## SICKNESS BENEFIT:

Administration on private side, <i>Mander</i>	22,082-5
Cost, statistics, and excess, <i>I. Wright</i> , 21,605-20; <i>Mander</i> , 22,192-9.	
Declarations off, majority on Saturday, <i>Mander</i> and <i>I. Wright</i> - - -	21,639-44, 22,023-4

Sheffield Equalised Independent Druids—*continued.*SICKNESS BENEFIT—*continued.*

First three days, payment from voluntary side, <i>Mander</i> - - -	21,948
Man found to be drinking while in receipt of, case, <i>Mander</i> - - -	21,713-22
non-Payment for first three days, sickness possibly prolonged, <i>Mander</i> - - -	21,952, 21,983
Payment from first day, no strong feeling for, heard, <i>Mander</i> - - -	21,949-50
Payment to other than sick person possible, <i>I. Wright</i> - - -	21,966-70
Payment, method, <i>Mander</i> - - -	21,851, 22,200-3
Reduction to persons receiving compensation under Workman's Compensation Act, <i>Mander</i> and <i>I. Wright</i> - - -	22,098-100
Rules of conduct during, violation of, and cases, <i>Mander</i> and <i>I. Wright</i> -	21,621-5, 21,765-79

## SICKNESS CLAIMS:

Application, no questions asked as to wages or membership of other societies, <i>Mander</i>	22,027-9
Doubtful cases, procedure, <i>Mander</i> -	21,861-8
Excessive, being made, but not to extent stated in press, <i>Mander</i> - - -	21,604
Heavier in some districts than others and particulars, and question of reason, <i>Mander</i> and <i>I. Wright</i> - - -	22,062-6
Increase on private side since Act, <i>I. Wright</i>	21,958-9
Majority from labouring class (low wage earners), <i>Mander</i> and <i>I. Wright</i> - - -	22,057-61
Procedure, <i>Mander</i> and <i>I. Wright</i> -	21,846-68
Proportion queried, <i>Mander</i> - - -	22,020-1
Sickness supervision desirable, <i>I. Wright</i> -	21,960
Unwillingness to return to work, <i>Mander</i>	21,713-22

## WOMEN, MARRIED:

Meetings rarely attended by, and no office held, <i>Mander</i> - - -	22,009-14
Number and distribution, <i>Mander</i> -	22,005-8
Shepherds, signing of certificates on particular day was not insisted on, <i>Coz</i> - - -	30,224-39
Shop assistants and clerks, predisposition to consumption, <i>Davies</i> - - -	36,097
Shotten Colliery, housing conditions, <i>Whiteley</i> , 35,214-9; <i>Cann</i> , 35,217-22, 35,353-66, 35,370-3.	
Shrewsbury, Manchester Unity, female lodge, sickness benefit for minor ailments, <i>W. P. Wright</i> -	32,361

## Sick Visiting:

not an Absolute necessity to working of Act, <i>Barber</i>	28,761
Administration by Insurance Committees, proposal by doctor, <i>Claydon</i> - - -	23,003-9
Combination of various societies in one town for, proposal, <i>Johnson</i> - - -	26,408-10
after Fortnight on sick fund only, *sickness rate might be increased, <i>Barrand</i> - - -	4993-5
Importance of, <i>J. Duncan</i> , 3889-96; <i>Scarlett</i> , 23,196-201; <i>Hodgson</i> , 25,907-8, 26,036-8; <i>Farman</i> , 33,618-9.	
Irregular visits necessary, <i>Bennett</i> - - -	16,381
Need for, <i>Fletcher</i> - - -	21,546
thoroughly efficient Safeguards could be set up by State at no more cost than present system of, <i>W. P. Wright</i> - - -	32,088-91

## SYSTEMS:

Amalgamated Weavers Association, <i>Thomas</i>	4167-94, 4315-42, 4428-9, 4546-8, 4550-4, 4671-4
Boiler Makers and Iron and Steel Shipbuilders, United Society of, <i>Barker</i>	8425-37, 8509-10, 8594-9, 8610-4
Boot and Shoe Operatives, National Union of, <i>Poulton</i> - - -	10,632-48
Boot and Shoe Women Workers, Independent National Union of, <i>Willson</i> -	5721-43, 5950-1
Bradford District Trades Council Approved Society, <i>Barber</i> -	28,760, 28,924-5, 29,075-9
Bristol Cotton Works Health Insurance Society (trained nurse), <i>Clayton</i> -	3045-6, 3081-95, 3261-3, 3299, 3316-9, 3343-7, 3397-9, 3400-7, 3499-500, 3435-45
Card-Blowing and Ring Room Operatives, Amalgamated Association of, <i>Sanderson</i>	12-5, 224-6, 394-7, 612, 645-7, 217-20, 281
Catholic Friendly Societies Association, <i>Rigby</i>	26,740-55, 26,758, 26,977-9, 27,010-21



## Sick Visiting—continued.

## SYSTEMS—continued.

- Co-operative Wholesale Society, *R. Smith*  
12,772-80, 12,798-839, 13,311-3, 13,377-84,  
13,488-98, 13,764-8
- Domestic Servants Insurance Society, *Gordon*  
2352-78, 2387-8, 2741-57, 2812-3, 2847-52,  
2890-3
- Druids, Order of, Friendly Society, *Shaw*, 6602-19,  
6661, 6744-8
- Durham Miners Association, *Whiteley* 35,390-4,  
35,397-403
- Eastern Counties, National Insurance Association  
for, *Dixon* - - 39,459, 39,526-30, 39,542-4
- Foresters, Ancient Order of, *Hyner* - 19,211-3,  
19,219-38, 19,367-73, 19,480-1, 19,554-64
- Foresters, Norwich Court of Ancient Order of  
*Crisp* - - 38,904-15, 38,935-41, 38,962-71,  
39,023-93, 39,056-65, 39,132-3
- Free Gardeners, National United Order of, Princess  
Alexandra Lodge, *Wigglesworth* 17,947-55,  
17,990-1, 18,110-8, 18,170-9
- Gloucester Conservative Benefit Society, *Pimble*  
37,206-14, 37,330-40, 37,352-6
- Gloucester, Women's Benefit Society, *Pimble*  
37,127-35
- Great Western Railway Staff Friendly Society,  
*Fletcher* - - 21,393, 21,415, 21,421-43
- Hampshire and General Friendly Society, *Bunch*  
11,080-91, 11,108-9
- Ideal Benefit Society, *Daniels* 13,904-21, 13,930-1,  
14,830-4, 14,884-92
- Liverpool Victoria Approved Society, *Peters*,  
1699-707, 1731-8, 1887-8, 1934-42, 1962-6,  
1979-84, 2107-8, 2114-6, 2167-75, 2194, 2197-  
200, 2200-4, 2236-47, 2264-8, 2261-3.
- Manchester Unity of Oddfellows Friendly Society :  
"Duke of Bedford" Lodge, *J. P. Pearce* 6328-39
- Grosvenor Lodge, *Jones* - - - 41,513
- North London district, *Lingstrom* 41,593-4 ;  
*E. Pearce*, 41,750-2.
- Thomas Collins Lodge, *Jones* 41,456-8, 41,510-4
- Midland Railway Friendly Society, *Woodcock*  
15,083-94, 15,111-5, 15,117-33
- National Amalgamated Approved Society, *Jefferson*  
- 7335-73, 7407-10, 7466-7, 7489, 7987  
9177-82, 9200-5, 9374-5, 9457-60
- National Amalgamated Union of Labour, *Bell*  
40,769-74, 40,785-8, 40,801-4, 40,813-4
- National Deposit Friendly Society, *Tuckfield*  
862, 878-901, 943-7, 1167-71, 1232-6
- National Federation of Trade Unions, *Appleton*  
11,701-4, 11,709-15, 11,786
- Newbold Friendly Society, *Frith* - 8754, 8760-70
- Oddfellows, National Independent Order of,  
*Johnson* - 26,403-7, 26,411-8, 26,597-6007
- Oddfellows, Manchester Unity of, *see* Manchester  
Unity above.
- Pottery Workers, National Amalgamated Society  
of Male and Female, *Hollins* - - 9156-67,
- Prudential Approved Societies, panel system,  
and whole time visitors, some trained nurses,  
*Barrand* - 4900, 4988-93, 5019-20, 5113-4,  
5298-300, 5313-6
- Rational Association Friendly Society, *J. Duncan*  
3560-71, 3598-9, 3768-73, 3792-800, 3888-97
- Rechabites, Independent Order of, *Scarlett*  
23,267-73
- Royal Oak Benefit Society, *Dyer* - 23,684-705,  
23,779-85, 23,817-24, 23,934-9
- Royal Liver Friendly Society, *Lamacroft*  
10,035-56, 10,295-314
- Sheffield Equalised Independent Druids, *Mander*  
and *I. Wright* - 21,827-44, 21,947, 21,961-70,  
22,144-67
- Sons of Temperance, *Huntley* - 25,182-213,  
25,456-8
- Suffolk Unity, Order of United Sisters, *Pearce*  
6163-8, 6177-80, 6200-2, 6455-7
- Tramways and Vehicle Workers, Amalgamated  
Society of, *Jackson* - - 36,500-1, 36,509-14,  
36,600-10, 36,758-64
- Tunbridge Wells and South Eastern Counties  
Equitable Friendly Society, *Saunders* 9638-43,  
9701-2

## Sick Visiting—continued.

## SYSTEMS—continued.

- Tunstall Benevolent Burial Society, *Wilson*  
40,883-909, 40,969-73, 41,029-34
- Women Workers, National Federation of, *Mac-*  
*Arthur* - - - 11,423, 11,562-80
- York Female Friendly Society, *Gray* - 5457,  
5471-84, 5617
- Value of, *Bennett*, 16,380-1 ; *Wigglesworth*, 17,985-9 ;  
*Cox*, 30,418, 30,432, 30,455-60 ; *W. P. Wright*,  
31,984-90 ; *Flather*, 36,989-92.
- Visits should not be at stated hour on stated day,  
*Poulton* - - - 10,697-8
- Women visited by men agents to make inquiries *re*  
illness and bad results, *Webb* - - - 27,967

## Sick Visitors :

- Action of, sometimes extremely irritating to doctors,  
*Claydon* - - - 22,764
- Agents, unsatisfactoriness of, *Marsh* - 325-81
- Benefit to be derived from discreet visitors, and  
question of co-operation with doctors, *Divine*,  
33,216-20
- Co-operation with doctors, Stepney, *Roberts*  
29,816-9, 29,976
- Friction caused by, in some cases, and examples of  
interference, *Claydon* - 22,998-3003, 24,393-453 ;  
*Devis*, 40,044-8
- Proper functions and value, *Charles* - 20,688-707
- Hatred and fear of, by insured persons, *M. Phillips*  
38,870-1
- Insurance agents as, *Rogers* - 13,549-50, 15,736-42
- Insurance agents as, objections to, *Hodgson* 25,909,  
25,959-67 ; *Cox*, 30,432, 30,461-2, 30,867-72 ;  
*Marsh*, 32,807
- Interference by, *Marsh* - - - 32,805
- Interference with treatment complained of to  
Birmingham Insurance Committee, cases, *Parrott*  
21,214-22
- Men visitors sent to women, in some cases, objec-  
tion to, *Gray* - - - 5502-3

## NURSES :

- Appointment of, or someone of that description  
desirable, *Johnson* - - - 26,493
- not Desired, *Marsh* - - - 32,808
- Ordinary visitor less efficient, *Clayton* 3178-9,  
3264
- Question of, *Cox* - - - 30,853-6
- Question of danger of interference by, *Bennett*  
16,384-6
- Uniform, wearing of, in England desired, *Barrand*  
5298
- Objections chiefly apply to visitors of industrial  
societies, *Cox* - - - 30,453-7
- Objection by some doctors to employment of, *Jefferson*  
7255
- too Officious, *Richmond* - - - 38,483-6
- of Old friendly societies, satisfactory type, *Cox* 30,852
- Permanent stewards advocated where societies big  
enough, *Poulton* - - - 10,698
- Persuading of people to sign off, without under-  
standing, *Rogers* 15,790-2, *Roberts*, 29,891-7,  
29,974-8
- Refusal of admission, *Rigby* - - - 26,980-2
- should Report to society, and not tell patient to  
declare off on own responsibility, *Harrison*  
38,215-6
- Supplementary visitor on behalf of Committee might  
be useful, *Scarlett* - - - 23,197
- Unfortunate experience of some doctors, *Cox* - 30,432
- considered Useful if discreet, and question of  
functions, *Claydon* - 22,998, 24,393, 24,406-25,  
24,454-7
- Whole time, objections to, *Barker* - - - 8593
- WOMEN :
- Should be employed to visit women, *Bennett* 16,383
- Sickness rate might be decreased by employment  
of larger numbers, *Gray* - - - 5501-8
- Sickness :
- Commissioners might issue leaflet dealing with  
common ailments and suggesting probable  
duration, *Appleton* - - 11,799, 12,166-8



**Sickness—continued.**

Differences in incidence in different societies possibly due to uncertainty of meaning of Act and consequent differences of practice, *Macarthur*, o.n. 14,322-5

will Diminish as years go on, *Webb* - 28,053-4

**EXPERIENCE:**

Influence of proportion of woman members married and in wage-earning employment, *Webb* - 27,058

Possibility of committee or society having knowledge of, in particular locality, question of, *Dawes* - - - 33,952-7

Possibility of reducing, question of, *Bond* 18,606-13

Estimates, bulk of men's societies within, but bulk of societies with large proportion of women in excess, *Webb* - - - - 27,058

Heaviest months, *Cox* - - - - 30,479-81

High where wages low, *Peters* - - - 2162-6

Higher rate for first five months prevalent all over country, *W. Duncan* - - - 17,704-7

naturally Higher rate among women than men competing in laborious occupations, *Appleton*, 11,725

Increase on private sides of societies, *Blundell*, 1407-8; *J. Duncan*, 3690-8, 3822-5, 3987-4013; *Shaw*, 6667-72, 6761-7, 6868-72, 7045-51, 7057-62; *Barker*, 8328-34, 8639-40, 8660-2; *Poulton*, 10,714-5; *Bunch*, 10,639-40, 10,842-5, 11,037-44; *Appleton*, 11,916; *Jackson*, 36,487-92; *W. P. Wright*, 31,610, 36,684-717.

Increase, no reason known, *Cox* - - - 30,478-86

Increase for many years, *Bunch* 11,024-7, 11,256-8

Low or high rate not necessarily connected with care or otherwise in selecting members, *Blundell* 1579-87

**NOTICE OF:**

Definite period for giving, desired, *Jefferson* 7,538-40

should be Sent in within 24 hours or penalty imposed, *W. P. Wright* - - - 31,494-9

adequate Supervision, importance of, *Sanderson* 261-2, 342-4

Unsuspected, bringing to light of, by Act, *Layton* 29,245-50

**WOMEN:**

in Excess of estimate was anticipated, *Jefferson* 7,517-28

Estimate was considered too low, *Jefferson* 8054-6

**Sickness Benefit:****ADMINISTRATION:**

by Commissioners, would be improvement on approved society system, *Webb* - 28,049-50

Difference since Act, *W. P. Wright* - 32,134-41

Multiplicity of regulations, principal difficulty, but will decrease, *Appleton* - - - 11,905-6

by Same authority as medical benefit, see under Medical Benefit.

by Societies, some dissatisfaction with, *Cox* 30,522-7

by State, would be better, *Lamacraft* 10,339-42, 10,464-76

Uniformity, need for, *W. P. Wright* - - 31,998

Bribes to agents for getting patients to declare off, case of, *Cox* - - - - 30,380-5

Cases of payment by agent where not really justified, *Burgess* - - - - 20,099-113, 21,107-8

many Causes of complaint, but will be removed in time, *Farman* - - - - 33,761-4

Claimed more readily than by old friendly society members, *Webb* - - - - 28,059-64

Comparison with wages, *Peters*, 1990-1; *Lamacraft*, 9862-80, 10,349; *Poulton*, 10,575, 10,684-90, 10,755, 10,783, 10,816-7; *Claydon*, 22,706-15; *Huntley*, 24,979

Competition between Societies, *Lamacraft*, 10,339-41, 10,464, 10,474

Complaints by officials if men not put on funds, *Belding* - - - - 34,196-8

before and after Confinement, see under Confinement.

during Convalescence, might be justifiable in some cases, *Morland* - - - - 34,918-24

Declaring-off at end of week, *Sanderson*, 408-9; *Jefferson*, 7197, 7732-9, 7798-806, 7822, 8223; *W. Duncan*, 17,378-80; *Mander* and *J. Wright*,

**Sickness Benefit—continued.****ADMINISTRATION—continued.**

21,639-44, 22,023-4; *Hodgson*, 26,073-80, 26,103-4; *Rigby*, 26,864-6; *Hogarth*, 28,405-6; *Cox*, 30,490-6, 30,636-48; *Marsh*, 32,714-28, 32,628-34; *Divine*, 33,262-3; *Farman*, 33,593-601; *Belding*, 34,408-9; *J. E. Phillips*, 35,649-52, 35,768-9; *Richmond*, 38,463-73; *Crisp*, 39,190-2.

Declaring off just before holidays, *Frith*

8702-5, 9,000-1

Deduction of postage from, *Webb* - - - 27,144

Doctors must consider all circumstances of case before signing members off, *Marsh* 32,713-28

Drawing of, by persons not really eligible for insurance, cases of, *W. P. Wright* - - - 31,829-43

**DURATION:**

Encouragement of people to continue on, by agents, *Cox*, 30,840-6; *Claydon*, 22,966-8, 24,326-7; *Farman*, 33,452, 33,458-63, 33,670-2

Inclination among doctors to keep men on funds longer than they wished, *Huntley* and *Wightman*, 25,361, 25,374, 25,568-78

Less with larger earnings, *Lamacraft* - 9,875

Persuading of people to stay on, by doctor when willing to return to work, *Jones* - 41,274-5

Requests by agents, especially of collecting societies, to keep men on funds, *Marsh*, 32,459-66, 32,784-8

Encouragement of members to go on, might be desirable in some circumstances, *Blundell*, 1652

Equal to wages, considered reasonable, but not over-insurance, *Marsh* 32,616-20, 32,664, 32,678-81

Payment from first day would be approved, *Dyer* 23,853-6

First three months of the year considered the heaviest time, *J. Duncan* - - - - 3,993

the Higher the rate of, the higher the rate of sickness, *Jefferson* - - - - 7195-6

**HOUSEWORK BY WOMEN DURING RECEIPT OF:**

strong Deterrent rule necessary, but sick visitor might be able to give leave in special cases, *W. J. Wright* - - - - 32,229-32

Difficulty of preventing, *M. Phillips* - - 38,822

Doing of some, good from medical point of view, and difficulty of rigid rule, but question of administrative difficulties, *Bond*, 18,863-5, 18,991-7

Light housework should be allowed, *Harrison*, 38,217-20, 38,247-53; *Burgess*, 21,062-9; *Marsh*, 32,911-3; *M. Phillips*, 38,831.

Objection to prohibition of, *Layton* 29,670-5, 29,680-1

Prohibition of, some complaints heard, *Cox* 30,988-91

Question of, *Barrand*, 4,796-804; *Marsh*, 32,960-3

Reasonable rules approved, but benefit should not be stopped for woman doing heavy work unless evidence of not being incapacitated, *Macarthur*, 14,382-90

**Restrictions:**

hardship of, *Webb* 27,116, 27,121-3, 28,184-92a

Really incapable for ordinary work, objection to, and rule harder than in case of men, *Claydon*, 22,797-832, 24,548-54, 24,691-3

Women with cystitis found doing light dusting, case, *Claydon* - - - - 22,659

Rule that women should do no housework while in receipt of, would be approved, *Wigglesworth*, 18,269-75

Stoppage of benefit for, *Sanderson*, 520-7, 589-612, 766-9; *Peters*, 1859-61; *Clayton*, 3135-42, 3195-6, 3278-90, 3471-4; *J. Duncan*, 3704-10; *Thomas*, 4596-607, 4709-10; *Gray*, 5517, 5577-84; *Willson*, 6023; *Shaw*, 6861-3, 7024; *Jefferson*, 7569-70; *Frith*, 8974-9; *Lamacraft*, 10,431-2.

Strict rules desirable, *Wilson* - - - 410,17-23

Unfair if work only light and not of a kind to be injurious, *Macarthur* - - - 11,548-61

Increase, over insurance as cause in case of men, and persons dealing with financial aspect should know amount for which person insured, *Bond* 18,739-48



**Sickness Benefit—continued.**

- Inclination at first to get something back in return for contributions not disappeared, *Eastman* 40,665-9
- Limitation to amount of wages would not be approved, *Wigglesworth* - - - 18,206-7
- Limitation of amount received to certain proportion of wages desired by official of Manchester Unity, *W. P. Wright* - - - - - 31,710
- Limitation of, where persons already insured to amount approaching total of wages would be strongly opposed, *W. P. Wright* - 32,219-23
- Margin between earliest time doctor might certify man fit to go back to work, and the longest justifiable time for which certificates could be given, *Hodgson* - - - - - 26,018-24
- Nibbling at, and examples, *Webb* 27,143-4; *Farman*, 33,746-8.
- Non-payment of contributions while receiving, considered serious, *Poulton* - - - 10,674
- Obtained more easily under Act than under voluntary system, *J. Duncan* - - - - - 3684-9
- Ordering of man back to work on report of visitor without further medical inquiry objected to, *Webb* 28,043, 28,089
- Ordering of patients back to work by society officials in spite of doctor's continuation certificate, case before Bristol Medical Service Sub-Committee, *Paget* - - - - - 24,014-23, 24,191-3
- Pain, many cases where patients' word must be accepted, but large number of cases of pain are detectable, *F. J. Smith* - - - - 34,570-81
- Part pay considered desirable in certain class of cases, *Belding* - 34,350-7, 34,412-3, 34,457-61, 34,466-7, 34,186-7, 34,228-36, 34,259-68
- to Patients waiting for operation, *Macarthur* 14,095

**PAYMENT:**

- by Agent for life insurance, objection to, *Hodgson* 25,965-7
- by Agents, *Peters*, 1952-7, 1969, 2109; *Barrand*, 4809-11, 4824-7, 5073-89; *J. P. Pearce*, 6145, 6157-9; *Jefferson*, 7289, 7889-95, 7988-9; *Frith*, 8754-8, 8777-80; *Lamacraft*, 9945, 10,240-9, 10,380-5; *Bunch*, 10,972, 10,982-4, 11,083-4.
- Case of man ordered by doctor to stay in being sent for by agent to receive money, *Claydon* 22,998, 24,405
- Commissioners should require members sufficiently recovered to fetch money, to save visitor's time, *Wigglesworth* - - - - - 17956-7
- Delay, complaints of, made by doctors to Birmingham Insurance Committee, *Parrott* - - 21,207
- from Head Office, *Gordon* - - - - - 2845
- at Meetings, *Gray* - - - - - 5454-9
- by Post, *Gray*, 5454-6; *Lingstrom*, 41,662, 41,670
- to Representatives of insured person, *Whiteley* 35,395
- by Secretary, *Dyer*, 23,689; *Lingstrom*, 41,662-3 41,670
- by Secretary or Chairman, or visitor, *J. Duncan* 3569
- by Secretary or treasurer, *Huntley* - - - 25,208
- by Visitors, *Sanderson*, 385; *Clayton*, 3259-60; *J. Duncan*, 3569; *Gray*, 5461-2; *Shaw*, 6744; *Barker*, 8510; *Hollins*, 9172-6, 9458-60; *Bunch*, 11,086; *R. Smith*, 13,518; *Daniels*, 13,904; *Wigglesworth*, 17,943-6, 17,956-7; *Mander*, 21,851; *Scarlett*, 23,270-1; *Rigby*, 26,752, 27,017-20; *Barber*, 28,924-5; *Whiteley*, 25,395; *Crisp*, 38,906, 39,029; *Lingstrom*, 41,662-6, 41,670
- Payment without delay, desirable, *Davies* - 36,287
- Payment of, for days man not able to return to work owing to conditions of industry advocated, *Webb* 27,438-41
- Persons formerly returned to work before really fit, *Webb* - - - - - 28,132-8
- Possibility of beneficial effect on health in future, question of, *Sanderson* - - - - - 652-60
- Provision in Act allowing society to pay only two-thirds of usual remuneration, inoperative where casual work done by women, *Peters* - - 1991-5
- Provision of nourishment instead of money, suggestion, *Wilson* - - - - - 40,994

**Sickness Benefit—continued.**

- Ratio to wages higher in regard to women than to men, *Clayton* - - - - - 3052
- Receipt of, for week by people only entitled to two or three days, *Charles* - - - - - 20,773-6
- Reduction, the only step possible, *Gray* - 5505-9
- Refusal, unnecessary sickness as result, *Webb* 27,159
- Return to work as soon as fit, importance of, and question of system of applying pressure, *Hodgson* 26,025-38
- RULES re CONDUCT DURING RECEIPT OF:**
- Approved, *Richmond* - - - - - 38,633-7
- Approved, but rules might be more elastic, *W. Phillips* - - - - - 38,869
- not Being out after certain hours important, *Marsh* - - - - - 32,964-5
- Complaints heard of societies not putting rules into operation or making them public, *Cox* 30,041-5
- Housework by women, *see that title above.*
- Important, *Farman* - - - - - 33,619-21
- Rule that person should do nothing to retard recovery and should obey doctor's orders, considered sufficient, *Layton* - - - - - 29,676-81
- Tendency of employers to send people home, *Cox* 30,531-6, 30,661-4
- State guarantee of minimum benefits desirable, *W. P. Wright* - - - - - 32,067-9
- THREE DAYS' WAITING PERIOD:**
- Abolition favoured by most doctors, *Cox* 30,439-44, 30,751-4
- Claims not checked by, *Farman* - - - 33,566-70
- excessive Claims, considered to be checked by, *Eastman* - - - - - 40,663-4
- little Effect on unjustifiable claims, and payment from first day would now be preferred, *Daniels* 13,976-89, 14,668, 14,835-40
- Effect on sickness experience, question of, *J. Duncan*, 3,867-8; *Cox*, 30,882-99
- Hardship of not being able to date back in some cases, *Marsh* - - - - - 32,688, 32,943-6
- Malingerer not checked by, *Marsh*, 32,689; *Divine*, 33,201-3.
- Reluctance to return to work as result of, *Cox* 30,440-4
- for 26 weeks, possibility of returning on funds after, *Barrand* - - - - - 5220-7
- AS UNEMPLOYMENT BENEFIT:**
- Men having lost place previously often stayed on fund until fresh place found, *W. Duncan* 17,094, 17,517-22
- Objected to, and enlargement of unemployment benefit would be better, *Cox* - - - 30,533
- Tendency to regard, *Lamacraft*, 9856-8; *Peters*, 1698
- Use of, *Barber* - - - - - 28,831-3
- Uniformity not desired except in form of certificates, *Cox* - - - - - 30,528-30
- Unwillingness to return to work, *Sanderson*, 40; *Clayton*, 3054-5, 3057-8, 3062; *Thomas*, 4478; *Shaw*, 6823-4; *Jefferson*, 7197; *Hollins*, 9399, 9451-6; *Lamacraft*, 9881; *Bunch*, 11,058-60; *R. Smith*, 13,047-56; *Woodcock*, 15,233; *Rogers*, 15,389-98, 15,650-7; *Bennett*, 16,094-7, 16,128-9, 16,187-96; *Wigglesworth*, 17,842-9, 18,249-58; *Bond*, 18,601-4; *Burgess*, 20,115-20; *Charles*, 20,339-44; *Mander*, 21,713-22; *Claydon*, 22,716-26; *Huntley*, 25,361; *Hodgson*, 25,641-4, 25,674, 25,880-2; *Hogarth*, 28,348, 28,351-2; *Barber*, 28,734; *Layton*, 29,683-4; *Parsons*, 31,279-85; *Farman*, 33,414-6, 33,701-3.
- WOMEN:**
- Able to obtain treatment earlier, *Hughes* 40,277-84
- Cases of women returning to work too soon owing to fear of loss of wages, *M. Phillips* 38,828-9, 38,848-50
- Increase desirable, *M. Phillips* - - - 38,850
- Miscalculations by actuaries, *Appleton* 11,989-93, 12,063-71
- Refused on ground of sickness being due to natural causes, heard of, *Webb* - - 28,165-6
- Young married women drawing, for long period, and not then returning to work, *Sanderson*, 227-9; *Peters*, 1882-6, 2229; *Clayton*, 3160-1.



**Sickness Claims:**

Affiliated societies efficient in checking, *Webb* 28,033  
 Bank holiday weeks, great increase, *Jefferson*, 7477-85,  
 7628-37, 7670-1, 7740-8, 7768, 8010-4, 8219-21  
 Checking of, co-operation and real understanding  
 between doctors is sometimes the best means,  
*Claydon* - - - - - 23,036-51  
 Control over, importance of medical diagnosis,  
*Macarthur* - - - - - 11,459-66  
 Dating of, from date of receipt at headquarters and  
 consequent loss of some days' benefit, *Webb*  
 27,143-4  
 Decrease would result from extended knowledge of  
 principles of health, *Daniels* - - - 14,786-8  
 no great Differences in rougher trades, *Eastman*  
 40,662  
 Effect of panel system on, *Claydon* - - 23,032  
 Effect of State service of slackening fibre of people,  
*Cox* - - - - - 30,487-9  
 Effect on, of system of giving work out on special  
 days of the week, *Cox* - - - 30,545-6  
**EXCESSIVE:**  
 Arrears of sickness, importance of, *Cox*  
 30,034-5, 31,002-3  
**Causes:**  
 Admission of bad lives without medical exami-  
 nation, *Bennett*, 16,501-10, 16,706; *Cox*,  
 30,618a-20, 30,627-31; *Marsh* 32,581-8;  
*Divine*, 33,190; *Morland*, 35,081-103  
 Admission of women into societies, *Bennett*  
 16,519-4, 16,715-36  
 Almoners of insurance societies more easy-going  
 than representatives of old friendly societies,  
 suggestion, *Broster* - - - 37,546-55  
 Careless giving of certificates not considered an  
 important factor, *Marsh* - 32,752-61, 32,862  
 Comparison of benefit with wages, *Shaw*, 6805;  
*Daniels* - - - 13,832-9, 14,078-80  
 Compulsory instead of voluntary insurance,  
*Harrison* - - - - - 38,088-91  
 Compulsory insurance of persons frequently  
 unemployed and low standard of honesty,  
*Johnson* - - - - - 26,274-81  
 not Considered malingering by nurses, but due  
 to people being able to lay up more than they  
 were able to before, *Puxley* - 36,875-6  
 Dental treatment, lack of, in opinion of doctors,  
*Daniels* - - - - - 14,677-8  
 Failure to provide for second opinion, *Webb*  
 27,101  
 Freedom of doctors to do what best for patient,  
*Macarthur* - - - - - 11,398, 11,407  
 many Friendly Society members formerly used  
 to forego benefits to which entitled, but no  
 such feeling towards State scheme, *Mac-*  
*arthur* - - - - - 11,398, 14,309-13  
 Inadequacy of medical treatment, *Webb*  
 27,058-714, 27,525-791  
 Inadequate provision of appliances, *Webb*  
 27,107-14  
 Insurance of large numbers of people in low  
 state of health, *Webb* - - - 27,058  
 Lack of expert diagnosis, *Webb*, 27,070-101,  
 27,736-41, 27,751-3, 27,763-77, 27,859-63  
 Large amount of previously undiscovered sick-  
 ness, chiefly among women, *Cox* - 30,353-66  
 Large panels not necessarily a cause, *Marsh*  
 32,796  
 Lax administration not an important factor,  
*Webb* - - - - - 28,009-10  
 Low standard of health of employed women in  
 industrial areas, and giving benefit of doubt  
 to, *Cox* - - - - - 30,632-5  
 Membership of persons among whom higher  
 rate of sickness than anticipated, *Macarthur*  
 11,398, 11,448, 14,305-8, 14,314-7  
 Over-insurance not always a cause, *Divine*  
 33,213-4  
 Prolongation of illness owing to lack of means  
 for diagnosis, &c., *Macarthur* - - 11,497  
 Reduction in amount of food of people owing  
 to contributions, *Webb* - 27,158, 27,971-5,  
 27,851-6  
 Connection with low wages, *Shaw*, 6805-14;  
*Jefferson*, 7195, 7196-7, 7528.

**Sickness Claims—continued.****EXCESSIVE—continued.**

not Considered due to fraud, malingering, minor  
 ailments or laxity of administration, *Webb*  
 27,058, 27,437-42  
 will Decrease as novelty wears off, *Cox* - 30,032  
 Exist really as regards certain occupations, local-  
 ities and conditions of life, *Macarthur* - 11,398  
 no Large proportion considered due to malingering,  
*Macarthur* - 11,398-403, 14,130-1, 14,300-4  
 Many visits to doctors owing to novelty, but  
 number of claims not considered to be affected,  
*Webb* - - - - - 28,054-5  
 among Married women, *Thomas*, 4112, 4119,  
 4401-6, 4414, 4612-3, 4695-705; *Cox*, 30,829-36;  
*Lamacraft*, 10,355 *Poulton*, 10,576-8, 10,782-4  
 among Married women not due to malingering  
 but a common experience, and directly due to  
 conditions of child-bearing, *Bondfield*, 40,421-46  
 among Manual working wage-earning women  
 engaged in industrial processes, *Webb* - 27,058  
 in Men's societies, no evidence of, *Webb*, 27,366-79,  
 27,433-5, 27,469, 27,511-3  
**Men:**  
 Occupational segregation as cause, *Webb*  
 27,058, 27,514-6  
 Societies with excessive sickness claims, excess  
 of maternity claims also, *Webb* - - 27,058  
 None, taking scheme as a whole, *Webb* - 27,058  
 connection with nature of Occupation and con-  
 ditions of life, *Macarthur* - - - 11,519  
 Over-insurance not considered important as  
 regards, *Webb* - - - 28,057-8, 28,128-33  
 Remedies proposed, *Webb* - - - 27,159  
 among Women, *M. Phillips* - - - 38,816-9  
 among Women and question of proportion and  
 question of reasons, *Webb* - - 27,472-509,  
 27,517-24  
 Women in societies without occupational segre-  
 gation, *Webb* - - - - - 27,058  
 Women, arrears of sickness not an important  
 factor, *Webb* - - - - - 28,052-3  
 Improper claims kept down formerly by supervision  
 by fellow-members and regular visiting, *Bennett*  
 16,498-501  
 Increase after holidays, *Sanderson* - 659-60  
 Increase under Act, among people who formerly  
 went on working, *Willson*, 5682-8, 5813-8, 5857-  
 62, 5886, 5944-5, 5955-8, 5984, 6016; *Shaw*, 6490-6,  
 6515, 6676-7, 6804, 6805, 6870; *Jefferson*, 7528;  
*Barker*, 8584-6; *Frith*, 8895-8, 8993-6; *Hollins*,  
 9409-11; *Macarthur*, 11,448; *Rogers*, 15,405-7;  
*Bennett*, 16,717-9; *W. Duncan*, 17,065-9, 17,278-9,  
 17,607-13; *Bond*, 18,605, 18,683-5; *Burgess*, 20,144-  
 58; *Claydon*, 22,743; *Holder*, 23,397-406; *Hodgson*,  
 25,623-6, 26,105; *Johnson*, 26,251, 26,289; *Barber*,  
 28,729-30, 28,805, 28,943-5, 28,957-8; *Scarlett*,  
 23,137-8; *Marsh*, 32,924-6; *Farman*, 33,443-8,  
 33,453, 33,550-5; *Jones*, 41,353-6; *Barnes*  
 41,925-7  
 Increased by retention of benefits on private side of  
 societies, *Wigglesworth* - - - 18,015-6  
 Increase when trade slack, *Barker*, 8625; *Poulton*,  
 10,556-60; *Appleton*, 11,665-6, 11,807-11  
 Larger in proportion than old friendly society ex-  
 perience, was expected, but will decrease, *Cox*,  
 30,434-8  
 Men, excess over estimate, calculation, *Webb* 27,058  
 Refusal or hesitation re, in case of married women,  
 owing to doubt as to continuance in employment,  
 objection to, *Webb* - - - - - 27,144  
 Re-insurance fund amongst all occupations as remedy  
 for segregation, suggestion, *Webb* - 28,095-7  
 Remedy for late sending in of, desired, and suggested  
 rule insisting on sending in within 5 days, *Huntley*,  
 25,216-32, 25,302-8, 25,260-71  
 Statement on application as to source of insurance not  
 advocated, but private societies might make inquiry,  
*Morland* - - - - - 35,003-4  
 close Supervision important, *J. P. Pearce* 6439-41  
**UNJUSTIFIABLE:**  
 Believed to be made, *F. J. Smith* - - 34,565  
 Cause, inadequate medical treatment, *Gordon*,  
 2460-501a, 2520-7, 2536-49, 2562-80, 2600-89,  
 2762-76, 3019-31.



**Sickness Claims—continued.****UNJUSTIFIABLE—continued.**

Comparison of sickness benefit with wages, *Sander-son*, 18-21; *J. Duncan*, 3840; *Clayton*, 3052-3, 3170, 3197-202; *Thomas*, 4464-71; *Jefferson*, 7523-7, 7536; *Frith*, 8906; *Hollins*, 9398; *Woodcock*, 15,225-8; *Rogers*, 15,341; *Wigglesworth*, 18,188-208; *Burgess*, 20,119.

in Connection chiefly with staying on fund, *Bond* 18,477-80

Desire to some extent among patients to get some return for contributions, *Claydon* - 22,672-84

Influence of the Press, *Poulton* - 10,522-5

Largely from people on funds for comparatively short time, *Rogers* - 15,455-62

Made, but proportion smaller than generally stated, *Cox* - 30,017-21

Number of claims not more than expected, *Macarthur* - 11,398, 14,295-9

Married women, *Clayton*, 3044-5; *J. Duncan*, 3701-2

as result of Prejudice and desire to wreck Act, *Barker* - 8307-8, 8320, 8581-3, 8590, 8652-9

by Unskilled labourers owing to ineligibility for unemployment benefit, *Hogarth* - 28,321

on Voluntary side of old friendly societies, increase in 1913, and question of reason, *Webb* 28,116-33

Week before holidays, large number, *Thomas* 4396, 4489

**WOMEN:**

Adequate treatment would decrease difference between sickness rate of men and of women, *Macarthur* - 14,446-9

Unreasonable claims, no evidence of, *M. Phillips* 38,859

Silvertown Branch of Amalgamated Union of Co-operative Employees, sickness rate, *Davies* 36,113

Slough Juvenile Branch of Manchester Unity, disbandment owing to refusal of doctors to enter into contract, *W. P. Wright* - 32,262, 32,341

**SMITH, Dr. FREDERICK JOHN**, nominated by the President of the Royal College of Physicians 34,555-760

**SMITH, ROBERT**, Manager of the Insurance Section of the Co-operative Wholesale Society 12,225-13,789

**Somerset:**

Agents of societies connected with insurance companies, and officials of older friendly societies, no difference in attitude noticed, *Morland* 34,886-8

**CERTIFICATES:**

generally Accepted without question, but medical referee called in occasionally, *Morland* 34,913-17

some Ante-dating but no general practice, *Morland* - 35,053

Complaints by societies of stridency *re* (in Yeovil particularly), *Morland* - 34,790-4

Dating back, requests by officials of societies for, *Morland* - 34,908-9

some Grumbles by agents of certificates being freely given *Morland* - 34,789-90

Initial, giving of, on third day and dating back, *Morland* - 35,054-9

for Minor ailments, no complaints heard, *Morland* 34,914

Some, perhaps given too easily, but not on the whole, *Morland* - 34,865

Chemists' shops, accommodation in, and no complaints heard, *Morland* - 34,936-40

Colliery districts, and medical services particularly efficient, *Morland* - 35,032-5

Compensation cases, hardship in refusal of sickness benefit in certain cases by societies other than trade unions without assistance in obtaining compensation and onus of recovering compensation on societies suggested, *Morland* 34,828-33, 34,974-86, 35,060-76

District near Bristol, no special difficulty *re*, *Morland* 35,024-31

**DOCTORS:**

Applications to make own arrangements with, number, and none granted, *Morland* 34,856-7

Changes, *Morland* - 34,777-82

**Somerset—continued.****DOCTORS—continued.**

Complaint as to charging fees and charging for certificates, *Morland* - 34,788

Complaints *re* charging for certificates found on investigation not to be State insurance certificates, *Morland* - 34,809-10

Country fairly well covered by, *Morland* 34,772

no Making of own arrangements by insured persons, *Morland* - 34,776

Mileage payments, arrangements, and amount paid in Exmoor district, *Morland* - 34,773-4

Number of patients, *Morland* - 34,767-8

Number, 1913 and 1914, and reason for decrease, *Morland* - 34,764-6

Number not having chosen, *Morland* - 34,775

Relations with societies, *Morland* - 34,834-41, 34,858-63

With more than 1,000 persons on list, waiting room accommodation to be considered by panel committee, *Morland* - 34,850-3, 34,931-6

Factory club in addition to State section, certain over-insurance approved, but restricted in amount, *Morland* - 34,868-71, 34,996-35,004

Hospital facilities, *Morland* 34,799-801, 35,019-23

Incapacity, interpretation, variations, *Morland* 34,822-5

**INSURANCE COMMITTEE:**

few Complaints from societies or insured persons, *Morland* - 34,953-6

Members officials of societies not representatives of insured persons, *Morland* - 34,811, 34,793

Non-representation of insured persons on the whole, *Morland* - 35,005-11

**INSURED PERSONS:**

Distribution, *Morland* - 34,769-71

Number, January and April 1914, *Morland* 34,763

Joint Medical Committee, constitution, reasons for formation, &c., and no formal complaints before appointment, *Morland* - 34,784-6, 34,889-903, 34,941-56

Malingering, no serious amount heard of, but isolated cases must exist, and benefit occasionally allowed that is not technically justified, *Morland* 34,961-3

Medical benefit, cases outside scope of agreement, attended to by doctors or institutions, *Morland* 34,798, 35,012-8

**MEDICAL REFEREE:**

Appointment desired, preferably by Commissioners from panel list for each district, *Morland* 34,881-3

Appointment from panel list to act in neighbouring district suggested by majority of doctors, *Morland* - 34,816-7, 34,964, 34,987-93

Desire for, stronger among officials representing collecting societies than among those representing old friendly societies, *Morland* - 34,910-2

Doctors practically in favour of, and reasons, *Morland* - 34,812, 34,818-22, 34,826-7

Payment:

from Medical fund, doctors would be opposed to, *Morland* - 35,036-52

Partly by societies and partly by Commissioners advocated, *Morland* - 34,884-5

Section of approved societies not in favour of, and more efficient sick visiting advocated, but same purpose would not be served, *Morland* 34,813-4, 34,969-73

Whole-time man for County:

not Desirable, *Morland* - 34,965

Desired by some doctors, *Morland* - 34,816

Medical treatment, no complaints heard, *Morland* 34,795

some Misunderstanding of principles of insurance, but improvement, *Morland* - 34,872-5

Over-insurance, effect on claims, but not necessarily unjustifiably, *Morland* - 34,866-7

Pregnancy, and need for making position clear, *Morland* - 34,876-80

Sanatorium benefit, difficulties *re*, and scheme of care committees being arranged, *Morland* - 34,957-9

**SICKNESS BENEFIT:**

during Convalescence, might be justifiable in some cases, *Morland* - 34,918-24



Somerset—*continued*.SICKNESS BENEFIT—*continued*.

Delay in payment owing to bad organisation of societies, <i>Morland</i> - - -	34,966-8
People formerly returned to work too soon, <i>Morland</i> - - -	34,866-7
Sickness claims, excessive, reasons given by societies, <i>Morland</i> - - -	34,802-6
Society on Holloway systems, working of, &c., <i>Morland</i> - - -	35,107-32
Women, difficulties <i>re</i> , <i>Morland</i> - - -	34,806-8
Women's labour, nature of, and wages, <i>Morland</i> - - -	34,842-9

## Sons of Temperance, Order of:

Abstinence, rules, &c., <i>Wightman</i> and <i>Huntley</i> - - -	24,871-5
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## ADMISSION OF MEMBERS:

Inquiries as to income not made, but steps taken to ascertain whether insured in other societies, <i>Huntley</i> - - -	25,323-7
Questions on application form <i>re</i> diseases, &c. and practice <i>re</i> , <i>Huntley</i> - - -	25,272-7, 35,424-31
System, <i>Huntley</i> - - -	25,065-73

## APPEALS:

One only, <i>Huntley</i> - - -	25,401, 25,403-7
Procedure, <i>Huntley</i> - - -	25,402
Benefits, scale, <i>Huntley</i> - - -	25,436-9

## CERTIFICATES:

Case of doctors giving declaring-on and declaring-off note on same day, <i>Huntley</i> - - -	25,168-9
for Debility, &c., and procedure, <i>Huntley</i> - - -	25,169-76
for Debility, initial certificate always paid on, but inquiries would be made after a time, <i>Huntley</i> and <i>Wightman</i> - - -	24,815-26
Doctors should give indication where illness caused by accident, <i>Huntley</i> and <i>Wightman</i> - - -	24,851-4
for Dyspepsia, many cases, but of short duration, and payment made, <i>Wightman</i> - - -	24,827-8
Examination of, <i>Huntley</i> - - -	25,494
of Incapacity not justified in cases where man might do ordinary but not extraordinary work or possibility of breaking down although at present capable, <i>Huntley</i> - - -	25,339-46
for Neuralgia, generally of short duration, and payment made, <i>Wightman</i> - - -	24,829
for Ordinary illness in cases of pregnant women, <i>Wightman</i> - - -	24,865-70
Over-readiness in giving, in colliery districts, alleged by secretaries, but no specific cases of, <i>Huntley</i> - - -	25,114-9
not Passed for benefit unless specific nature of disease given, and no such certificates given, <i>Huntley</i> - - -	25,164-7
on Scraps of paper, <i>Huntley</i> - - -	25,162
Veneral disease, doctors should give information, of misconduct on, <i>Huntley</i> and <i>Wightman</i> - - -	24,876-90

## COLLIERY AREAS (DURHAM):

Improvement probable as regards excessive claims, <i>Huntley</i> - - -	25,147-59
Medical arrangements before Act, and question whether sickness claims affected by, <i>Huntley</i> - - -	25,126-46, 25,580

## COMPENSATION CASES:

Arrangements being made with solicitors <i>re</i> , <i>Wightman</i> - - -	25,386
Difficulty <i>re</i> , and central fund or direct control from Commissioners desired, <i>Wightman</i> and <i>Huntley</i> - - -	25,383
Procedure where suspected, <i>Huntley</i> - - -	24,845-51
in Which obtained through efforts of society, <i>Huntley</i> - - -	25,214-5

## DOCTORS:

Change in relations with, <i>Wightman</i> - - -	25,364-72
Difficulties with, decreasing, <i>Huntley</i> - - -	25,578
Excessive number of patients on lists, <i>Huntley</i> - - -	25,233-6
Free choice not exercised in many cases, <i>Huntley</i> - - -	25,602
Giving of prescription without examination, case of, <i>Huntley</i> - - -	25,118-9
Information to, of man being insured in other societies, not advocated, <i>Huntley</i> - - -	25,335-8

Sons of Temperance, Order of—*continued*.DOCTORS—*continued*.

Persuading of men to stay away from work, - - -	25,568-78
Same gone to by members as before Act in some cases, <i>Huntley</i> - - -	25,579
Special hours and no hours on Sunday in some cases, <i>Huntley</i> - - -	25,596-8
Work done satisfactorily and relations generally good, but some exceptions, <i>Huntley</i> - - -	25,113-20
Established 60 years, <i>Huntley</i> - - -	24,783
Fraud, deliberate, no case heard of, <i>Huntley</i> - - -	25,112
Hazardous areas and powers of districts <i>re</i> declaring of, <i>Huntley</i> - - -	24,959-64, 25,546-50, 25,469, App.

## INCAPACITY:

Certificates relied on, but not always accepted without question, <i>Huntley</i> - - -	25,463-5, 25,476-80, 25,495
Illnesses which incapacitate and those which do not should be more differentiated between, <i>Huntley</i> - - -	25,169-73
Interpretation on private side as incapacity to follow usual employment, <i>Huntley</i> - - -	25,020-31
Industrial diseases, not always easy to find out by certificates, <i>Wightman</i> - - -	24,855-9
Lodges, mixed, and question as to part taken by women in administration, <i>Huntley</i> - - -	25,451-5
London District Committees, women members, <i>Wightman</i> - - -	25,290-3
Medical arrangements before Act, <i>Huntley</i> , - - -	25,121-6
Medical Benefit, administration difficulties, <i>Wightman</i> and <i>Huntley</i> - - -	25,375-6
Medical Referees, little experience of, and no necessity yet, <i>Huntley</i> and <i>Wightman</i> - - -	25,379-82, 25,459-60
Meetings, <i>Huntley</i> - - -	24,794-5
Meetings, attempts made to get State members to attend, but apathy of, <i>Huntley</i> and <i>Wightman</i> - - -	25,075-80

## MEMBERS:

not Adhering to temperance pledge, steps taken, <i>Huntley</i> - - -	25,419-3, 25,503-11
good Class and generally superior average health to that of general community, <i>Huntley</i> - - -	25,280-2, 25,418
Distribution and occupations, <i>Huntley</i> , - - -	24,891-921
Initiation ceremony, <i>Huntley</i> - - -	23,058-63
London area, numbers, <i>Wightman</i> - - -	24,900
Numbers of other societies joined by, limitation in some districts, <i>Huntley</i> - - -	25,440
Numbers entered on both sides, <i>Huntley</i> - - -	24,790
Private side:	
Increase after Act, <i>Huntley</i> - - -	24,941-6
no Pressure on, to join on State side, <i>Huntley</i> - - -	25,414-5
Total number, number in England, and numbers of men and women, <i>Huntley</i> - - -	24,784-6
Proportion insured on both sides, <i>Huntley</i> , - - -	25,391
State side:	
Married women, number, <i>Huntley</i> - - -	24,788
Total number, number in England, and numbers of men and women, <i>Huntley</i> - - -	24,787
Wages, no cognisance taken of, <i>Huntley</i> - - -	25,441
Women, distribution and occupations, <i>Huntley</i> and <i>Wightman</i> - - -	24,906-21
Method of collecting information for Committee, <i>Huntley</i> - - -	24,922
Mining lodges, organisation, membership, &c., <i>Huntley</i> - - -	24,993-25,019
Misconduct, illness due to, rule <i>re</i> , <i>Huntley</i> and <i>Wightman</i> - - -	24,878-81
Misunderstanding of principles of insurance, and steps taken, <i>Huntley</i> - - -	24,979-1, 25,054-7, 25,074, 25,354-6
National division aid fund, <i>Huntley</i> - - -	25,442-5
Organisation and government, <i>Huntley</i> and <i>Wightman</i> - - -	24,993-25,019, 24,780-2, 24,792-804
Over-insurance, no great amount, and chiefly as regards women, little among men, <i>Huntley</i> - - -	25,081-3, 25,110, 25,315-22
Potteries, supposed to be hazardous district, but sickness experience not above normal, <i>Huntley</i> - - -	24,694-5



**Sons of Temperance. Order of—continued.****Pregnancy, sickness benefit:**

- Not paid for, unless accompanied by complications, but used to be paid, *Huntley and Wightman* 24,831-44, 25,531-2  
to be Paid where accompanied by complications, *Huntley* - - - - - 25,408  
Period, *Wightman* - - - - - 25,534-9  
Single women, benefit refused, *Huntley* 24,860-3

**PRIVATE SIDE:**

- Benefits, *Huntley* - - - - - 24,930-9  
Medical arrangements before Act, *Huntley* 25,121-46, 25,580-4  
Pregnancy, system *re*, *Wightman* - - - - - 25,100-5  
Reduction of contributions under Section 72, *Huntley and Wightman* 25,387-90, 25,521-7  
Sickness benefit:  
Average duration of claims, 1910, 1911, 1912, *Huntley* - - - - - 24,939-41  
Waiting period, *Wightman and Huntley* - 24,947  
Sickness benefit and funeral benefit, numbers contributing to, *Huntley* - - - - - 24,952-4  
Sickness experience, 1910-1913, *Wightman* 24,923-9, 24,947-50  
Sickness experience, statistics connected with payment of benefit under Act began, *Huntley and Wightman* - 24,951, 24,955-78, 25,512-20  
Women, difficulties, and consequent reduction of length and amount of benefit, *Wightman* 25,084-99  
Secretaries, work of, and position, *Huntley and Wightman* - - - - - 24,796-806  
Sick visiting, system, *Huntley* - - - - - 25,182-213

**SICK VISITORS:**

- Payment, *Huntley* - - - - - 25,188-94, 25,457-8  
Reluctance to take post in some branches, *Huntley* - - - - - 25,198  
Reporting of persons as fit to work when holding certificate, question of, *Huntley* - 25,177-81  
Visiting between 5 and 7 only, and question of efficiency, *Huntley* - - - - - 25,203-13

**SICKNESS BENEFIT:**

- after Confinement, case of, for 20 weeks, *Huntley* 25,287-8  
Cost per member per week in certain districts, *Huntley* - - - - - 24,981-90, 25,044-9  
Lack of interest in patient on part of doctors tending to prolong period on funds in some instances, *Huntley* - - - - - 25,362  
Minor ailments, procedure, *Huntley* - 25,466-8  
Payment by secretary or treasurer, *Huntley* 25,208  
Rules *re* conduct during, obeyed and enforced, *Wightman* - - - - - 25,397  
Woman found doing housework during receipt of, procedure, *Huntley and Wightman* - 25,540-8  
Women, statistics, *Wightman and Huntley* 25,106-9

**SICKNESS CLAIMS:**

- All met, generally speaking, *Huntley and Wightman* - - - - - 24,830  
Arrears of sickness, question of amount, *Huntley* 25,352-3  
Comparison with other societies, *Huntley* 25,416-7, 25,432  
gradual Diminution and return to normal, probable on State side, but not on private side, *Huntley* 25,357  
Excessive in numbers and length, *Huntley* 24,979-80  
Late sending in of, objection to, and need of remedy, rule insisting on sending in claim desired, *Huntley* - 25,216-32, 25,260-71, 25,302-8, 25,398-400  
Making of, that would not have been made before, *Huntley* - - - - - 25,558-67  
for Minor ailments, *Huntley* 24,959, 25,051-3  
Procedure, *Huntley and Wightman* - 24,796-814  
Statement by member that illness not result of accident and misconduct, not advocated, *Huntley* 25,330-4  
Unjustifiable, comparison of benefit with wages, *Huntley* - - - - - 24,979

**Sons of Temperance, Order of—continued.**

- Social work of lodges, *Huntley* - - - - - 25,064  
some Unwillingness to return to work, but tendency among doctors to keep men on funds longer than they wished, *Huntley*, 25,360-1; *Wightman* 25,374  
Venereal disease, payment only refused if illness caused by misconduct, and particulars, *Huntley* 25,309-14, 25,347-9, 25,549-57

**WOMEN:**

- Have equal rights with men as to position or office, *Huntley* - - - - - 25,470  
None on District Committees or Central Committees, *Huntley* - - - - - 25,289-90  
Southwark, *see* Bermondsey, Camberwell, Deptford, and Southwark.  
Spenn Valley area, special vigilance committee, *Johnson* 26,378-9  
Stanley, *see under* Durham.  
South Metropolitan Gas Company, nursing arrangements, *Puxley* - - - - - 36,883  
South Shields Branch of National Amalgamated Union of Labour, increase in sickness claims, *Bell* 40,804, 40,820  
Sowerby Bridge Branch of Amalgamated Union of Co-operative Employees, sickness rate, *Davies* 36,113

**Staffordshire:**

- Boilermakers and Iron and Steel Shipbuilders, United Society, *see that title*.  
Doctors, co-operation of sick visitors, &c. welcomed by, *Cox* - - - - - 30,105, 30,466

**MANCHESTER UNITY:**

- Increase in independent sick pay, *W. P. Wright*, 31,778  
Proper system of sick visitors, &c. considered by secretary to be better than medical referees, *W. P. Wright* - - - - - 31,778-81  
Willingness to co-operate with approved societies, *W. P. Wright* - - - - - 31,778-81

**State Medical Service:**

- Advantages, *Jefferson* - 8247-9; *Scarlett*, 23,298-9  
Advocated, and advantages, *Jefferson*, 7934; *Poulton*, 10,605-18, 10,625-6; *Macarthur*, 14,232-47, 14,415-30, 14,503-4; *Bond*, 18,815; *Barber*, 28,766-70, 28,778-9, 28,997-9009.  
Advocated, and scheme, *Lamacraft* - 10,136-46, 10,149-53, 10,319-28  
Advocated, doctors not to be arbiters as to incapacity and should be responsible to Commissioners instead of to societies, *W. P. Wright* - 31,917-97  
Advocated, with professional sick visiting, *W. P. Wright* - - - 32,094-7, 32,373-403, 32,386  
not Advocated, *W. Duncan*, 17,745-51; *F. J. Smith*, 34,602, 34,609-10.  
not Advocated, leading to slackness probable, *Hogarth* - - - - - 28,441-4, 28,490-1  
Appointment of committee to inquire into practicability proposed, *Huntley* - - - - - 25,475  
would Approximate to poor law medical service, *Hogarth* - - - - - 28,493  
Attendance on family for fee, question of, *Hartop* 22,413-6  
Class distinctions might be set up, *Johnson* 26,473-7  
Cost would be prohibitive unless more attention paid to prevention of diseases, *Johnson* - 26,447  
Desirable, but consent of prospective patient would have to be obtained, *Layton* - - - - - 29,516  
Desired, but no immediate prospect seen of, *Appleton*, 12,154-5  
Desired and reasons, but impossibility at present, *Scarlett* - - - - - 23,124-6, 23,147-8  
Desired, failing return to old arrangements, *Jackson* 36,649  
Doctors' attitude would not be changed, *Farman* 32,606-7  
more Doctors would be attracted, *Webb* 27,871-5  
Doctors might be more independent, but question whether system more beneficial for insured person, *Divine* - - - - - 33,185  
Doctors would not work as hard, *Marsh* 32,794-6  
Doctors should be appointed and controlled by Insurance Committees, *Barber* - - - - - 28,780-6



**State Medical Service—continued.**

Feeling of whole profession against, <i>Marsh</i>	32,869-71
many Friendly Society officials believe in, but no reason seen for personally, <i>Flather</i>	36,987-8
Full-time salaried medical service under control of local authority advocated, and scheme, <i>Shaw</i>	6800-3, 6981-91, 7142-54
would be Good for profession but bad for patients, <i>Cox</i>	30,667-78
the Ideal and ultimate and only complete solution of difficulties, <i>Macarthur</i>	11,592
Number of doctors would not be a difficulty, <i>W. P. Wright</i>	31,964-80
Objection to, <i>Belding</i>	34,323-4
Organisation by gradual growth desirable, and Act a step towards, and institutional treatment must be linked up with, <i>Bond</i>	18,708, 18,795, 18,816-20, 18,898-909
People would resent interference in homes, <i>Johnson</i>	26,632-7
Preferable and service would be better, <i>Pimble</i>	37,226-31, 37,286, 37,392-5, 37,457-62
only Preferred if panel system fails, <i>Daniels</i>	14,023
Present system preferred, <i>Farman</i>	33,488-94
Private work would have to be allowed in some places, <i>Hartop</i>	22,411-2
Profession would probably be divided re, <i>Bennett</i>	16,885
Question of, <i>Barnes</i>	41,947
Question of attitude as regards duty to patients and society, <i>Cox</i>	31,168-82
Question whether doctors would approve, <i>Pimble</i>	37,418-20
Question whether more doctors would be obtainable, and opinion that less work would be got out of, <i>Johnson</i>	26,452-72
Remedy for unequal division of patients, <i>Jones</i>	41,476
no Remedy for inferior work unless men weeded out, <i>F. J. Smith</i>	34,669-72
Results would be much the same as regards certificates, <i>Divine</i>	33,304-9
Scheme, <i>Huntley</i>	25,585-604
Sufficient men would be obtained, <i>Barber</i>	28,771-8; 32,357-62
Solution of "doctor" question probably lies in, <i>Wightman</i>	25,377
Suggestion, <i>R. Smith</i> , 13,109-10, 22,378; <i>Hartop</i> , 22,409.	
Supervision under, to keep men up to mark, not possible, <i>Farman</i>	32,612-7
Supplementary State service of consultants and specialists, suggestion, <i>Macarthur</i>	11,592, 14,288, 14,579-82
Would lead to loss of individuality, <i>Bennett</i>	16,918-21

**Stepney :**

Anæmic girls and married women, great difficulty re, and problem a social one, <i>Roberts</i>	29,922-8
Anæmic underfed women, difficulty re, <i>Roberts</i>	29,807-8
Appliances, difficulty re, <i>Roberts</i>	30,002-3
Areas of sickness, question of, <i>Roberts</i>	29,994-8

**CERTIFICATES :**

Nature of disease always stated, <i>Roberts</i>	29,854-62
for Persons in infirmaries or hospitals, certificates given, but wording altered, <i>Roberts</i>	29,936-40
Refusal of hospitals to give, as a rule, <i>Roberts</i>	29,937, 29,944-6
Confinement, women generally on funds for 6 weeks after, <i>Roberts</i>	29,965
Hospital treatment, and specialist's opinion, facilities, <i>Roberts</i>	29,943

**DOCTORS :**

Diagnosis of cases, <i>Roberts</i>	30,000
Division of patients between five partners, <i>Roberts</i>	29,751, 29,757-62, 29,795-9
Five partners, arrangements re work, distribution of, <i>Roberts</i>	29,763-72
Friendly relations with societies, and daily communication and co-operation with representatives and sick visitors, <i>Roberts</i>	29,814-24, 29,976

**Stepney—continued.****DOCTORS—continued.**

no Friction with friendly societies before or after Act, and no complaint from, <i>Roberts</i>	29,918-21
Hours, numbers seen in, &c., <i>Roberts</i>	29,763-72, 29,788-9
Instructions believed to be carried out, <i>Roberts</i>	29,883-90
Larger proportion of patients seen in surgeries, and reason, <i>Roberts</i>	29,941, 29,979-81
Large proportion of people going to, <i>Roberts</i>	29,780
Number of patients, proportion of men and women and occupations, <i>Roberts</i>	29,751-6
Panel patients on list, proportion attended and given certificates, <i>Roberts</i>	29,773-6, 29,982-3
Patients seen first by nurses, and record card marked, <i>Roberts</i>	29,757-8
Patients seen in order of arrival, and card system, <i>Roberts</i>	29,790
Practically all previous patients, are on list, <i>Roberts</i>	29,920
Practice re examination of patients, <i>Roberts</i>	29,783-4
Prescriptions, writing of, on printed form, with information as to hours, <i>Roberts</i>	29,791-2
Unjustifiable claims, small proportion allowed, but probably a few allowed, <i>Roberts</i>	29,800-13
little Venereal disease seen, <i>Roberts</i>	29,858-61, 29,948-50
Waiting room sufficient, <i>Roberts</i>	29,785-7
Incapacity, interpretation as incapacity for usual work, <i>Roberts</i>	29,898-917

**MEDICAL REFEREE :**

Advantage to doctors, <i>Roberts</i>	29,835-9, 29,924
Certain number of cases never go to, but return to work, <i>Roberts</i>	29,831, 29,834
Communication with, by doctor in some cases, <i>Roberts</i>	29,832-4
Nature of cases sent to, and proportion and results, <i>Roberts</i>	29,826-34
System and importance of having man with experience of industrial practice, <i>Roberts</i>	29,841-53

**PREGNANCY :**

Difficulty re, <i>Roberts</i>	29,863
Few women with, to go on fund in first months, <i>Roberts</i>	29,991-2
Last month, pregnancy might be certified alone, <i>Roberts</i>	29,873
Length of time for which women on funds, and proportion of women going on, <i>Roberts</i>	29,951-6, 29,966-71, 29,962-4
Proportion of women put on funds before ninth month, <i>Roberts</i>	29,957-61
Refusal of certificates for month before, claims would probably be larger, <i>Roberts</i>	29,972
Serious conditions due to, certified only, pregnancy not mentioned and reason, <i>Roberts</i>	29,864-82

**SICK VISITORS :**

not very Competent and chief desire to get people off fund, <i>Roberts</i>	29,891, 29,897, 29,978
Persuading of people to sign off, without understanding, <i>Roberts</i>	29,891-7, 29,974-8
Stockton-on-Tees, doctor, complaint of insufficient support from society, <i>Cox</i>	31,013-20

**Stoke-on-Trent :**

Doctors, large number of patients, but work well done, <i>Cox</i>	30,057-61
Number of population to one doctor, <i>Webb</i>	27,652, 27,655
Pottery Workers, National Amalgamated Society of, see that title.	
Stonehouse, see Plymouth District of Manchester Unity of Oddfellows Friendly Society.	

**Suffolk Unity, Order of United Sisters :****ADMISSION :**

Declaration of witness, <i>J. P. Pearce</i>	6269-75
Form, <i>J. P. Pearce</i>	6229-31

**AGENTS :**

Payment of benefit by, <i>J. P. Pearce</i>	6145, 6157-9
Poortion of, &c., <i>J. P. Pearce</i>	6148-54



**Suffolk Unity, Order of United Sisters—continued.****ARBITRATION:**

- no Case of, *J. P. Pearce* - - - - 6287  
 Question of expenses in case of, *J. P. Pearce*  
 6281-4

**BRANCHES:**

- Number, *J. P. Pearce* - - - - 6094, 6244-6  
 20 members the smallest number, *J. P. Pearce* 6255

**CERTIFICATES:**

- Case of difficulty of getting nature of disease  
 stated, *J. P. Pearce* - - - - 6139  
 Dating, no complaint *re*, *J. P. Pearce* 6140-1  
 for Debility, anæmia and pregnancy, payment  
 would be made, *J. P. Pearce* - - - 6161  
 Compensation, no cases, *J. P. Pearce* - 6193-9

**DOCTORS:**

- must have Acted with greater sense of responsi-  
 bility formerly, *J. P. Pearce* - 6211, 6263-8  
 Attitude sympathetic, *T. P. Pearce* - 6135-7  
 Executive Committee, *J. P. Pearce* 6218-21, 6237-9  
 Factory workers, number, and sickness greater among  
 than among other sections *J. P. Pearce* 6226-8  
 no Fraud, *J. P. Pearce* - - - - 6133  
 London branch, membership, &c., *J. P. Pearce*  
 600-1, 6247-50

- Medical Referee, never employed, but would be a  
 safeguard and appointment by Commissioners  
 preferred, *J. P. Pearce* - - - - 6184-92

**MEMBERS:**

- no Definite steps taken to obtain, *J. P. Pearce*  
 6222-5  
 Distribution and occupations, *J. P. Pearce*  
 6098-104  
 Large number would not be away from work for  
 minor ailment or will be paid when away, *J. P.*  
*Pearce* - - - - 6223-6  
 Married, small number, *J. P. Pearce* - 6130  
 Misunderstanding of principles of insurance and  
 inability to follow printed instructions, &c., *J. P.*  
*Pearce* - - - - 6213-7

**PRIVATE SIDE:**

- Admission, medical examination, *J. P. Pearce* 6232  
 Benefits, *J. P. Pearce* - - - - 6105-6  
 Members:  
 Interest decreasing, *J. P. Pearce* - - 6240  
 Number of, and branches, *J. P. Pearce* 6093-4  
 Question whether liabilities increased, *J. P. Pearce*  
 6241-3  
 Position of, *J. P. Pearce* - - - - 6086-92  
 Sick visiting, *J. P. Pearce* 6163-8, 6177-80, 6200-2,  
 6455-7

**SICKNESS BENEFIT:**

- Above normal in Essex branch, where members no  
 longer under local supervision, *J. P. Pearce*  
 6119-25  
 Cases of patients sent away for rest, *J. P. Pearce*  
 6276-81  
 Cases of 26 weeks being paid, *J. P. Pearce* 6261-2  
 Comparison with wages, St. Albans, *J. P. Pearce*  
 6126-7  
 Cost, actual and estimated, *J. P. Pearce* 6108-1  
 no Difficulty in getting people off fund, *J. P. Pearce*  
 6132  
 no Heavy household work allowed *J. P. Pearce*  
 6256-8  
 Rule *re* conduct while receiving, difficulty in strict  
 enforcement in some cases, *J. P. Pearce* 6247-8

**SICKNESS CLAIMS:**

- Below expectation, *J. P. Pearce* - - - 6107  
 no Check on, in many cases, except weekly certi-  
 ficate, *J. P. Pearce* - - - - 6250-4  
 for Many weeks, procedure, *J. P. Pearce* 6169-76,  
 6203-6  
 Procedure, *J. P. Pearce* - - - - 6146-57  
 Unjustifiable, no evidence of, *J. P. Pearce* - 6118  
 State side, number of members, and practically all  
 members on private side also on, and therefore  
 were medically examined, *J. P. Pearce* - 6095-7,  
 6259-60

**Sunderland:**

- Certificates, refusal by doctors and protest by  
 societies, cases, *Cox* - - - - 30,502  
 Sons of Temperance, sickness experience, *Huntley*  
 24,981-2

Surgical Appliances, *see* Appliances.

- Sussex, West, requests of agents whose certificates  
 signed on dates at which no consultation took  
 place, *Cox* - - - - 30,386

Syphilis, *see* Venereal Disease.

**Teeth:**

- See also* Dental Treatment.  
 Decayed, justified in many cases, but not for long  
 period, *Cox* - - - - 30,392-4, 30,398  
 Toothache, frequently sufficient cause of incapacity,  
*Layton* - - - - 29,628  
 Extraction by doctors, Walsall, *Layton* - 29,406-9  
 many Sickness claims due to, *Macarthur* - 11,503  
 Tending Hundred Provident Society, administra-  
 tion, *Dixon* - - - - 39,459  
 THOMAS, FRED, Chief Clerk to the Insurance Section  
 of the Amalgamated Weavers' Association  
 4100-4731  
 Thurleigh Benefit Club, contributions before and  
 after Act, and cost of benefit, *Hartop* 22,251-3

**Tonbridge District, Kent, Manchester Unity:**

- Certificates, acceptance of, without question, but  
 opinion of secretary that certificates for minor  
 ailments should be inquired into, *W. P. Wright*  
 31,710  
 Doctors, slackness of, *W. P. Wright* - - 31,710  
 Increase of independent sickness benefit, *W. P.*  
*Wright* - - - - 31,710  
 Malingering and causes, *W. P. Wright* - 31,710  
 Over-insurance, *W. P. Wright* - - - 31,710  
 Trade Union Societies' Association, in favour of  
 State administration of Act, *Davies* - - 36,276

**Trade Unions:**

- Administration of Act by, not approved, *W. P.*  
*Wright* - - - - 32,075  
 Sickness benefit system, *Webb* - - - 27,384-92

**Tramway and Vehicle Workers:**

- strict Medical examination before appointment,  
*Jackson* - - - - 36,697, 36,749-50  
 Occupation not unhealthy, *Jackson* - - 36,751-4

**Tramways and Vehicle Workers, Amalgamated Society of:**

- Administration expenses, system, *Jackson*  
 36,595-9  
 Administration, *Jackson* - 36,476-8, 36,591-9,  
 36,653-4  
 Arbitration Committee, power to set up, but not  
 yet called, *Jackson* - - - - 36,611-3

**CERTIFICATES:**

- Continuing:  
 Commissioners communicated with *re* difficulty,  
 but no reply yet received, *Jackson* 36,641-2  
 Name of disease or disablement should be  
 stated, *Jackson* - - - - 36,718-20  
 Refusal of doctors to state nature of disease,  
*Jackson* - - - - 36,543-52, 36,582-90  
 for Minor ailments, increase in number, *Jackson*  
 36,523-42  
 Laxity in giving, and no case of refusal heard of,  
 reasons, *Jackson* - - - - 36,755-6  
 Required by Corporations before men return to  
 work, system, *Jackson* - - - - 36,721-40  
 Weekly, required now, but not at first, *Jackson*  
 36,483-6, 36,500, 36,509

- Disputes with members, settlement after communi-  
 cation with Commissioners, *Jackson* - - 36,613

**DOCTORS:**

- Arrangements, *Jackson* - - - - 36,567-78  
 Arrangements before Act, *Jackson* - 36,525-6,  
 36,587  
 Change in relations with, *Jackson* - 36,633-9  
 Return to old arrangements desired, and doctors  
 would probably approve, *Jackson* 36,527-8,  
 36,643-8, 36,667-70



**Tramways and Vehicle Workers. Amalgamated****Society of—continued.****LOCAL REPRESENTATIVES:**

Payments, *Jackson* - - - - 36,663-6  
 Permanent appointments and advantage, *Jackson*  
 36,655-6

**MEDICAL REFEREES:**

Results of submission of cases to, *Jackson*  
 36,507, 36,624-6  
 System, *Jackson* - - - - 36,501-8

**MEMBERS:**

Occupations and distribution, *Jackson* - 36,464-9,  
 36,472-5, 36,650-2  
 State side, numbers, and number also on union side,  
*Jackson* - - - - - 36,470  
 Union side, numbers, *Jackson* - - - - 36,470  
 Misunderstanding of principles of insurance, *Jackson*  
 36,628-32, 36,671-2

**PRIVATE SIDE, SICKNESS BENEFITS:**

Average cost per member per week, *Jackson*  
 36,673-80

Statistics, and increase in claims after *Jackson*  
 36,487-92, 36,684-717

Over-insurance, *Jackson* - - - - - 36,491

Over-insurance, benefit in some cases not in many,  
 tendency to remain longer on funds as result,  
*Jackson* - - - - 36,553-66, 36,614-23

Sickness, percentage as high in Yorkshire, where  
 doctors paid on capitation system as in Manchester  
 and Salford, *Jackson* - - - - 36,578-80

**SICK VISITING:**

Permanent whole time visitors, considered, but no  
 particular advantages in keeping down claims,  
*Jackson* - - - - - 36,757-8  
 Payment, *Jackson* - - - - 36,600-3, 36,511  
 Rigid system introduced lately, *Jackson* 36,500-1  
 System of, *Jackson* - - - 36,509-14, 36,600-10,  
 36,758-64

**SICKNESS BENEFIT:**

Cost per member per week, *Jackson*  
 36,677, 36,681-2  
 Declarations on, possible effect of large number of,  
 on employment, *Jackson* - - - 36,746-8  
 Decrease as result of steps taken, *Jackson* 36,515-8  
 Percentages 1910-13 - - - - 36,709 note

**SICKNESS CLAIMS:**

Heavy, and steps taken *re*, *Jackson* - - 36,483,  
 36,495-500, 36,519-22  
 Passed by local organisations up to 2nd February,  
 1914, but headquarters' consent now required,  
*Jackson* - - - - 36,479-83, 36,497-500  
 Statistics, *Jackson* - - - - 36,493-4

**Transfers between Societies:**

Agreement by societies to refuse them than to grant  
 desirable, *R. Smith* - - - - 13,788  
 Difficulty of administering Act owing to, and restric-  
 tion advocated, *Daniels* - - - 14,045; 14,862-8  
 Discipline weakened by ease of obtaining, *Johnson*  
 26,607  
 Restriction desirable, *Shaw* - - - - 7156-60  
 Certain societies lay themselves out to get, *R. Smith*  
 13,785-7  
 Supervision desirable, *Webb* - - - 27,963-6, 28,099

**Trusses:**

*see also* Appliances.

Failure to provide, consequent drain on sick fund,  
*Webb* - - - - - 27,107-9  
 Supply of, suggested, *Daves* - - - 33,810, 33,815,  
 33,818, 33,902-3

**Tuberculosis:**

All cases should be seen by tuberculosis officers,  
 whether applying for sanatorium benefit or not,  
*Harrison* - - - - - 38,160-6  
 Responsibility for dealing with, should be transferred  
 to County Councils, and be dealt with as part of  
 public health, and scheme, *Clare*  
 36,394-402, 36,424-34  
 Maintenance allowance to family necessary, *Webb*  
 27,159, 28,090  
 Should be taken out of Insurance Act and handed  
 over to Local Health Authority, *Webb*  
 27,159, 28,090-5

TUCKFIELD, C., General Secretary of the National  
 Deposit Friendly Society - - - - 775-1390

**Tunstall Benevolent Burial Society:**

Doctors, attention given by, satisfactory, surgery  
 accommodation adequate, &c., *Wilson*  
 40,995-41,002

**DOMESTIC SERVANTS:**

Most, go home when ill, and no difficulty *re* visiting,  
*Wilson* - - - - - 40,986-8  
 Try to go on funds when out of a place, *Wilson*  
 40,985

little Double insurance, *Wilson* - - - - 40,989

Loose, bad certification, but improvement, *Wilson*  
 40,962

**MEMBERS:**

Occupations, &c., *Wilson* - - - - 40,983-5  
 Wages, and where close to benefit, temptation  
 to go on funds, *Wilson* - - - - 40,990-3  
 Nature of society, *Wilson* - - - - 40,974-5  
 Particulars *re*, *Wilson* - - - - 40,974-5, 40,980-3  
 Pregnancy, cases of doubt *re* incapacity, *Wilson*  
 41,076 note.

**SICK VISITING:**

Details *re* cases visited, *Wilson* 40,904-59, 41,053-5  
 Doctors always willing to see visitors, except on  
 one occasion, *Wilson* - - - - 40,963-5  
 Doctors not interviewed more than necessary,  
*Wilson* - - - - - 40,956  
 People, except deliberate malingerers, pleased to  
 see, *Wilson* - - - - - 40,913, 40,932  
 System, *Wilson* 40,883-909, 40,969-73, 41,029-34

**SICKNESS BENEFIT:**

Cases of women on fund for slight ailments,  
*Wilson* - - - - - 40,960-1  
 Housework during, strict rules desirable, *Wilson*  
 41,017-23  
 Rules *re* housework, breach of, procedure, *Wilson*  
 41,033-7  
 Some cases of obtaining, unjustifiably, but not  
 many, *Wilson* - - - - - 40,967-8

**Tunbridge Wells and South-Eastern Counties Equitable Friendly Society:**

Admission of members, method, and medical  
 certificates required in some cases, *Saunders*

Agencies, number, *Saunders* - - - - 9,712-5  
 Agents, position of, payment, &c., *Saunders* 9,608-9  
 Annual meeting, work of, attendance, &c., *Saunders*  
 9,725-30  
 Appeal, right of, *Saunders* - - - - 9,703-6

**APPROVED SOCIETY:**

Membership and proportion of parent society,  
*Saunders* - - - - - 9,532-5  
 Number of men and women in, *Saunders* 9,539-41

**CERTIFICATES:**

Anæmia, debility, &c., procedure, *Saunders*  
 9621-30  
 little Difficulty as regards, *Saunders* - 9594-6  
 Committee of Management, *Saunders* - 9687-91,  
 9695, 9731-3  
 Compensation cases, procedure, &c., *Saunders*  
 9635-7, 9672-8

**DOCTORS:**

little Difficulty with, *Saunders* - 9593-9, 9740-3  
 where Paid by attendance, no difference noticed in  
 claims, but little experience, *Saunders* 9601-3  
 Fraud, very few cases, *Saunders* - - - 9574  
 Illnesses, nature of, *Saunders* - - - 9796-8  
 Malingerers, steps taken to prevent, *Saunders*  
 9734-5

Married women not allowed in parent society but  
 admitted in approved society, *Saunders* - 9536-8

**MEDICAL REFEREES:**

Doctors would welcome, *Saunders* - - 9660-1  
 Question under consideration and adoption of  
 system probable, *Saunders* 9658-61, 9736-9  
 Medical treatment formerly, arrangements, and  
 question of experience now, *Saunders* - 9575-92,  
 9696-700, 9770-3

**MEMBERS:**

Clerks, *Saunders* - - - - - 9758-60, 9765-6  
 Control by, *Saunders* - - - - - 9689-95  
 Distribution and class, *Saunders* - 9560-2, 9767-9



# Tunbridge Wells and South-Eastern Counties Equitable Friendly Society—continued.

## MEMBERS—continued.

- Method of obtaining, *Saunders* - - - 9710-1  
 of Parent side, initiation ceremony with all  
 members admitted, *Saunders* - - - 9564-6  
 Membership, *Saunders* - - - 9533, 9536  
 Misconduct, illness due to, procedure, *Saunders*

- 9631-4  
 Misunderstanding of principles of insurance among  
 agriculturists formerly, *Saunders* - - - 9567-72  
 Organisation and working, *Saunders* - - - 9604-5,  
 9679-95, 9774-7

- Pregnancy, sickness benefit paid if woman in-  
 capable of work, and number of payments,  
*Saunders* - - - - - 9662-8

## PRIVATE SIDE:

- Increase in membership, *Saunders* - - - 9745-6  
 Sickness benefits, *Saunders* - - - 9542-6  
 Sickness claims, no noticeable effect on, from Act,  
*Saunders* - - - - - 9556, 9681  
 low Sickness rate, and question of reasons,  
*Saunders* - - - - - 9754-60, 9774-807  
 Sick visiting, system, *Saunders* - 9638-43, 9701-2

## SICKNESS:

- Comparative immunity partly due to large number  
 of domestic servants, *Saunders* - - - 9716-21  
 Low, rate and question of reason, *Saunders*  
 9761-4, 9774-807  
 no Unreasonable amount, *Saunders* - - - 9557-9

## SICKNESS BENEFIT:

- Breach of rules *re* conduct during, procedure,  
*Saunders* - - - - - 9649-57  
 Cost per member in first quarter, and total cost in  
 each quarter, *Saunders* - - - - - 9550-4

## SICKNESS CLAIMS:

- Comparison of men and women, *Saunders* 9785-95  
 Procedure, *Saunders* - - - - - 9606-20  
 Women, for three or four days only, *Saunders*  
 9799-801, 9810-26

## Unjustifiable:

- no Evidence of, *Saunders* - - - - - 9548-9  
 very Few cases, *Saunders* - - - - - 9573  
 Women members, occupations, *Saunders* 9669-70  
 Ulverstone, Lancs, Manchester Unity, rule *re* housework  
 by women, *W. P. Wright* - - - - - 32,227  
 Unemployment benefit, exhaustion by members possible,  
*Barker* - - - - - 8625-6  
 United Sisters, Order of, Suffolk Unity, *see* Suffolk  
 Unity, Order of United Sisters.  
 United Society of Boilermakers and Iron and Steel  
 Shipbuilders, *see* Boilermakers and Iron and Steel  
 Shipbuilders, United Society.

- United Sisters, rule *re* housework by women, *Webb*  
 28,184-7

- Uppingham, panel doctor, 30 per cent. on list, and  
 70 per cent. of persons attended, women, *Parsons*  
 31,259

- Upholsterers' Society, *Appleton* - - - 11,783, 11,846

- Vaccines, difficulty to get vaccine made possible at times,  
 and something should be done, *Hogarth* - 28,503

## Venereal Disease:

- Acquisition by sexual intercourse is not clear to  
 doctors in most cases, *Bond* - 18,583-5, 18,752-6

## CERTIFICATES:

- Case of doctor certifying "illness" instead of,  
*Flather* - - - - - 36,919-26  
 Certification of varicose ulcers for girl of 17, and  
 objection to inquiry by society as to whether  
 misconduct the cause, *Cox* 30,611-8, 31,097-115  
 not Certified by doctors in plain language, *Webb*  
 27,142  
 Covering up of, *Rogers*, 15,505-24; *Parrott*,  
 20,985-90; *Rigby*, 26,912-4; *Broster*, 37,576a-84.  
 Doctors will not put truth, on certificates in  
 certain cases, *Webb*, 27,167; *Cox*, 31,135.  
 Nature of disease would be stated, *Harrison*  
 38,263-73

## Venereal Disease—continued.

### CERTIFICATES—continued.

- Patient would be told certificate unnecessary, but  
 disease should be plainly stated if certificate  
 given, but question in case of tertiary sequelæ,  
*Layton* - - - - - 29,698-701, 29,714-9  
 Plain statement would be made, *Hogarth*  
 28,391-2, 28,513-4

- Practice in case of unmarried and married women,  
 question of, *Claydon* - 22,597-608, 24,622-55  
 Refusal to put nature of disease, *Paget* 24,077-84  
 Reluctance to specify on, as patients prevented  
 from coming for treatment, *Holder* 23,466-78  
 should be Stated, but society not doctor should  
 decide question of misconduct or not, *Bond*  
 18,471-6, 18,619-30, 18,749-56  
 would be Stated on certificate, if certificate given  
 at all, *Roberts* - - - - - 29,862  
 Use of synonyms justifiable in certain cases,  
*Parsons* - - - - - 31,411 *note*  
 not Usually asked for, but if given nature of  
 disease should be stated, *Cox* - 30,590, 30,594

### CONFIDENTIAL NOTIFICATION:

- might be Difficult, but trend of medical opinion  
 in direction of, *Cox* - - - - - 30,839  
 Libel action might result, *Bennett* - 16,697-701  
 reasonable Control desirable, *W. Duncan* - 17,703  
 Covering up of, question of effect on treatment, *Cox*  
 30,837-8  
 should be Dealt with outside Act, *Roberts* - 29,931  
 Doctors should mention and give indication of mis-  
 conduct or not on certificates, *Huntley and*  
*Wightman* - - - - - 24,876-90  
 Failure of dealing with, under Insurance Act, and  
 should be taken out of sphere of insurance, *Webb*  
 27,159

### IN MARRIED WOMEN:

- Difficulty, and most doctors would not indicate, on  
 certificate, *Cox* - - - - - 30,574-601, 31,135-48  
 Reluctance to tell, nature of disease by putting on  
 certificate, *Oldham* - - - - - 37,803-14  
 Telling woman nature of disease when due to  
 husband's misconduct, question of, *Claydon*  
 22,924-39, 24,288a, 24,515-21, 24,539-40,  
 24,646-55, 24, 729-35  
 where Misconduct doubted, practice *re*, *Claydon*  
 24,637-45  
 Nervous diseases with syphilitic origin, name put on  
 certificate, *Layton* - - - - - 29,369-73

### NOTIFICATION:

- Essential not to have, *Webb* - - - - - 27,839  
 would Get over good deal of difficulty, *Cox*  
 30,595  
 People generally aware that they are not entitled to  
 benefit, *Cox* - - - - - 30,278  
 Possibility of contracting innocently, *Bond*  
 18,749-53

### SICKNESS BENEFIT FOR:

- Advocated, *Webb*, 27,837, 27,848-50; *Richmond*,  
 38,607-11.  
 might be Beneficial to cases, *Rogers* - 15,888-90  
 Cases of payment of, for gonorrhœal rheumatism,  
 arthritis, gonorrhœa, and syphilis, *Claydon*  
 22,468-76  
 should be Paid, *Holder* - - - - - 23,468-9

### Refusal of:

- Claims might be increased, *Claydon* - 24,537-8  
 Rule withdrawn in most cases in German Insur-  
 ance Societies, *Claydon* - - - - - 24,537  
 by Some societies, with inquiry as to whether  
 caused by misconduct, and objection to, *Webb*  
 27,138-43

### TREATMENT:

- Difficulty of getting people to keep on with,  
*Layton*, 29,373-7; *Roberts*, 29,932-5.  
 in General hospitals or special public health  
 institutions, question of, *Webb* - 27,908-20  
 by Local health authorities, suggestion, *Webb*  
 27,159, 27,838-47, 27,903-7, 28,090-5  
 Maintenance allowance to family, suggestion, *Webb*  
 27,159, 27,837, 27,850, 28,093  
 Objection of many men to treat, and should be  
 treated properly, and by every practitioner,  
*Layton* - - - - - 29,781



**Venereal Disease—continued.****TREATMENT—continued.**

- Panel doctor often not gone to for, *Cox* - 30,278  
 Possibility of obtaining, free, not thoroughly understood, and some people prefer to pay, *Marsh* 32,530-1  
 will be more Readily resorted to now, and sickness will consequently be less in future, *Holder* 23,407-14  
 Unmarried women with, doctors would probably give symptoms instead of actual name of disease, *Cox* - - - 30,593, 31,135

**Walsall :****CERTIFICATES :**

- Carelessly signed, probable, *Layton* - 29,546  
 Continuing, given without seeing patient in some cases, but wording then altered, *Layton* 29,596-9  
 Dating, system, *Layton* - 29,579-95, 29,693  
 Given on first seeing patient, *Layton* - 29,125-8  
 Giving of, without seeing patient possible, but would be most unusual, *Layton* - 29,530-6  
 Headache, request by society for further information would not be resented, *Layton* - 29,520  
 Nature of disease put on, except in some cases, and then statement made to society, *Layton* 29,361-5  
 Private forms, trouble with, *Layton* - 29,593-4  
 Refusal, *Layton* - - - 29,424, 29,437  
 Reluctance to refuse, by some doctors, *Layton* 29,423-4  
 for persons in Sanatoria or workhouse or infirmary, difficulty re, and practice, *Layton* 29,600-14  
 System, *Layton* - - - - 29,125-38  
 Venereal disease, practice re, *Layton* - 29,714-9  
 29,698-701  
 Diachylon, practice of taking, for abortion purposes, *Layton* - - - - 29,387-90  
 Dental treatment, facilities and inadequacy, *Layton* 29,183-92, 29,403-9, 29,422

**DOCTORS :**

- Changes, and questions of reasons, *Layton* 29,439-42  
 few Children seen in surgery since Act, *Layton* 29,432, 29,552-4  
 Conference with societies under consideration, *Layton* - - - - 29,538-41  
 Difficulties at first, and question of attitude *Layton* 29,261-73  
 Extent to which advice and instructions carried out, and steps taken when instructions not obeyed, *Layton* - - 29,180-2, 29,193-209  
 Failure to choose, in many cases, *Layton* - 29,179  
 Hours, &c., *Layton* - - - - 29,139-49  
 Inquiries from societies, attitude of doctors would largely depend on method in which approached, *Layton* - - - - 29,557-63  
 Large number of people going to, for trifles, *Layton* - - - - 29,232-41  
 Meetings with society officials, *Layton* 29,537-8  
 in Morning, patients seen to be bad sent home and examined later, *Layton* - - 29,128, 29,144-9  
 Number, *Layton* - - - - 29,258-9  
 Number of patients on list, and proportion of men and women, and question of reasonable number, *Layton* - - - - 29,106-8, 29,425-40  
 Number of patients seen, number of visits, attendances, and proportion of certificates, *Layton* 29,119-24  
 Panel patients :  
 Better treated than private, *Layton* 29,473, 29,577  
 Many, were insured before, *Layton* 29,172-3  
 Occupations and wages, *Layton* - 29,109-18  
 Panel work, little visiting, and practically all surgery work, and difference from private patients, *Layton* - - 29,156-63, 29,650-4  
 Practice re compensation cases, *Layton* 29,383-5  
 Relations with societies' officials formerly, and question of, now, *Layton* 29,555-76, 29,686-91  
 must be Sole arbiter from medical point of view, *Layton* - - - - 29,517-24

**Walsall—continued.****DOCTORS—continued.**

- Taking out of teeth by, *Layton* - 29,406-9  
 more Trouble with collecting societies than friendly societies of old type, *Layton* - - 29,571-3  
 Eye treatment, facilities, *Layton* - - 29,410-21  
 Families sometimes attended by different doctor to panel patient, no objection to, by doctors, *Layton* 29,432-6  
 Food of people, *Layton* - - - - 29,252-7  
 Fraud, no case known of, *Layton* - - - 29,228  
 Hospital facilities, *Layton* - - 29,396-402, 29,737  
**INCAPACITY :**  
 Difficulty of deciding question sometimes, and example, *Layton* - - - - 29,303-5  
 Each case must be taken on its merits, *Layton* 29,323-38, 29,345-57, 29,457-69  
 Interpreted as incapacity to do usual work, *Layton*, 29,322, 29,457, 29,457-69, 29,498-9  
 Laboratory being fitted up, *Layton* - 29,738-43  
 Lead poisoning, *Layton* - 29,386-90, 29,470-2  
 Low-paid persons, more likely to go on fund as underfed, but no greater eagerness, *Layton* 29,210-22  
 Low-paid women workers and question of inducement to go on funds, *Layton* - - - 29,488-93  
**MEDICAL REFEREE :**  
 Case of collecting society sending to, owing to high sickness rate and difficulties with doctors at first, *Layton* - - - - 29,244  
 Consultants not desired, *Layton* - 29,444-7  
 Rota of panel doctors, scheme of doctors re, *Layton* - - 29,306-21, 29,340-1, 29,494-7, 29,448-56, 29,522, 29,542-5, 29,635-40, 29,643-9, 29,720-30  
 Unsatisfactory working of, *Layton* - 29,309-11  
 Misunderstanding of principles of insurance, *Layton* 29,171-8  
 Nervous diseases with syphilitic origin, name put on certificate, *Layton* - - - - 29,369-73  
 Over-insurance, claims not increased by, experience rather the reverse, *Layton* - - - 29,481  
 Panel system, comparison with club systems, and treatment better, *Layton* - 29,260, 29,500-515  
**PREGNANCY :**  
 never Certified alone personally, but some cases believed to be covered up, *Layton* - 29,378-82  
 Complications easily found, but every woman should have benefit for last two or three months, *Layton* - - - - 29,655-71  
 Second opinions, facilities, *Layton* 29,391-5, 29,736  
**SICKNESS BENEFIT :**  
 Borderland cases, example of, and difficulty, *Layton* 29,279-302, 29,617-26  
 Old friendly society spirit still active, *Layton* 29,222-7, 29,482  
 People not entitled to, more than before Act, and in some cases to less, *Layton* - - 29,475-80  
 few Unjustifiable claims, *Layton* - 29,166-71, 29,484, 29,682  
 Unsuspected sickness being brought to light, *Layton* 29,245-50, 29,485-6  
 Unwillingness to return to work, *Layton* 29,683-4  
 Venereal disease. one case only, as people do not trouble to ask for certificate, *Layton* - 29,366-8  
 Venereal disease, Wives and families go without treatment to large extent, *Layton* - 29,165  
**WOMEN :**  
 no More difficult to decide re incapacity than men, *Layton* - - - - 29,685  
 Sickness among, and factory girls would formerly have gone on working, *Layton* - 29,525-9  
 Wallsend, number of population to one doctor, *Webb* 27,652  
 Warwickshire Insurance Committee, attitude re statement of incapacity only, on certificate, *Macarthur* 14,097-9  
 Warehousemen and Clerks' Association, Manchester, not satisfied with medical treatment, *Jones* - 41,468  
 Weavers, see also Amalgamated Weavers' Association.  
**WEBB, SIDNEY, LL.B.** - - - - 27,057-28,288  
 West Ham Insurance Committee, complaints to *Appleton* - - - - 12,093-7, 12,103, 12,117-9



WHITELEY, W., Secretary of the Durham Miners Association (joint evidence) - - - 35,133-432  
 Wigan, certificate for "chlorosis," refusal by society, *Claydon* - - - 22,654-6

WIGGLESWORTH, WILLIAM, Secretary of the Princess Alexandra Lodge of the National United Order of Free Gardeners - - - 17,803-18,435

WIGHTMAN, W. J., Vice-President of the Order of the Sons of Temperance, &c. (joint evidence) - - - 24,775-25,604

WILLSON, Miss E., Secretary of the Independent National Union of Boot and Shoe Women Workers - - - 5655-6084

WILSON, Miss LOUISA, Sick Visitor of the Tunstall Benevolent Burial Society - - - 40,869-41,086

Winchester, Hampshire and General Friendly Society, *see that title*.

#### Wirksworth district:

Act taken advantage of, by men doing odd jobs at home, not genuine working men, *Broster* - - - 37,539-40

Admission of bad lives, and special classes should be made for persons with epilepsy, paralysis, &c., *Broster* - - - 37,529-32

#### CERTIFICATES:

Considered as entitling to benefit, *Broster* - - - 37,559-66

Dated on day on which patient seen, as a rule, but dating back in a few cases, *Broster* - 37,506-13  
 to Persons requiring week's rest and justification, *Broster* - - - 37,492-505

Stating nature of disease, difficulty *re*, in some cases owing to publicity, *Broster* - 37,567-84

Venereal disease, difficulty of decision, in remote consequences of misconduct, certificate would be given, *Broster* - 37,570 *note*, 37,576a

#### DOCTORS:

Better off than before Act, *Broster* - 37,488-9

#### Patients:

Number, *Broster* - - - 37,465-6

Same as before, *Broster* - - - 37,487-8

Working loyally, and no grumbling heard from societies, *Broster* - - - 37,490-1

Fraud, no case known, *Broster* - 37,516, 37,533

Hospital treatment, facilities, *Broster* - 37,525-9

Illness, large amount revealed since Act, *Broster* - 37,520-4

#### INCAPACITY:

Difficulty of determining cause in some cases and example, *Broster* - - - 37,495 *note*.

Interpretation as incapacity for ordinary employment, *Broster* - - - 37,542-5

Occupations, *Broster* - - - 37,468-80

Sickness benefit, tendency to stay on fund for week, and need for tightening up, *Broster* - 37,534-8

#### UNJUSTIFIABLE CLAIMS:

Few now, but more at first, and reason for decrease, *Broster* - - - 37,481-6

Would be amongst people seen at surgery, *Broster* - 37,514-6

Wisbech, Manchester Unity, certificates accepted as sufficient authority, but further inquiries made in exceptional cases, *W. P. Wright* - - - 31,827

#### Women:

Actuarial figures considered of little value, *Wigglesworth* - - - 18,029-30

Advantage of Insurance Act to, but all difficulties not met by, *M. Phillips* - - - 38,377-84

Arrears of sickness owing to women having gone back to work too soon in the past, *M. Phillips* - 38,828

Confinement, *see that title*.

Decrease in sickness probable in future, *M. Phillips* - 38,832, 38,885-6

Difficulties of administration in case of, *Webb* - 27,475-96, 27,522-4

Difficulty of getting well owing to insufficient food, &c., *M. Phillips* - - - 38,829

Double strain of child-bearing and following onerous industrial occupations would affect health, *Bennett* - 16,595

#### Women—continued.

Fitness to return to work after illness would be more difficult to determine than with men, *Bond* - 18,967-71

over 40, sickness among, as result of bad conditions, and overwork, &c. during pregnancy, *M. Phillips* - 38,822

Illnesses generally of longer duration than with men, *Bennett* - - - 16,588-93

Large number now receiving necessary medical treatment not obtained before Act, *Shaw* - 6816-8

from 12 more Liable to ailments than men, especially among working classes, but evidence of incapacity not necessarily shown by, *Rogers* - 15,953-8, 16,043-65

more Liable to illness than men, *Bond* - 18,723-5, 18,874-88

Low state of health, formerly not attended to, *M. Phillips* - - - 38,822

Low wage earners, sickness among, *Webb* - 28,056

Manual-working wage earners, large amount of sickness among, *Webb* - - - 27,058

Many went to work before Act who were unfit, and many still do, though smaller number, *Sanderson* - 461-3, 493-4

Married, great deal of hitherto unsuspected sickness among, *Coz* - - - 30,827

Neurasthenic, prolonged illness owing to lack of proper treatment, *Coz* - - - 30,558-60

Prolongation of sickness, for want of proper dental and eye treatment, massage and appliances, *M. Phillips* - - - 38,828

Sickness benefit and sickness claims, *see those titles*.

Sickness experience higher than among men, *Bennett* 16,510-4, 16,588-93, 16,709-14, 16,724-36

Sickness rate, heavier than actuarial estimate was anticipated, *Barrand* - - - 5187-9

in Weaving trade, high sickness rate, *M. Phillips* - 38,822-8

Workers in certain areas, low standard of health among, *Coz* - - - 30,554-5

#### Women's Co-operative Guild:

Branch secretaries, position of, &c., *Bondfield* - 40,427-33

England and Wales covered by, separate organisation for Scotland, *Bondfield* - - - 40,416

Interest in Insurance Act, *Bondfield* - - - 40,419

Married women, results of investigations into health of, conditions of pregnancy, and confinements, health of children, *Bondfield* - 40,420-46, 40,558, 40,563-5, 40,579-84

Membership, *Bondfield* - - - 40,414

Purpose of, *Bondfield* - - - 40,415

#### Women's Labour League:

Membership, *M. Phillips* - - - 38,807, 38,844

Occupations of members *M. Phillips* - 38,810-2

Opinions collected from members, and reliability of, *M. Phillips* - - - 38,852-8

Organisation, *M. Phillips* - - - 38,872-6

Work, &c. and interest in Act, *M. Phillips* - 38,807, 38,813-5, 38,844-7

Women's Trade Union League, number of women workers affiliated to, *Macarthur* - - - 11,332

#### Women Workers, National Federation of:

##### ACTON BRANCH:

Nurse and medical referee at, *Macarthur* 14,517-9

##### Sickness claims:

Average duration of, *Macarthur* - 11,397  
 20 per cent. arising after confinement and 21 per cent. due to occupation, *Macarthur* - 11,387-92

##### ADMINISTRATION:

Machinery not considered imperfect, *Macarthur* - 14,509

Over-spending, *Macarthur* - - - 14,342-3

##### ADMISSION:

to Branches and Central branch, *Macarthur* - 14,359

Methods, *Macarthur* - - - 11,534



# Women Workers, National Federation of—*continued.*

## ADMISSION—*continued.*

- Mis-statements on form, or withholding of information, procedure, *Macarthur* - 14,538-9
- New members refused unless health good, *Macarthur* - 11,534
- Casual workers, *Macarthur* - 11,372
- Central branch, district meetings and appointment of delegates, &c., *Macarthur* - 14,368-72

## CERTIFICATES :

- Accident as cause of illness not always stated, but indication should be given where possible, *Macarthur* - 11,478, 14,152-67
- Cases of different complaints for same person, *Macarthur* - 11,474
- for Confinement given weeks before taking place, cases of, *Macarthur* - 11,466, 11,483-7
- for Debility or anæmia, procedure, *Macarthur* - 14,434-8
- Failure of doctors to distinguish between illness and incapacity, and consequent difficulty, *Macarthur* - 11,209-14, 11,448-56, 11,480-2
- Granting of, without examination, cases of, *Macarthur* - 11,466, 11,487-96, 14,179-84
- for Incapacity dated after member declared off and returned to work, *Macarthur* - 11,466
- Phthisis, cases of other diseases being certified as cover for, *Macarthur* - 11,480
- Refusal to state nature of disease, and attitude of Insurance Committees, *Macarthur* - 14,096-9
- Refusal to state specific nature of disease in some cases, *Macarthur* - 11,466-80, 14,139-51
- Vagueness and examples of, *Macarthur* - 11,459, 11,466-80, 14,139-72, 14,618-20
- Charwomen, most, employed by L.C.C., *Macarthur* - 14,523-4
- Compensation cases, payment of benefit, *Macarthur* - 11,380-1, 14,533-7
- Connection with General Federation of Trade Unions, *Macarthur* - 14,343-6

## CEADLEY HEATH DISTRICT :

- Doctors, lack of, *Macarthur* - 11,382, 14,562-78
- Excessive sickness :
  - Attributed by nurses to lack of proper treatment during pregnancy, and lack of nursing and appliances, and details *re.* *Macarthur*, 11,383-4, 14,122-6, 14,359
  - Nature of occupation as cause, *Macarthur* - 11,384, 14,531-2
- Midwives, illiteracy and inefficiency of, and bad results, *Macarthur* - 11,382-3, 14,091-4, 14,122-5, 14,271-4
- Sickness claims :
  - Average duration of, *Macarthur* - 11,397
  - Proportion attributable to cases where compensation could have been recovered if Act applied, *Macarthur* - 11,384-5
  - Reduced since treatment by nurse, *Macarthur* - 11,503

## DOCTORS :

- Case of doctor signing sickness sheet and leaving member to fill in date, *Macarthur* - 14,558-60
- Case of refusal to accept patient while ill, *Macarthur* - 11,511-5
- Complained of, to Insurance Committee, but no satisfaction from, and some complaints made to Commissioners, *Macarthur* - 11,471-4, 11,485-7
- less Hesitation than formerly in throwing people on funds, *Macarthur* - 11,407, 14,132-8
- Inadequate examinations of members by, owing to having too much work, *Macarthur* - 14,556-61, 14,571-5
- Private communication with society, cases of, *Macarthur* - 11,496
- Women, complaints heard of small number of, *Macarthur* - 14,454-6
- Edmonton, girls very strict, *Macarthur* - 11,573-5, 11,577-9

# Women Workers, National Federation of—*continued.*

## Expulsion, case under consideration, *Macarthur*

14,538

## Head office, control over branches, *Macarthur*

11,419-28

## Incapacity, practice *re.*, and each case judged on merits, *Macarthur* - 11,409, 11,548, 14,468-76

## Lead poisoning case, *Macarthur* - 14,528-30

## LOCAL BRANCHES :

## Little interest taken by members in government unless something special on, *Macarthur*

14,373-4

## Question of retention or not apart from trade union question, central administration more successful, *Macarthur* - 14,477-84, 14,492

## Little Malingering, *Macarthur* - 14,130-1, 14,300-4

## MARRIED WOMEN :

## Casual workers, small proportion except at Cradley, *Macarthur* - 14,522-6

## Percentage in whole society and in certain branches, *Macarthur* - 14,111

## Medical benefit, case of wrong or insufficient diagnosis, *Macarthur* - 11,537

## MEDICAL REFEREES :

## Cases sent to, details, *Macarthur* - 11,534

## Extension of system would reduce sickness rate, but money insufficient, *Macarthur* - 14,510-6

## System, payment, &c., and results, *Macarthur* - 11,534-7, 14,251-2

## Women - 14,247-50

## Women, and those employed by London Insurance Committee, comparison of work, *Macarthur* - 14,540-51, 14,457-67

## Medical treatment, many members appreciate, without getting certificate, *Macarthur* - 14,554-6

## MEMBERS :

## Class of, and mainly underpaid workers, *Macarthur* - 11,352-63

## Domestic servants, number and class, *Macarthur* - 11,349-51

## more Interest taken in trade union than in insurance business, *Macarthur* - 14,376

## Large number have joined trade union as individual members, *Macarthur* - 11,337-8

## Marriage distribution, *Macarthur* - 11,345-7

## Self-government, important, and question as to extent of interest taken by, *Macarthur* - 14,377-80, 14,503

## Total and proportion of married women and widows, *Macarthur* - 11,332-4, 14,289

## Misconduct, case of illness due to, and difficulty, *Macarthur* - 11,538-46, 14,263-4

## Misunderstanding of principles of insurance at first, but no excuse for now, *Macarthur* - 14,401

## Nurses, extension of system would reduce sickness rate, but money insufficient, *Macarthur* - 14,510-6

## Organisation, working, &c., *Macarthur* - 11,335-44, 14,368-80

## PREGNANCY :

## Claims refused that witness would rather have paid, *Macarthur* - 14,505-7

## no Payment as a rule in normal cases not accompanied by other illness, but payment in a few cases of advanced pregnancy, *Macarthur* - 11,410-9, 11,444

## SICK VISITING :

## Members visited once a week in branches, *Macarthur* - 11,423

## System, *Macarthur* - 11,562-80

## Sickness among unmarried women, believed to be higher than among men, *Macarthur* - 14,439-45

## SICKNESS BENEFIT :

## Breach of rules of conduct during receipt of, fining for, *Macarthur* - 11,580-90

## Cost per member, in each quarter, in Great Britain, England, and different branches, *Macarthur* - 11,366-71

## Loss of members owing to strictness, *Macarthur* - 11,588-90

## 26 weeks, analysis of cases, *Macarthur* - 11,381, 11,393



**Women Workers, National Federation of—continued.****SICKNESS CLAIMS:**

- Age distribution, *Macarthur* - 11,373-5, 11,393, 14,290-4
- Average duration, *Macarthur* - 11,395
- Classification of diseases, *Macarthur* - 11,376-81, 14,117-20
- Difference between branches and central branch. question of reason, and laxity of administration not a cause, *Macarthur* - 11,423-39, 11,518, 11,534, 14,111-5, 14,347-67, 14,431-3, 14,485-93
- Excessive:
- Act administered less harshly than by some societies, *Macarthur* - 14,411-4
  - owing to Nature of occupations and conditions of life, *Macarthur* - 11,515-9
  - Lighter where industrial conditions better and wages higher, *Macarthur* - 14,265-6
  - Married women, and reason for high rate, *Macarthur* - 14,108-10, 14,188-96
  - by Married women, proportion, and proportion of sickness payments to, *Macarthur* - 11,364-5
  - from People between 16 and 20, high proportion, and nature of diseases, *Macarthur* - 11,373, 14,116, 14,450-3
  - Rejections, *Macarthur* - 11,440-7
  - Supervision considered careful and strict, *Macarthur* - 14,393-4
  - Unjustifiable, claims made, but proportion very small, *Macarthur* - 11,398
- Sickness experience, decrease in third quarter owing to strict interpretation of Act, *Macarthur* - 11,457-65
- Sickness register, contribution register and index cards, system and duplication by General Federation, *Macarthur* - 14,343-6

- WOODCOCK, C. W., Secretary to the Midland Railway Friendly Society - 15,024-15,314
- Woolwich, hospital accommodation, inadequacy of, *Webb* - 27,061

**Worcester:**

- Doctor, loss of patients as result of refusing certificates, *Cox* - 30,290-1
- Herbalist, insured persons allowed to make arrangements with, by Insurance Committee, *Cox* - 30,498

**MANCHESTER UNITY:**

- Certificates, acceptance without question, but doctor would be communicated with in some cases, *W. P. Wright* - 31,784-5
- Sickness benefit, five weeks and a day for decayed teeth, *W. P. Wright* - 31,784-5

**Worcestershire:**

- see also Gloucestershire Conservative Benefit Society and Gloucester, North, Women's Benefit Society.
- Appendicitis, case of women unable to get into hospital and performing of operation by pane doctor, and difficulty re payment, *Webb* - 20,767
- Nursing arrangements referred to, *Webb* - 28,174

- WRIGHT, I., General Secretary of the Sheffield Equalised Independent Druids (Joint evidence) - 21,555-22,232

- WRIGHT, WALTER P., Grand Master of the Independent Order of Oddfellows, Manchester Unity - 31,431-32,463

- Wrivehill district, near Crewe, Manchester Unity, certificates accepted without question, and doctors not communicated with as secretary considers society has no control over, *W. P. Wright* - 31,844-7

**York Female Friendly Society:**

- Accidents, procedure, *Gray* - 5628-32
- Administration, little interest taken by girls, *Gray* - 5614-6
- Attitude of doctors, *Gray* - 5433-8, 5443-4, 5450

**CERTIFICATES:**

- Continuing, insisted on, and doctors relied on, *Gray* - 5588-9
- for Debility or anæmia, difficulty in deciding whether girl totally unfit or not, and practice re payment, *Gray* - 5641, 5645, 5652-4

**York Female Friendly Society—continued.****CERTIFICATES—continued.**

- Handing of, to persons other than patients, not known, *Gray* - 5639
- for Indigestion, when really due to pregnancy, *Gray* - 5431
- Tendency to put "debility, &c." and steps taken, *Gray* - 5439-42, 5448-9
- Chemist, no complaint of going to, for medicine heard, *Gray* - 5638
- Date of formation, 1788, *Gray* - 6368-9
- Disability claims before confinement, payment, *Gray* - 5541-2
- Doctors, second opinion might be an advantage in some cases, *Gray* - 5569-70
- Domestic servants, two cases only of servants going on fund while remaining in mistresses' house, *Gray* - 5602-5

**FACTORY WORKERS:**

- Nature of, *Gray* - 5379-80
- Rowntrees:
- Circumstances unique, *Gray* - 5591-600
  - Examination before being taken on, *Gray* - 5558-60
- more Sickness among, than among older workers, reason and need for educational work, *Gray* - 5562-4, 5605-7
- no deliberate Fraud, *Gray* - 5432
- no Illegitimate claims paid, *Gray* - 5549
- Malingering, steps taken, *Gray* - 5633-4
- Management, *Gray* - 5463-70
- Medical referees would be an advantage if worth the money, *Gray* - 5547-51
- Medical treatment, no case come across of receiving, without going on funds, *Gray* - 5643-6

**MEMBERS:**

- Age distribution, *Gray* - 5381-90
- on Both sides and number insured on both, *Gray* - 5371-2
- Examination by independent doctor never required, *Gray* - 5636
- in Hospital, payment on coming out, *Gray* - 5626-7
- Leaving York, provision re paying on visiting, *Gray* - 5587
- Married, *Gray* - 5385-90
- Not only in Yorkshire, *Gray* - 5377-8
- Number in different occupations, *Gray* - 5374-5
- no Social feeling among, *Gray* - 5485-8
- certain Misunderstanding of principles of insurance, *Gray* - 5410-2, 5489
- Officers, all women, *Gray* - 5612-3
- Pregnancy, difficulty re, *Gray* - 5640

**PRIVATE SIDE:**

- Benefits, &c., *Gray* - 5413-21
- no Ordinary medical benefit, *Gray* - 5575-6
- no Payment for illnesses in connection with pregnancy, but 10s. on birth of child, *Gray* - 5526-7, 5532
- Payment for indigestion and debility in one or two cases, *Gray* - 5542-6
- no Second opinion consulted, and expenditure on medical referees not desired, *Gray* - 5490-6
- Sick visiting, system, *Gray* - 5453, 5477-84, 5617
- Sick visitor, practice re payment, *Gray* - 5471-6
- excessive Sickness, girls were really requiring doctor before, and are now taking advantage of Act, *Gray* - 5647-51
- low Sickness rate, reasons, *Gray* - 5608-10

**SICKNESS BENEFIT:**

- Analysis of diseases, *Gray* - 5565-7
- Conduct during, rule fairly well carried out, and steps taken re, *Gray* - 5618-24
- Method of payment at meetings or by post, and by visitor, *Gray* - 5453-62
- Number sick and expenditure, *Gray* - 5404-8
- Payment if member unable to follow own occupation, *Gray* - 5391-401, 5552-7, 5571-3
- Stoppage to women doing household work, *Gray* - 5517, 5577-84.



**York Female Friendly Society—continued.****SICKNESS CLAIMS:**for Minor complaints, *Gray* - - - 5635**Unjustifiable:**not Caused by comparison between wages and  
benefit, *Gray* - - - 5421-8None, *Gray* - - - 5391, 5402-3**SICKNESS RATE:**Experience in excess of estimate, but estimate  
considered too low, *Gray* - - 5498-502Favourable experience compared with other  
societies, and question of reason, *Gray* 5514-39Higher in second quarter, *Gray* - - - 5418**York Female Friendly Society—continued.****SICKNESS RATE—continued.**Some women go to work when not fit, *Gray*,  
5582-4.Unwillingness to return to work, no difficulty.  
*Gray* - - - - 5429**Yorkshire:**Boilermakers and Iron and Steel Shipbuilders  
United Society, *see that title*.Catholic Friendly Societies Association, *see that  
title*.Tuberculosis work, &c. undertaken by Queen's  
Nurses, *Hughes* - - - - 40,364















